COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

PLANNING, OUTREACH AND ENGAGEMENT DIVISION

CULTURAL COMPETENCY UNIT

2010
CULTURAL COMPETENCY PLAN REQUIREMENTS

Attachments for Criteria 1 – 8

CRITERION 1

LACDMH Vision, Mission and Values

(Attachment 1)

EXHIBIT 4: WORK DETAIL – page 7 **REVISED 12/16/08**
B. TRAINING AND TECHNICAL ASSISTANCE

Action #7
Title: Training for Community Partners

Description: Training will be developed and implemented with community partners including law enforcement, probation department, child protective services department, and community agencies (e.g., regional centers, schools, faith-based organizations, Katie A., health clinics, and day care centers). Curriculum would train the staff of these organizations on recognizing basic mental health symptomatology, how to access mental health services, how to work with monolingual and/or LEP (limited English proficient) individuals, and provide an overview of the MHSA recovery and resiliency philosophies. Training will be culturally sensitive to the communities where these presentations will be held and will include consumer, family member, and parent advocate presenters familiar with these communities. These trainings also will help community partners understand the MHSA elements that guide mental health workforce development in Los Angeles County.

Objectives:
1. To introduce principles of hope, recovery/resilience and wellness through examples from presenters' experiences and teach staff from community partner agencies to explore the application of these principles in their own work.
2. To train community partners to recognize the signs of mental illness and how to access care for the individual in a culturally appropriate manner.
3. To train people who work in community partner agencies about new developments in the public mental health system, including consumer support programs and Wellness/Client-Run Centers and how individuals could be linked to such services.
4. To increase the knowledge of how staff at these agencies can utilize public mental health services, specifically in communities where these innovative services are now becoming available through MHSA.
5. To identify issues of concern to community partners and develop training specific to these concerns through systematic outreach.

Budget Justification:
Funds are to be allocated for the development and implementation of the training. Such training would incorporate relevant cultural and linguistic issues specific to local communities and 8 service areas for the staff, consumers, family members, and parent advocates who would provide outreach services to community agencies and other County Departments.
Proposed components of this action include:
Design of Training:
Delivery of Training Services - Up to 10 Trainings with 40 Participants each training
The total is inclusive of training materials.
TOTAL: $100,000

BUDGETED AMOUNT:	**FY 2006-2007**	**FY 2007-2008**	**FY 2008-2009** $100,000

About DMH

The Los Angeles County Department of Mental Health (DMH) is the largest county mental health department in the country. DMH directly operates 75 program sites and more than 100 co-located sites. DMH contracts with approximately 1,000 providers, including non-governmental agencies and individual practitioners who provide a spectrum of mental health services to people of all ages to support hope, wellness and recovery.

Our diverse workforce, including psychiatrists, psychologists, social workers, marriage and family therapists, medical doctors, community workers, trained family members and trained mental health consumers, serve over 200,000 residents of all ages each year.

Mission

Enriching lives through partnership designed to strengthen the community's capacity to support recovery and resiliency is our Mission. DMH works with its stakeholders and community partners to provide clinically competent, culturally sensitive and linguistically appropriate mental health services to our clients in the least restrictive manner possible. We tailor our services and support to help clients and families achieve their personal goals, increase their ability to achieve independence and develop skills to support their leading the most constructive and satisfying life possible.

Services

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, schools, hospitals, county jails, juvenile halls and camps, mental health courts, board and care homes, in the field and in people's homes. Special emphasis is placed on addressing co-occurring mental health disorders and other health problems such as addiction. The Department also provides counseling to victims of natural or manmade disasters, their families and emergency first responders. The Director of Mental Health is responsible for protecting patients' rights in all public and private hospitals and programs providing voluntary mental health care and treatment, and all contracted community-based programs. The Director also serves as the public guardian for individuals gravely disabled by mental illness, and is the conservatorship investigation officer for the County.

The Mental Health Services Act (MHSA), created by the passage of Proposition 63 in 2004, has expanded the partnerships and capacity of the mental health system in Los Angeles. DMH continues to work with a diverse group of community stakeholders to effect the historic expansion of mental health services funded by MHSA.

Service Recipients

DMH's services to adults and older adults are focused on those who are functionally disabled by severe and persistent mental illness, including those who are low-income, uninsured, temporarily impaired, or in situational crises. Services to children and youth are focused on those who are seriously emotionally disturbed and

diagnosed with a mental disorder. They include wards or dependents of the juvenile court, children in psychiatric inpatient facilities, seriously emotionally disturbed youth in the community, and special education students referred by local schools and educational institutions.

Geographic Organization

Due to its large geographic size, DMH, like other Los Angeles County departments, divides the County into eight (8) regions called "Service Areas." The eight Service Area (SA) regions are:

- SA 1 (Antelope Valley)
- SA 2 (San Fernando)
- SA 3 (San Gabriel)
- SA 4 (Metro)
- SA 5 (West)
- SA 6 (South)
- SA 7 (East)
- SA 8 (South Bay/Harbor

Budget

- Adopted 2008-09 Budget (Gross Appropriation) $1.5 billion

CRITERION 1

2010 Cultural Competency Plan- Legal Entity Survey

(Attachment 2)

COUNTY OF LOS ANGELES

DEPARTMENT OF MENTAL HEALTH

PROGRAM SUPPORT BUREAU

QUALITY IMPROVEMENT DIVISION

Data GIS Unit

2010 CULTURAL COMPETENCY PLAN
LEGAL ENTITY SURVEY
SUMMARY REPORT

SURVEY PERIOD – OCTOBER 18th – NOVEMBER 9, 2010

Marvin J. Southard, D.S.W.
Director
November 2010

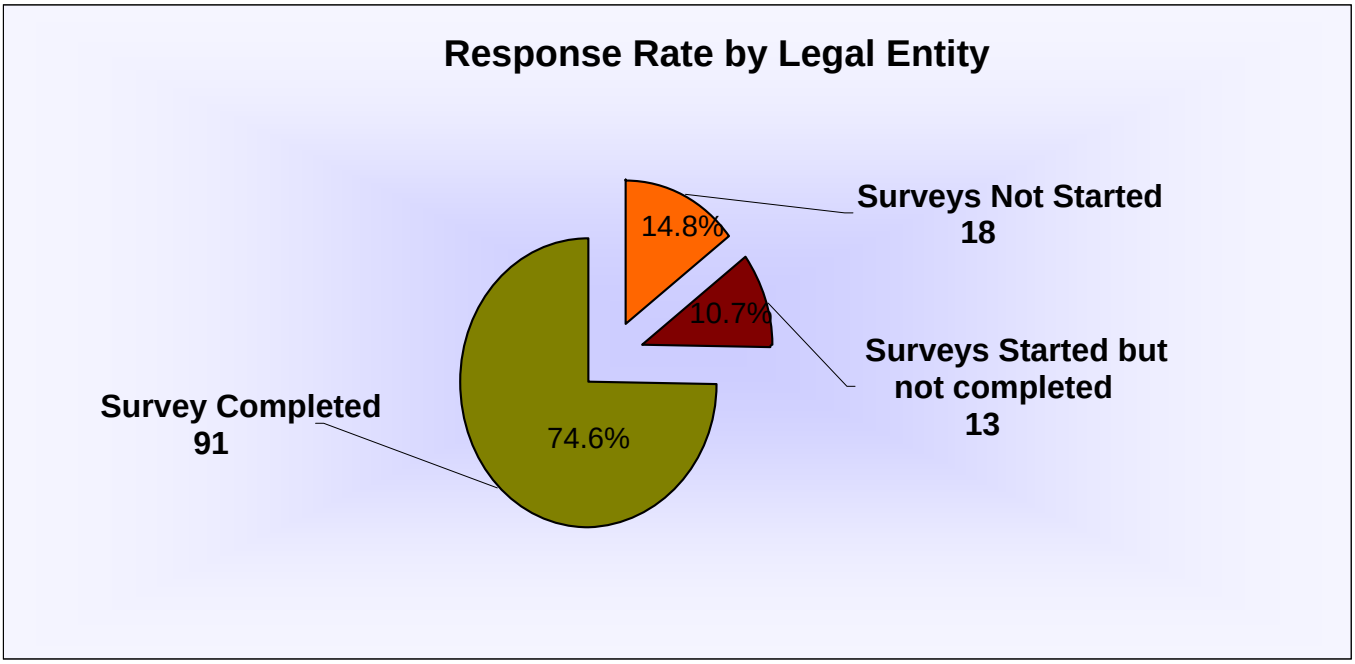
2010 Cultural Competency Plan Legal Entity Survey

Total number of Survey Participants: 122

Surveys Completed: 91

Surveys Started, but not completed: 13

Surveys Not Started: 18



2010 CULTURAL COMPETENCY PLAN LEGAL ENTITY SURVEY

1. Legal Entity Name:

Legal Entity:	Name:	Title:	Address:	Phone#:	E-mail Address
1736 Family Crisis Center	Nancy Lomibao	Director of Clincal Program	2116 Arlington Ave # 200 Los Angeles, CA 90018	310-543-9900 Ext 216	nlomibao@1736fcc.org
Alcott Center for MHS	Jessica Wilkins	Clinical Director	1433 S. Robertson Blvd	310-785-2121 Ext 205	jwilkins@alcottcenter.org
Alma Family Services	Misty Allen	Quality Improvement & Compliance Manager	1055 Corporate Center Drive #430, Monterey Park, CA 91754	323 537-1050	mistya@almafs.com
Amanecer Community Counseling Services	Tim Ryder	Executive Director	1200 Wilshire Blvd. Ste. 510 Los Angeles, CA 90017	213-481-7464 Ext 525	tryder@ccsla.org
00409	Donetta Jackson	Administrator	10012 Norwalk Blvd. Ste.110 Santa Fe Springs, CA 90670	562-906-1335	ascdjackson@aol.com
AADAP, Inc.	Hiroko Makiyama	Prevention Director	2900 S. Crenshaw Blvd. Los Angeles, CA 90016	323-293-6284	hmakiyama@aadapinc.org
Behavioral Health Services, Inc.	Shirley Summers	Chief Operating Officer	15519 Crenshaw Blvd. Gardena, CA 90249	310-679-9126	corp@bhs-inc.org
Bienvenidos Children's Center, Inc	Ericka Sagastume	Director of Mental Health	255 N. San Gabriel Blvd.	626-696-1270 Ext 231	esagastume@bienvenidos.org
Braswell Rehabilitation Institute for Development of Growth and Educational Services	Lori Pendroff	ED	1977 North Garey Avenue, #6	909-623-6651	lpendroff@bridgesrehab.org
California Institute of Health and Social Services, Inc.	William T. Marshall	President	8929 S. Sepulveda Blvd, Ste. 200, La. Ca. 90045	310-645-5227	
Catholic Healthcare West dba California Hospital Medical Center	Carolyn Heier, Psy.D.	Director, California Behavioral Health Clinic	1400 S. Grand Ave., Suite 600 Los Angeles, CA 90015	213-742-6255	carolyn.heier@chw.edu
Child & Family Center	Ari Levy, Ph.D.	Sr. V.P./Programs	21545 Centre Pointe Parkway, Santa Clarita, CA 91350	661-259-9439	ari.levy@childfamilycenter.org
Legal Entity:	**Name:**	**Title:**	**Address:**	**Phone#:**	**E-mail Address**

Child & Family Guidance Center	Kathleen Welch-Torres	Director of Programs	9650 Zelzah Avenue	818-739-5314	welch@childguidance.org
ChildNet Youth & Family Services	Corinne Gonzalez	Intake and Operations Administrator	2931 Redondo Avenue Long Beach, CA 90808	562-490-7625	cgonzalez@childnet.net
Children's Hospital Los Angeles	Karlyn Beck	Division Administrator	4650 W. Sunset Blvd., MS#115	323-361-8519	karbeck@chla.usc.edu
Children's Institute, Inc.	Steve Ambrose	Senior Vice President, Programs	711 S. New Hampshire Avenue Los Angeles, CA 90005	213-807-1804	sambrose@childrensinstitute.org
Clontarf Manor, Inc.	Peggy Weston	Project Director	18432 S Gridley Road, Artesia, CA 90701	562-860-2479	clontarfmanor.cma@verizon.net
Community Family Guidance Center	Hillary Sherman-Wicks	Clinical Director	10929 South St., #208B, Cerritos, CA 90703	562-865-6444	hshermanwicks@cfgcenter.com
Counseling & Research Assoc.	Kelly Asato	QI Coordinator	108 W. Victoria St., Gardena, CA 90248	310-715-2020	k.asato@masadahomes.org
David & Margaret Home, Inc.	Michael Miller	Director of Mental Health Services	1350 Third Street LaVerne 91750	909-596-5921	millerm@davidandmargaret.org
Dubnoff Center for Child Development	Michael Marx	Director of Clinical Services	10526 Dubnoff Way, North Hollywood, CA 91606	818-755-4950	michaekm@dubnoffcenter.org
El Centro del Pueblo, Inc	Sara Jimenez McSweyn, LCSW	Head of Service	1157 Lemoyne Street, Los Angeles, CA 90026	213-483-6335 Ext 150	smcsweyn@ecdpla.org
Emotional Health Association / SHARE!	Libby Hartigan	Program Manager	6666 Green Valley Circle Culver City CA 90230	213-213-0109	libby@shareselfhelp.org
Enki Health & Research Systems, Inc.	Heather Johnson	V.P. Clinical Services	3208 Rosemead Blvd. El Monte, CA 91731	626-227-7014	hjohnso@ehrs.com
Ettie Lee Homes, Inc.	Michelle Chiappone	Director of Mental Health	160 E. Holt Ave. Unit B, Pomona CA 91767	909-455-7501	michelle_c@ettielee.org
Exceptional Children's Foundation	Vanessa Marsot	Director of Mental Health Services	5350 Machado Rd. Culver City, CA 90230	310-773-9371	vmarsot@kayneeras.org
Exodus Recovery, Inc.	LeeAnn Skorohod	Sr VP, Operations	9808 Venice Blvd., Ste 700, Culver City, CA 90232	310-945-3350	LSkorohod@exodusrecovery.com
FamiliesFirst, Inc.	Martine Singer	Executive Director	815 N, El Centro Ave, Los Angeles, CA 90038	323-769-7100	msinger@hollygrove.org

Legal Entity:	Name:	Title:	Address:	Phone#:	E-mail Address
Filipino American Service Group, Inc.	Jeanette Sayno	Case Manager	1711 W. Temple Street	213-483-9804 Ext 205	jeanettes@fasgi.org
Five Acres	Bill Shennum	Director of Research	760 W. Mountain View St., Altadena, CA 91001	626-798-6793	bshennum@5acres.org
Crittenton Services (Florence Crittenton)	Denise Cunningham	Senior VP	801 E Chapman Ave, # 203 Fullerton, CA 92831	714-680-9075	cunningham1@cox.net
Foothill Family Service	Patricia Avery	Director of Clinical Services	2500 E. Foothill Blvd, Suite 300, Pasadena, CA 91107	626-564-1613	pavery@foothillfamily.org
For The Child	Tiffani Morton	Program Director	4001 Long Beach Boulevard Long Beach CA 90807	562-427-7671	tmorton@forthechild.org
Gateways Hospital and Mental Health Center	Michelle DeBus	Assistant Administrator	1891 Effie Street, Los Angeles, CA. 90026	323-644-2000 Ext 276	mmdebus@gatewayshospital.org
Hathaway-Sycamores Child & Family Services	David M Kirk	AVP for QA & Privacy	210 South DeLacey Avenue, Suite 110	626-395-7100 Ext 2590	davidkirk@hathaway-sycamores.org
00193	Stephen Tuffey	Program Manager	600 St. Paul Ave, #100	213-975-9091	tuffey@usc.edu
HealthView, Inc.	Michael Fitzgerald	Program Director	921 S. Beacon St., San Pedro, CA 90731	310-984-3055 Ext 3149	michaelf@hvi.com
Helpline Youth Counseling	Valerie Armstrong	Clinical Services Director	12440 E. Firestone Blvd., Ste. 1000, Norwalk, CA 90650	562-864-3722	varmstrong@vfnet.com
Heritage Clinic	Janet Yang	Clinical Director	447 N. El Molino Ave. Pasadena 91101	626-577-8480	jyang@cfar1.org
Hillsides	Antonia Aikins	Quality Management Director	940 Avenue 64, Pasadena 91105	323-254-2274 Ext 418	taikins@hillsides.org
Hillview Mental Health Center, Inc.	Jack Avila, LCSW	Clinical Director	12450 Van Nuys Blvd #200, Pacoima, CA 91331	818-896-1161 Ext 265	javila@hilview mhc.org
Homes for Life Foundation	Deborah Gibson	Executive Assistant	8939 S Seplulveda Bl #460, Los Angeles 90045	310-337-7417	dgibson@homesforlife.org
Jewish Famil;y Service	Vivian Sauer	Assoc Exec Director	3580 Wilshire Blvd	213-260-7903	vsauer@jfsla.org
Koreatown Youth and Community Center	Johng Ho Song	Executive Director	3727 W. 6th Street, Suite 300 Los Angeles, CA 90020	213-365-7400 Ext 231	johngsong@kyccla.org
Lamp, Inc	Shannon Murray	Deputy Director	526 San Pedro Street	213-488-9720	shannonm@lampcommunity.org
7211	Pia Escudero	Director	333 S.Beaudry Ave,LA 90017	213-241-3841	pia.escudero@lausd.net
McKinley Children's Center	Stacy Duruaku	Executive Director of Treatment	762 W Cypress St. San Dimas, CA 91773	909-599-1227 Ext 2525	duruakus@mckinleycc.org

Legal Entity:	Name:	Title:	Address:	Phone#:	E-mail Address
Mental Health America of Los Angeles	Erin Von Fempe	Recovery Performance Officer	100 W. Broadway, #5010 Long Beach CA 90802	562-285-1330	evonfempe@mhala.org
OPCC (Ocean Park Community Center	Christina Miller, Ph.D.	Associate Director	1453 16th St., Santa Monica, CA 90404	310-264-6646	chmiller@opcc.net
The Center Long Beach	Phyllis Schmidt	Interim Executive Director	2017 East Fourth Street	562-882-8395	Plants29@gmail.com
Optimist Boys Home and Ranch, Inc.	James Gibson	Director of Mental Health	6957 N. Figeroa St. LA 90042	323-443-3151	jgibson@oyhfs.org
Pacific Asian Counseling Services	Mariko Kahn	ED	8616 La Tijera Blvd., Ste. 200 Los Angeles CA 90045	310-337-1550 Ext 2018	mkahn@pacsla.org
Pacific Clinics	Ann-Marie Stephenson, Ph.D.	VP/Chief Clinical Officer	800 S. Santa Anita Ave., Arcadia, CA 91006	626-254-5004	amstephenson@pacificclinics.org
Personal Involvement Center	Francisco Ramirez	Mental Health Administrator	8220 south San Pedro Street, Los Angeles Ca.9003	323-565-2373	framirez@picservices.org
Phoenix Houses of Los Angeles	Elizabeth Stanley-Salazar	Vice-President, Director	11600 Eldridge Ave. Lake View Terrace, CA 91342	818-686-3015	esalazar@phoenixhouse.org
PROTOTYPES Centers for Innovation in Health, Mental Health and Social Services	Merilla M. Scott, Ph.D.	VP, Mental Health Services	2555 E. Colorado Blvd Suite 100, Pasadena CA 91107	626-577-2261	mscott@prototypes.org
Providence Community Services	Mary Ferguson-Carro	Development Manager	4281 Katella Avenue, Suite 201, Los Alamitos, CA 90720	562-467-5449	mfergusoncarro@provcorp.com
The San Fernando Valley Community Mental Health Center, Inc.	Adrienne Sheff, Psy. D. MFT	Director of Adult Services	6842 Van Nuys Blvd., 6th Floor, Van Nuys, CA 91405	818-901-4830	asheff@sfvcmhc.org
San Gabriel Children's Center	Porfirio Rincon	President/CEO	2200 E. Route 66 Suite 100 Glendora, CA 91740	626.859.2089	peterincon@sangabrielchild.com
SHIELDS For families, Inc.	Katherine Erickson	Mental Health Administrator	161 West Victoria, Ste. 255	310-603-1030 Ext 2201	kerickson@shieldsforfamilies.org
Social Model Recovery Systems, Inc.	J. O'Connell	CEO	223 Rowland St., Covina, 91723	818-802-1808	jimo@socialmodel.com
South Bay Children's Health Center Association, Inc.	Christine Byrne	Deputy Director	410 Camino Real	310-316-1212	cbyrne@sbchc.com
SPIRITT Family Services	Dustin Schiada	Clinical Director	2000 Tyler Ave South El Monte CA 91733	626-442-1400	dustins@spiritt.org
St Anne's	Heather Bays	Mental Health Services Direct	155 North Occidental Blvd Los ANgeles, CA 90026	213-381-2931 Ext 353	hbays2@stannes.org

Legal Entity:	Name:	Title:	Address:	Phone#:	E-mail Address
Saint John's Child and Family Development Center	Ruth Canas	Outpatient Director	1339 20th St Santa Monica, CA 90404	310-829-8921	ruth.canas@stjohns.org
St. Joseph Center	Nick Maiorino	Deputy Director	204 Hampton Drive, Venice, CA 90291	310-396-6468 Ext 330	nmaiorino@stjosephctr.org
Star View Adolescent Center. Inc.	Karyn L. Dresser, Ph.D.	Dir., Research & Program Practices	7677 Oakport Office Oakland, CA 94621	510-635-9705 Ext 207	kdresser@starsinc.com
Step Up on Second	Barbara Bloom	Chief Operations Officer	1328 Second Street Santa Moncia CA 90401	310-394-6889 Ext 24	barbara@stepuponsecond.org
Stirling Academy, Inc.	Chris Lewis	Administrator	31824 Village Center Rd, Suite F, Westlake Village, CA 91361	818-991-1063	clewis@stirlingbhi.org
01156	Stewart Sokol	Director	18646 Oxnard Street Tarzana CA 91356	818-654-3950	ssokol@tarzanatc.org
Tessie Cleveland Comm. Serv. Corp	Ana Mejia	Program Liaison	8019 S. Compton Ave. Los Angeles, CA. 90001	323-586-7333	anam@tccsc.org
The Children's Center of the Antelope Valley	Patricia Prado	Program Manager	45111 Fern Ave	661-949-1206 Ext 235	pprado@childrenscenter.av.org
The Guidance Center	Patricia Costales	Executive Director	4335 Atlantic Avenue	562-485-2271	pcostales@tgclb.org
The Help Group	Nicole Ryan	Director of QA	13130 Burbank Blvd, Sherman Oaks, CA 91401	818-482-1266	nryan@thehelpgroup.org
The Institute for the Redesign of Learning	Ed Shrader	Clinical Director	205 Pasadena Ave. South Pasadena, CA 91030	323-344-5538	eshrader@almansor.org
0199	Elena Judd	VP of Programs	3031 S. Vermont Ave, LA 90007	323-766-2360 Ext 3304	ejudd@lacgc.org
The Los Angeles Free Clinic dba The Saban Free Clinic	Paul Gore, Ph.D.	Director of Behavioral Health	8405 Beverly Blvd Los Angeles CA 90048	323-337-1717	pgore@thesabanfreeclinic.org
Los Angeles Gay & Lesbian Center	Diane Kubrin	Mental Heath Director	1625 N. Schrader Ave., LA, CA 90028	323-993-7432	
The Village Family Services	Terri Morgan	CAO	6736 Laurel Canyon Blvd., North Hollywood CA 91606	818-755-8786 Ext 321	tmorgan@thevillagefs.org
Tobinworld	Seth Bricklin	Director of Mental Health	920 East Broaday, glendale, 91205	818-242-8403	s.bricklin@tobinworld.org
Travelers Aid Society of Los Angeles	Laura Kassebaum	Director of Social Services	1507 Winona Blvd., LA, CA 90027	323-644-3500 Ext 15	laura@tasla.org
Tri-City Mental Health Authority	Rimmi Hundal	MHSA Manager	1717 N. Indian Hill Blvd., #B, Claremont, CA 91711	909-784-3016	rhundal@tricitymhs.org
Trinity Youth Services - El Monte	Jim Adams	Trinity El Monte Director	4026 N. Peck Rd. #204	626-444-0539	jadams@trinityys.org

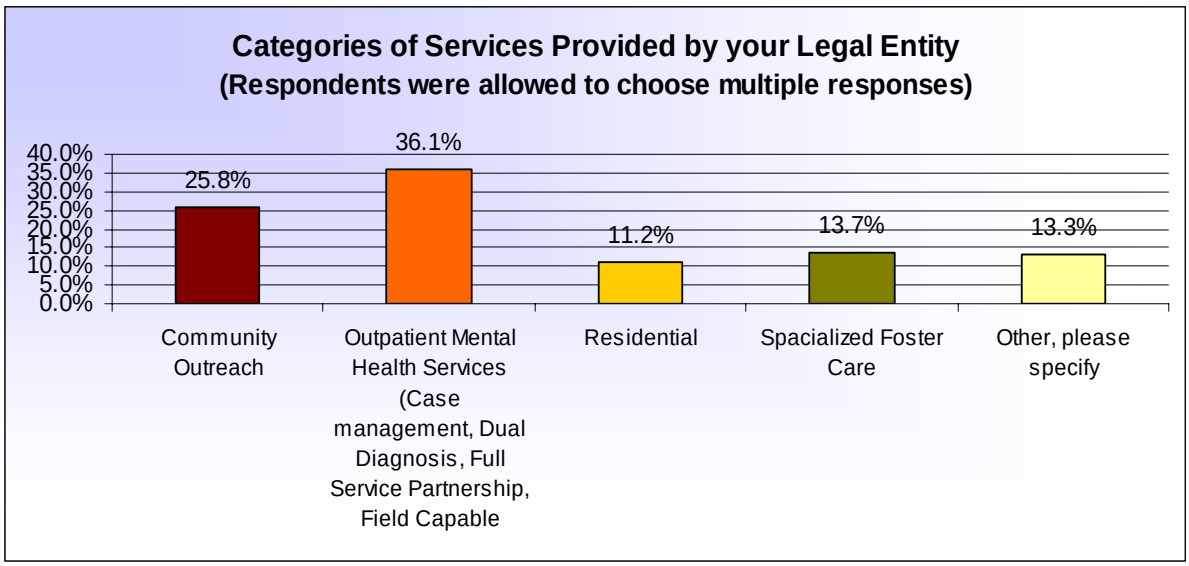
Legal Entity:	Name:	Title:	Address:	Phone#:	E-mail Address
00938	Carrie Johnson	Director	1125 W. 6th Street, LA, CA 90017	213-241-0979	drcjohnsn@aol.com
Verdugo Mental Health	Steven Hochstadt, Psy.D.	Clinical Director	1540 E. Colorado Street, Glendale 91205	818-244-7257	shochstadt@vmhc.org
VP Community Mental Health Center, Inc.	Kelly Armaly	COO	1721 Griffin Avenue, LA CA 90031	323-221-4131	karmaly@vip-cmhc.org
Westside Center for Independent Living, Inc.	Aliza Barzilay	Executive Director	12901 Venice Blvd. 90066	310-390-3611 Ext 201	aliza@wcil.org
WISE & Healthy Aging	Kathy Osburn	Administrative Director MHS	1527 4th Street 2nd Floor	310-394-9871 Ext 222	kosburn@wiseandhealthyaging.org
Eldorado Community Service Center	Jason Damavandi	Mental Health Operations Coordinator	6265 Sepulveda Blvd., Van Nuys, CA 91411	818-779-0555	
Parenting Institute	Spencer Simmons	Managing Member	6525 Belcrest Rd suite 300, Hyattsville, Md. 20782	240-882-3956	ssimmons@me.com

1. Please specify all the categories of services provided by your Legal Entity:

(Please check all that apply)

(Respondents were allowed to choose **multiple** responses)

Response	Chart	Frequency	Count
Community Outreach		65.9%	60
Outpatient Mental Health Services (Case Management, Dual Diagnosis, Full Service Partnership, Field Capable Clinical Services,Med Support, Mental Health Services, and Psych Testing)		**92.3%**	**84**
Residential		28.6%	26
Specialized Foster Care		35.2%	32
Other, please specify		34.1%	31
	Total Multiple Responses		**233**
	Total Unique Responses		**91**



(Continuation) 1. Other, please specify:

1. Wraparound, Domestic violence Services
2. MAT, PEI TFCBT/CPP/MAP
3. Wellness and Recovery Center
4. MAT, Wraparound
5. Wraparound, MAT, TBS
6. NPS, Vocational Rehabilitation, Child Care
7. Housing
8. Wellness
9. Early Start, Supported Employment, Art Centers
10. Alternative Crisis Services
11. Family Preservation, Foster Care, Wraparound
12. Inpatient
13. Non public schooling, adoption services Community Evidence Based Practices, Wraparound, Parent Partners, Public School- adjunctive mental health services
14. Transitional residential for emancipated foster youth, Wellness Center, UCCS
15. FSP, FCCS, PEI
16. Supportive housing services; Domestic violence shelter and supportive services; Emergency and transitional housing; Day program services; Benefits assistance; Advocacy; Medical care and respite program
17. MAT, CalWORKs
18. Treatment for Substance Use Disorders and Dependency
19. CalWORKs, Domestic Violence, Client Run, self help / peer support. Family Preservation, 0-5 Program & Youth & Family Center
20. THP-Plus; Wraparound; TBS
21. Child Welfare, S.A., Housing, Vocational Services, DUI, D.V.,
22. Transitional Housing
23. First 5 funded Partnership for Families
24. TEAMMATES Wraparound Program
25. WRAP, MAT, PEI
26. Wraparound, DTI, FSP, Older Adults
27. school based services
28. Wraparound, State DMH/Dept of Rehab Cooperative Program
29. Case Management
30. MHSA Programming
31. O & E, Client Run

Staff Languages

2. Does your Legal Entity provide mental health services in languages other then English?

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		**95.6%**	**86**
No		4.4%	4
Not Answered			1
	Valid Responses		**90**
	Total Unique Responses		**91**

2a. If Yes to question 2, Which of the following languages does your staff provide services in?

(Please check all that apply)

(Respondents were allowed to choose **multiple** responses)

Response	Chart	Frequency	Count
American Sign Language		5.0%	15
Arabic		3.3%	10
Armenian		6.7%	20
Cambodian		2.7%	8
Cantonese		4.0%	12
Farsi		6.7%	20
Korean		8.0%	24
Mandarin		5.3%	16
Other Chinese		1..7%	5
Russian		6.0%	18
Spanish		**27.3%**	**82**
Tagalog		9.0%	27
Vietnamese		5.3%	16
Other: Please specify		9.0%	27
	Total Multiple Responses		**300**
	Total Unique Responses		**86**

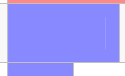
(Continuation) 2a. Other, please specify:

1. Capacity for Italian and German but no demandMAT, PEI TFCBT/CPP/MAP
2. Japanese, Samoan
3. English
4. Portuguese, Japanese
5. French, Hebrew
6. Sinhalese
7. Guajarati (Indian language)
8. Using Language Line, staffs make self-help support group and housing referrals in multiple languages.
9. Hindi; Singhalese; French; Hebrew; Japanese
10. Polish
11. Arabic, Creole, French, German, Hebrew, Hindi, Persian, Iranian, Thai, Yoruba
12. As needed- we have access to Translation Services
13. Polish
14. Lao, German, Hebrew, Yoruba, Ilocano
15. Italian, Greek
16. Japanese, Samoan and Haitian
17. American Sign Language, Bengali/Hindi, Japanese, French, Italian, Swedish, Dutch, Romanian, Croatian & Hebrew
18. Japanese
19. CURRENTLY AUDITING CAPACITY
20. Dutch, German
21. Hebrew, German
22. Bengali, Qanjobal,
23. Hebrew, Thai, Hindi, Slovak, Czech, Japanese, German, Assyrian, Turkish
24. German Czech, Portuguese, Assyrian
25. Italian
26. Dutch, Indonesian, Swahili, Hungarian, French, German, Norwegian, Persian, Iranian,
27. Use translators in American Sign Language, Spanish, Russian, Farsi

3. How many staff members in your Legal Entity currently provide mental health services in a language other than English? Please provide a count of part-time and/or full-time staff members for each language:

(Please check all that apply)

(Respondents were allowed to choose **multiple** responses)

Response	Chart	Frequency	Count
American Sign Language		6.3%	19
Arabic		4.0%	12
Armenian		6.6%	20
Cambodian		2.0%	6
Cantonese		4.6%	14
Farsi		7.6%	23
Korean		7.0%	21
Mandarin		5.0%	15
Other Chinese		2.3%	7
Russian		6.0%	18
Spanish		**26.8%**	**81**
Tagalog		8.3%	25
Vietnamese		4.6%	14
Other: Please specify		8.9%	27
	Total Multiple Responses		**302**
	Total Unique Responses		**91**

(Continuation) 3. Other, please specify:

1. 1-Italian; 1-German but no current demand
2. All other languages are mostly for substance abuse services
3. 1-Portuguese, 1-Japanese
4. 3
5. N/A All in English
6. 3 Japanese, 2 Portuguese
7. 1 Thai, 3 French, 1 Japanese. Multiple languages provided with the help of Language Line.
8. Hindi 2; Singhalese 3; French 1; Hebrew 1; Japanese 1
9. Arabic 1 ft, Creole 1 ft, French 4 ft, 1 pt, 3 per diem, German 1 ft, Hebrew 3ft, Hindi 1 per diem, Persian 2 pt, Iranian 2 pt, Thai 2 ft, Yoruba 2 per diem
10. Polish- part-time
11. Lao 1, Hebrew 1, German 1, Yoruba 1, Ilocano 1
12. Italians 1 p/t, Greek 1 p/t
13. Bulgarian: 1, Hebrew: 1, Japanese: 1
14. Japanese - 4; Samoan - 1; Haitian – 1
15. 3
16. Bengali/Hindi = 4, Tagalog = 3, Russian = 3, Italian - 2, Japanese = 2, Swedish = 1, Dutch = 1, French = 1, Croatian = 1, Romanian, 1 and Hebrew = 4
17. Japanese 1
18. CURRENTLY AUDITING CAPACITY
19. 2
20. Hebrew - 2, German – 1
21. Bengali- 1 Qanjobal- 1
22. Hebrew - , Thai - 1, Hindi -1, Slovak - 1, Czech - 1, Japanese - 1, German - 1, Assyrian - 1, Turkish – 1
23. German, Czech, Portuguese, Assyrian 1
24. Japanese, Hindi, Punjabi,
25. 1 on call LMFT (Italian)
26. Hebrew (2)
27. 8

Budget

4. Does your Legal Entity have a dedicated budget for the following services?

(Please indicate Yes or No for each Budget Item)

Budget Item		Yes	No	Total	Mean	Std Dev
1. Training staff to provide cultural and/or linguistic competent staff.	Count	**53**	36	**89**	1.404	0.494
	% by Row	**59.6%**	40.4%	**100.0%**		
2. Incentives for bi-lingual staff.	Count	**48**	41	**89**	1.461	0.501
	% by Row	**53.9%**	46.1%	**100.0%**		
3. Programs/services designated for particular ethnic client groups.	Count	31	**57**	**88**	1.648	0.480
	% by Row	35.2%	**64.8%**	**100.0%**		
4. Programs/services designated for particular language client groups.	Count	**47**	41	**88**	1.466	0.502
	% by Row	**53.4%**	46.6%	**100.0%**		
5. Programs/services for particular cultural groups (e.g., physically disabled, veterans, hearing/visually impaired, LGBTQ)	Count	27	**59**	**86**	1.686	0.467
	% by Row	31.4%	**68.6%**	**100.0%**		
Total Multiple Responses	**Count**	**206**	**234**	**440**	N/A	N/A
	% by Row	**46.8%**	**53.2%**	**100.0%**		

4a. If you answered Yes to question 4, please provide examples in the space below:

1. Spanish Speaking Domestic Violence Group and Spanish Speaking Parenting Group.

2. We do not have any special funding for training; however it is part of our general training budget done mostly by in house staff.

3. - Additional salary for bilingual MH service providers (therapists and case managers)
   - Programs are specifically designed for linguistic and cultural issues for Latino clients (and in some cases, to address distinct linguistic issues between clients from different parts of Mexico, Central America, etc.)

4. Spanish speaking clients would be assigned to Spanish speaking therapists. Curricula and the materials (e.g. handouts) are provided in Spanish and English. When Spanish speaking therapists are not available, interpreters are also available to assist monolingual clients and family members.

5. Mental Health and Case Management services provided by Bi-lingual/Bi-Cultural staff members. All BHS staff attend training on disabilities and cultural competency

6. We have staff available to provide mental health services in the clients/families native language in-home and outpatient. We have staff available to provide translation of mental health services in the clients/families native language in-home and outpatient.

7. We have tailored an evidence-based practice, Trauma-Focused CBT, for use with Spanish-speaking clients.

8. Bilingual differential pay, In-service trainings and Spanish language services and groups/classes.

9. Acculturation group, Groups, individual conducted in Spanish, Parenting, Outreach Programs in Affordable Housing complexes.

10. On going cultural training for our staff, monetary incentives and we provide services to clients that are culturally sensitive and will use therapists, case managers, etc if the client requests a certain language or culture.

11. Group therapy sessions offered only Spanish and only in English.

12. Examples of staff trainings include “Working with Latino Immigrants;” Multicultural Fatherhood;” and “Cultural Diversity.” Clinical staffs who provide direct services to Spanish or Korean-speaking clients receive a bilingual pay

differential. CII staff are selected and trained to be able to provide services that reflect the ethnic, cultural, and linguistic needs of the clients. Many individual and group services are provided in other languages, particularly Spanish and Korean. CII has a liaison with the Gay and Lesbian Center and provides linkages and support to clients and parents of LGBTQ youth.

13. The agency includes cultural issues in individual and group supervision for all clinical staff. The agency also provides a $220 annual stipend to clinical staff which can be used for relevant trainings, including those to enhance cultural competency. The agency offers a bi-lingual stipend to therapists who speak Spanish.

14. Pay differential for those who provide services in clients' threshold languages.

15. We have staff attend various cultural trainings throughout the year and bring back info to share whether it is trainings through DMH, Latino Behavioral Institute, etc. We also keep this as a focus in clinical supervision. We utilize a testing agency to verify fluency of bilingual staff and based on this they receive 2000.00 or 1500 a year extra incentive. 2000 if they are bilingual in writing and speaking, 1500 for speaking only.

16. (2)The Agency offers a stipend to bi-lingual staff.

17. 1. Onsite clinical trainings on culturally competent TFCBT (via nctsn.org) 2. Mental illness among ethnic minority children & adolescents.

18. Program Director Jason Robison and Program Coordinators Juan Moscoso and Janice Oye provides ongoing training on cultural competence, such as honoring multiple holiday traditions through signage and ceremonies; and being sensitive to food restrictions (such as not serving pork because numerous groups avoid pork). Program manager Libby Hartigan ensures compliance with the Americans with Disabilities Act (ADA) with regular reviews, staff meetings and communications. Staff attends conferences such as Alternatives and the CNMHC Forum to develop greater cultural competence. Numerous support groups are held in Spanish at SHARE! Downtown and SHARE! Culver City, including Sexual Compulsives Anonymous, Sex Addicts Anonymous, Codependents Anonymous, Kleptomaniacs and Shoplifters Anonymous, Narcotics Anonymous and Gamblers Anonymous. SHARE! Publishes countywide listings of support groups serving dually diagnosed people and survivors of childhood sexual abuse. In serving LGBTQ, SHARE! Have two gay staff members and one gay board member. At SHARE! Culver City, Sunday 4 p.m. Male Survivors of Sexual Abuse, and 6:30pm Sexual Compulsives Anonymous and at SHARE! Downtown, Friday night 7:30pm Sexual Compulsives Anonymous in Spanish predominantly serve gay men; staff also make referrals to more then 25 LGBTQ support groups dealing with a range of issues from health to parenting. SHARE! Downtown hosts an Alcoholics Anonymous meeting for Native Americans. To make self-help support groups more accessible to

people with a wide range of religious and cultural beliefs, SHARE! Denotes meetings with religious content (such as the Lord's Prayer) with an asterisk. SHARE! Also offers numerous support groups with various religious beliefs, such as Free n' One (Free from Drugs and Alcohol and One With Christ), SOS (Secular Organizations for Sobriety), Pagans in Recovery and non-12-Step groups such as Recovery International. In making referrals to self-help support groups or Collaborative Housing, staffs are trained to use the Language Line to help any non-English speaking callers. The staff is trained to connect consumers to the resources that are the most meaningful to them. SHARE!'s Collaborative Housing is designed to serve mental health consumers, and includes home that serve specific groups, such as gays and lesbians, Spanish speakers, Farsi speakers, Christians, secular people, women with children, and physically disabled. SHARE! is currently developing houses to serve diabetics and the deaf.

19. The training department provides trainings in "Cultural and Interpretive Services Training".

    Enki offers a supplement for bi-lingual staff that is providing services in a language other than English.
    Enki runs Spanish language therapy and rehab groups to serve monolingual Spanish-speaking clients.

20. Pay increase for bilingual staff. Trainings on treatment strategies in the Latino culture. In-services on treating the developmentally disabled.

21. Staff receives cultural competence training during staff meetings. WC program offers Spanish peer group.

22. Project Fatherhood group in Spanish (non-DMH-funded).

23. Deaf Services program in ASL.

24. 1. Bridging Refugee Youth & Children cultural sensitivity (BYRCS) training. Training Manager to attend training to be certified in Diversity in the workplace.
    2. Staff is given extra pay for needed/specified languages.
    3. Cultural awareness activities are conducted i.e. cultural awareness month and mental health groups focus on cultural issues.
    4. FC has monthly Foster parent meetings in Spanish.
    5. Sexually identity mental health groups are provided for needed population.

25. Staff goes to trainings about working with specific linguistic and cultural groups. In ongoing supervision this is also a part of the supervision discussion. We do pay a bonus for bilingual staff. We have parent support programs that are specific to ethnic populations and we have parent support groups in specific languages.

26. Parenting Groups in Spanish.

27. Bilingual Pay.

28. Bi-Lingual Staff receive a yearly stipend, averaged out per paycheck. Re#5- We have a Center for Grief & Loss.

29. Staffs are provided with cultural competency training through the DMH training division.

30. Diversity training for staff. Therapy for clients in Spanish. Spanish-speaking parenting workshops.

31. Higher salary for bi-lingual staff. In-home services for physically disabled and visually impaired.

32. We provide parenting groups, women's groups, and domestic violence groups in Spanish.

33. Spanish-speaking group.

34. HFLF enrolls staff in cultural competency training.

35. Programs targeting mental health needs of Russian and Farsi speaking community.

36. KYCC is part of a county-wide Asian and Pacific Islander Child Full Service Partnership collaborative. We are responsible for serving referrals that require Korean language capacity.

37. We have a transgender support group as well as HOPWA services.

38. McKinley Children's Center offers training on cultural diversity and cultural sensitive service provision.

    McKinley Children's Center will send mental health service providers to outside trainings that deal specifically with cultural issues and mental health (as trainings are made available). McKinley Children's Center offers monetary compensation for bi-lingual mental health providers. All mental health services are provided in a culturally sensitive and appropriate manner.

39. #1 Individual and group supervision, case conferences, #3 &#4 We have a program called “Un Paso Mas” and “El Centritio De Apoyo” for Spanish speaking adults.

40. Trainings are provided to staff that address cultural competence. A variety of services are provided to disabled clients (with both physical and mental health disabilities) and to veterans.

41. Asian Pacific Family Center services the needs of the diverse Asian groups. Latino Youth Program serves the Latino population and their families. Employment Services works in conjunction with the Department of Rehabilitation.

42. 1. Secure private funding and foundation funding to provide on-going training to clinical and non-clinical staff to address cultural and linguistic accessibility
2.Bilingual stipend included in hourly rate.
3. Targeted recruitment for bilingual staff
4. Intensive family services delivered in both English and separately in Spanish including ebp groups, individual and family therapy
5. Gathering families for social events, meals and special family activities and visits
6. Facility is fully ADA compliant and accessible
7. TTD capability
8. Staff is trained and policies are in place for services delivered to LGBTQ population
9. Funds available for translators for other languages as indicated.

43. Psychosocial rehabilitation groups, therapy groups, and parenting classes are provided in Spanish.

44. Language specific psycho educational groups.

45. $2,000 language differential. Programs have targeted % for ethnic populations. The Center has one mono-lingual program Manos de Espinoza.

46. If needed, services can be provided in Spanish, Korean, or Tagalog by our staff. We can also contract with others to provide services in needed languages.

47. All of SHIELDS for Families services have been developed to meet the specific cultural needs of the local communities which SHIELDS serves in SPA 6. In order to do so, SHIELDS has implemented on-going trainings designed to develop awareness and strengthen skills needed to provide culturally informed services. These trainings range from contract mandated trainings such as ADA courses to specific seminars focused on reducing disparities and racism in our communities. In addition all managers and coordinators are encouraged to focus on the issues of culture, ethnicity and sensitivity in their staff meetings, supervision and monthly staff retreats. SHIELDS have also developed specific treatment programs for Spanish speaking clients in order to meet the needs of this population in the local community. While SHIELDS

previously provided higher pay for bi-lingual staff, this practice was recently stopped as it appeared to create more disparities amongst staff. At that time all staff was given a parity increase.

48. Parenting classes in Spanish.

49. We expect therapeutic staff to participate every year in cultural and/or linguistic training. We pay for the cost of such trainings.

50. We provide the most comprehensive mental health services in the county for the Deaf and Hard of Hearing. We also have a large program that consists of individual and group therapy for individual with developmental disabilities. We offer parenting groups in Spanish and a "newcomers" group for children who have recently arrived in this country in one of our local schools.

51. Salary rates for bilingual staff are slightly higher. The agency provides education groups in both English and Spanish.
The agency operates a program specifically to/for Veterans and to the chronically homeless populations.

52. 1. We conduct annual trainings using the CBMCS curricula. We have dedicated resources to certifying trainers in CBMCS.
2. We provide a pay differential to bilingual staff that uses the non-English language in their work
3. Term "designated" requires No response. We have a number of services, including EBPs, that service distinctive cultural populations -- but ethnicity, language or culture group per se are not criteria for service enrollment.
5. Depends on how you define "culture". We have many resources dedicated to foster youth, juvenile offender populations, etc.

53. We pay bi-lingual staff an extra $5,000 in salary.

54. Yearly training on providing cultural and linguistically competent services, cultural competency is embedded in group supervision and client presentations, and staff has been trained on providing culturally sensitive translation and interpretation. Bi-lingual staff receives a sign-in bonus and higher salary. Seeking Safety is and EBP model that the agency currently services monolingual Spanish speaking families.

55. We pay more for bilingual staff, hold in-service trainings

56. Parent Groups for Spanish speaking Families, Latino Father's Group, and Multi-Cultural Family Groups.

57. 100% FSP Child staff bicultural & Bilingual Spanish speaking.

58. 1. Training budget priority is the provision of cultural and/or linguistic competent staff including staff orientation and ongoing trainings.
2. $2500 annual bilingual differential.
3. When hiring, we seek staff that reflect the community they will serve as well as having grown up in our community. This is true for all service providers, but particular emphasis has been placed on this need for our few funded parent/consumer partner positions as they are often in the position of supporting parents in participating fully in the services we provide.
4. Spanish speaking parent groups (psycho educational and support) and CalWORKs treatment groups.

59. Support groups for Spanish speaking clients. Counseling and case management services for Spanish speaking clients. Counseling for Armenian and Farsi speaking clients. Prenatal services for Spanish speaking clients. FCCS for Spanish speaking clients.

60. Spanish speaking domestic violence group for victims.

61. We have support groups for LGBTQ, Veterans, through our Wellness Center which is funded through MHSA.

62. N/A

63. Spanish-speaking Parenting classes; Armenian-speaking Parenting classes.

64. We provide many services including all out patient services in Spanish for our Latino population.

65. We have bi-lingual pay differentials and a budget line for American Sign Language interpreters. We also have many staff fluent and bi-cultural in Spanish who are utilized to ensure service to the population.

66. Our organization has designed outreach, case management and mental health services to serve the Spanish speaking populations.

5. What are some of the Policies and Procedures Documents that your Legal Entity translates into non-English languages?
(Please provide example in the space provided below.)

Policy/Procedure Title:

1. Consent, Authorization to Release info, Privacy Practices, Th/Supervisor Disclosure, Complaints and Grievances.

2. We don't translate our Policies and Procedures. We use LACDMH Policies, Procedures, Forms and Documents and the versions they have offered in Spanish and Farsi.

3. The DMH Policies and Procedures Documents that our staff use and translate into Spanish are Policy #200.2 and 200.3.

4. We do not translate internal Policies/Procedures, but rather documents, forms, instructions and other things that go out to the public.

5. N/A

6. We are currently working on translating these documents. One of our staff members attended a meeting on this topic.

7. Confidentiality.

8. Notice of new MPN- Medical Provider Network.

9. Policy # 200.2, Request for Change of Provider. 104.4# Providing Notification and Patient Information to Family. 202.26 Confidentiality.

10. Patients' Rights, Head of Service, Policy of Non-Discrimination on the Basis of Disability, Beneficiary Grievance or Appeal and Authorization Form Local Mental Health Plan.

11. All client consents, attendance policies, billing policies, releases, all HIPPA forms, releases, etc.

12. Unattended Children's Policy, HIPAA Privacy Policy and the No Show Policy.

13. Incidence Report.

14. Personnel policies are English only; Client policies in English and Spanish include: Grievance procedures, Confidentiality, Service contracts, Informed consent, Release of Information, and Client rights.

15. HIPAA, consent for treatment, policy on confidentiality (separate from HIPAA, on-call policy for programs such as FSP, FCCS.

16. HIPAA privacy notice, consent for services, Medical Beneficiary information and Grievance Policy and Procedures.

17. Clinical Record Guidelines: Contents and General Documentation Requirements Brief Description.

    Please provide a brief description in the space below. Consent for Services, Notice of Privacy Practices, Acknowledgement of Receipt, Beneficiary/Client Grievance or Appeal and Authorization form.

18. We access those Spanish language policies and procedures available via LA County DMH and make these available to clients.

19. Job application and orientation materials, volunteer orientation materials.

20. Parent/Guardian Responsibility Contract; Client Attendance Contract; Consent for Treatment.

21. None.

22. Non-discrimination policy.

23. N/A

24. N/A

25. Notice of Privacy Practices.

26. Grievance Procedure.

27. Clients Rights, Grievance Policy, Consent for Treatment, Notice of Privacy Practices, Insurance Information Form.

28. Client agreement, Consents, Releases, Information about the Agency.

29. A. Patient complaint procedure.

    B. Patient Right Handbook.

    Policy and Procedure 650.0 Patient Advisement

    Adolescent/Adult Manuals

    Patient Discharge Forms

30. No Company Policy or Procedures are in Non-English.

31. Grievance Procedures. Patient Rights literature.

32. Grievance Policy, HIPPA.

33. Policies and Procedures are all in English.

34. Consent, HIPAA form, release of information, questionnaires, termination letter.

35. We have not had the need to translate Policies and Procedures into non-English languages.

36. Privacy Practices.

37. Assessment forms, client's rights, grievance policies, HIPPA, flyers about services.

38. Welcome to KYCC, Consent for Treatment, Client Responsibilities, Notice of Privacy Practices, Authorization to Release and Request Information (Korean and Spanish).

39. Consent for Services and Policy Practices.

40. Most policies and documents are translated by our LAUSD translation unit, but due to limited staffing are restrictive to a few documents a year.

41. Intake Procedures.

42. MHALA Grievance Policy.

43. Our agency does not have written translations of policies and procedures, but Spanish-speaking staff members translate the policies and procedures verbally for Spanish-speaking clients.

44. N/A

45. All DMH forms, agency related intake forms, COA certification forms, HIPAA information and EBP materials.

46. None

47. Asian Pacific Family Center has some policies concerning service delivery and expectations that are translated in various Asian languages, e.g., Mandarin, and Cantonese

48. Mental Health Policy and Procedure Handbook, Intake forms, Medi-Cal Mental Health Services, Individual Rights in Mental Health Facilities, Grievance and Appeal Procedures.

49. Client Consents, Admission Agreements, Financial Agreements and Billing Client Rights, Staff Designations and Educational and Program Materials are translated into Spanish.

50. None

51. None

52. 1. HIPPA

    2. Content for Services

3. Admission / Intake Procedures

53. Clients are provided with any of the DMH documents that are available in their threshold language. SHIELDS have also translated the following agency policies and procedures into Spanish.

    1. Client Acknowledgement- Suspected Child Abuse or Neglect
    2. Consumer Acknowledgement- Suspected Elder and Dependent Adult Abuse and Neglect
    3. Confidentiality of Client Records
    4. Authorization for Release of Records
    5. Client Rights
    6. Notice of Privacy Practices
    7. Client Acknowledgement- Sexual Conduct Policy
    8. Client Acknowledgement- Non-Discrimination in Services
    9. Beneficiary/Client and Hearing Rights
    10. Policy and Procedures for Minors
    11. Tuberculosis Questionnaire

54. Clinic Policies and Notice of Privacy Practices.

55. Referral and Linkage.

56. Consumer Rights, Intake paperwork.

57. Consent for treatment, Medi-Cal beneficiary form, therapy contract.

58. Any/all consumer documents are translated in Spanish. There are over 25 of these at each agency that cover various types of acknowledgements and informed consent, medication protocols, program handbooks, outcome measurement tools, satisfaction surveys, etc.

59. Only those provided by DMH and only if requested by the consumer.

60. DWC-7; facts about Workers Comp; MPN notification.

61. Disability Benefits, Brochures for referrals, ROIs, Consents, admissions paperwork Questionnaires.

62. The following documents are provided: HIPPA, Clients Rights and Responsibilities, Beneficiary Grievance.

63. Intake paperwork consents, etc.

64. Policy of reporting Child Abuse, Grievance Policy.

65. HIPAA Policies, Program Brochures, Medi-Cal & Healthy Families information, Instructions to file Grievances.

66. HIPAA Consent, Consent for Treatment, Release of Information, Complaint/Grievance Procedure, Board of Psychology and Board of Behavioral Science contact information.

67. No show policy consents.

68. All policies used in service delivery, i.e. limits to confidentiality, mandated reporting, patient's rights, orientation, consent to treatment.

69. We are in the process of translating our forms to Spanish.

70. We have all pamphlets/documents required by LA DMH and Medi-Cal certification translated into about 11 languages. It is extremely rare we have a language other than English as our primary population is LA Probation adolescent males. At times, we have family members who speak primarily Spanish.

71. N/A

72. Consent for Services, HIPAA Rights, Client Care Coordination Plan, All Group Therapy Materials, Change of Provider Request Form, Attendance Policy, Request for PHI, Release of Information Consent and Any other forms upon request.

73. Consumer Rights, Authorizations to disclose/receive information, Fact Sheets about programs, Intake Forms.

74. Complaint and Grievance Policies, DMH Local Mental Health Plan and Patients Rights.

75. GRIEVANCE & APPEAL PROCEDURES.

76. Client Rights, Confidentiality and Consent.

Brief Description:

1. N/A

2. DMH Policy #200.2 is the Request of Change of Provider. A brief description of the P&P is: DMH recognizes that beneficiaries/clients have the right to request a change of provider (location) and rendering provider (i.e. psychiatrist, psychiatric social worker, case manager, etc.) to achieve

maximum benefit from mental health services. Every effort shall be made to accommodate such requests.

DMH Policy #200.3 is the Advance Health Care Directives. A brief description of the P&P is: The purpose of this policy and procedure is to be consistent with the requirements of Title 42, Code of Federal Regulations, Section 422.128 to ensure adult Medi-Cal beneficiaries served by the Los Angeles County Mental Health Plan (MHP) are provided with information concerning their rights under California State Law regarding Advance Health Care Directives and to ensure the information is updated when there are changes in State Law. It is the policy of the Los Angeles County Department of Mental Health (LACDMH) that all Medi-Cal beneficiaries over the age of 18 be given information concerning their rights under California State Law regarding Advance Health Care Directives at their first face-to-face contact for services and thereafter upon request by a Medi-Cal beneficiary. In the event a beneficiary presents a specific completed, properly executed Advance Health Care Directive, the document shall be placed in the beneficiary's mental health medical record. Provision of care is not conditioned on whether or not a beneficiary has executed an advance directive.

3. Release of Information and Privacy Notice/HIPAA.

4. Bienvenidos abides by following the policies and procedures on Grievances and Appeals.

5. This document explains that BRIDGES has obtained a new Medical Provider Network.

6. Notice for Change of Provider requests are posted in English and Spanish in lobby. Release of Information is available in Spanish and Notice of Privacy Practices.

7. These are many of the policies that we have posted in our waiting room.

8. Any policy or procedure that involves client care or is presented to a family is available in Spanish.

9. All of these policies are written in English and Spanish and made available to our Spanish Speaking clients and families.

10. Report any incidences about our clinic.

11. Samples available at your request.

12. All of the above are translated into Spanish.

13. Beneficiary Rights, Informing Materials, Consents, generally those available through DMH.

14. HIPAA privacy notice, consent for services (includes medication consent, medical beneficiary information, and grievance policies and procedures.

15. Consent for Services, Notice of Privacy Practices, Acknowledgement of Receipt, Beneficiary/Client Grievance or Appeal and Authorization form.

16. Materials for job applicants and volunteers are in English and Spanish.

17. Documents that explain parameters of the treatment agreement; limits of confidentiality; expectations for attendance, etc.

18. N/A

19. It is the policy of ECF not to discriminate on the basis of sex, religion, language, ethnicity, sexual orientation, or developmental disabilities.

20. N/A

21. HIPAA information on policies related to Protected Health Information.

22. See above.

23. Documents ensuring Patient Rights are observed.

24. N/A

25. Pamphlets are provided in the Core languages as stipulated by DMH.

26. Letter sent to client's when they no show for treatment and we have to close the case. Consent for Services is translated into Spanish. Questionnaires regarding substance use, HIPAA explanation, and release of information are all translated into Spanish.

27. Explanation of privacy standards re PHI - available in English and Spanish.

28. Pertinent policy and procedures are translated into Korean and Spanish to assist families with understanding of the treatment process.

29. Consent for Services and Policy Practices.

30. McKinley Intake procedures are translated into Spanish. This is our primary non-English speaking population. McKinley will seek to have a translator translate documents into other languages as needed.

31. This policy explains the steps for a grievance to be addressed.

32. N/A

33. N/A

34. Consent for Services.

35. Beneficiary Client Grievance or Appeal and Authorization Form, Mental Health Services Form, Initial Assessment, Intake Forms, Consent of Services Form.

36. All client consents, admission agreements, client rights, staff designations and educational and program materials are translated into Spanish.

37. None.

38. N/A

39. We will forward the documents if requested.

40. HIPAA practices notification general policies of the clinic for parents and clients.

41. P & P on the referral and linkage process as well as where to refer and link clients.

42. All intake paperwork/descriptions of services offered.

43. Intake forms are provided in Spanish.

44. Any time a consumer procedure or form is created we send it to a Spanish translator we retain on a consulting basis. For other languages we either have a staff provide the translation, or find someone in the community who can do this, on an ad hoc (as needed) basis.

45. Workers comp policies and postings.

46. Documents describing service provision, client's rights, and how to navigate the mental health system.

47. The help Group provides information regarding mandated reporting and our Grievance Policy as well as who to contact at the agency are provided in Spanish. Translation for other languages is available either by a clinician who speaks that language or via an interpreter.

48. Protection of PHI, Use and Disclosure of PHI, Client Rights.

49. We translate all documents requiring client signature into Spanish.

50. P&P are on internal intranet and not translated at this time as all staff is English speaking or bilingual.

51. Attendance document, consent for treatment.

52. Our lobby has grievance and appeal procedures and forms as well as the

Medi-Cal Mental Health Services guide translated into 11 languages. Beyond this, we have consent forms and various parent questionnaires translated into Spanish which appears to be the primary language we see outside of English at our site.

53. All policies that are applicable to consumers are offered in Spanish as well as English.

54. These are posters and/or flyers provided by the LACDMH. We do not translate; rather we provide already translated materials.

55. The above information is placed in the waiting area for all clients to review. It includes the steps in filing a grievance including where and how to file a grievance.

56. Our organization ensures that consent forms and relevant client policies (i.e. grievance, access to case records) are translated into Spanish.

6. What are some of the documents/forms/fliers/brochures that your Legal Entity translates into non-English languages?
(Please provide example in the space provided below.)

Documents/Forms/Fliers/Brochures:

1. Information on the Agency, information on CalWORKs, information on Domestic Violence.

2. We have not translated our documents/forms/fliers/brochures. We use DMH Documents, Forms, Fliers and brochures that Patient's Rights has offered in other languages including audiotapes for visually impaired.

3. Request for Change of provider form (completed by the client)
Advance Health Care Directive Acknowledgement (MH635)
Advance Health Care Directive Fact Sheet (Attachment to DMH Policy #200.3)

4. Consents, parental agreements; HIPAA confidentiality forms; financial forms & agreements; complaint forms/documents; Educational materials for groups; EBP materials such as IY curriculum and homework; internal posters and informational documents displayed in waiting areas; brochures.

5. N/A

6. Our agency brochures are available in English and Spanish. Other brochures include program brochure, and basic information on various substances abused in our communities.

7. Release of Information and Privacy Notice/HIPAA

8. Consent for Treatment, Consent for Minor, Consent for Treatment with Medication, Notice of Privacy Practices, Parent-Caregiver Questionnaire, Parent-Caregiver Responsibility Contract, Grievances and Appeals, Notice of Referrals, Mental Health Program Brochures, DMH 12 Threshold languages.

9. BRIDGES Flyers.

10. Consent of Minor, Child/Adolescent Substance Use Self Evaluation (MH 554S), Parent/Caregiver Questionnaire (MH552S), Alafia School-Based Mental Health Program & Parent/Caregiver Consent to Release Information.

11. Consent to Treatment
    HIPAA
    Cancellation Policy
    Consent to Release Information
    Medi-Cal Mental Health Services
    PFI

12. All forms/flyers for clients, some brochures.

13. All service brochures, fliers for events, notices to families regarding any changes to

14. Consent, releases, substance abuse questionnaire, Community flyers.

15. Consents
    HIPAA
    Payor of Financial Information
    Clinical Program Area Brochures

16. Consent for Treatment, Confidentiality Exceptions, Release of Information Consumer Satisfaction Surveys, Outcome Measures, and Flyers/brochures for numerous specialized services, Educational/therapeutic materials.

17. Application for services, agency brochure, FSP program brochure, website.

18. Beneficiary Rights, Informing Materials, Consents, generally those available through DMH.

19. FSP and FCCS program information, Agency information.

20. IEP letter, Closing Case letter, Final Closing Case letter Language(s).

21. HIPPA compliance, Written Informed Consent, Consent for Release of Information, Financial Obligation Agreement, Statement of Client Rights, Client Grievance Procedure Local Mental Health Plan Language Directory of Fee-For-Service Network Providers, Beneficiary/Client Grievance or Appeal and Authorization Form, Baby Safe Haven Flyer (Spanish only).

22. 1. Consent for Services
    2. Request for/Release of Information
    3. El Centro del Pueblo Program brochures
    4. El Centro del Pueblo emergency Ph #'s card

23. Collaborative Housing outreach flyers, Flyer for support group referrals by phone, SHARE! Culver City meeting directory, SHARE! Downtown meeting directory, meeting flyers, support group formats and literature, signage (such as signs indicating bathrooms and smoking policies).

24. Client Questionnaire; Consent for Treatment; Consents to Release Information; Program Information/Flyers.

25. Fliers for Foster Parent Recruitment.

26. ECF program brochures.

27. Urgent Care Center Services Flyer.

28. Agency Service Philosophy, Consent for Treatment of a Minor, Client Rights for All Programs, Summary of Privacy Practices, Authorization to Release and Exchange Confidential Information, In-Home Visits Agreement and Attendance Policy, Authorization for Electronic Correspondence with Client, Grievance and Appeal Procedures, On-Call policies, Financial Obligation Agreement, Child/Adolescent Substance Use Self-Evaluation, Parent/Caregiver Questionnaire, Child/Adolescent Substance Use Assessment and Consent to Participate in the use of Outcomes & Evaluations Instruments.

29. Consent forms for services and transportation; Patients Rights Booklet; Authorization for Release of Information; Wraparound Guide; Therapeutic Behavioral Services brochure.

30. Personal Rights, Grievances, Client Handbooks, Behavior Modification program, and Visitation Guidelines.

31. Brochures and Fliers, parent education materials.

32. Fliers about Services.

33. Psycho-educational material on psychiatric disorders.

34. Notice of Privacy Practices, Authorization to Use or Disclose Protected Information, Program Informational Flyers.

35. Intake Forms that include Notice of Privacy Practices, Informed Consent, Notice of Confidentiality, Parenting Class flyers, Client Care Plan, Application Supplement.

36. 1. Consent to Treatment
2. Mutual Release of Information
3. Telephone Information sheet
4. Geriatric Depression Scale
5. Mini Mental Status Exam
6. Notice of Privacy Practices
7. Agency brochures

37. Events, service descriptions.

38. FCCS Brochures, Wellness Fliers

39. Agency brochure, Substance Use Screening and Assessment Form, Child Behavior Checklist, Youth Self Report, major community event announcements, community resources.

40. Wellness Center Brochures and DMH Materials.

41. Psychological First Aid and other parenting handouts.

42. Intake Procedures.

43. Consent for Treatment, Consent for Medications, Un Paso Mass flyers, Project Return club meeting flyers, medication side effects (in process).

44. Sojourn (Services for Battered Women & Children) provides client satisfaction surveys in Spanish.

45. Agency brochures and Outreach flyer.

46. Several Brochures are available in the Asian languages and Spanish.

47. Consent of Services Forms, Program Brochure, Initial Assessment.

48. (1) Admission Agreement
(2) Consent for Treatment
(3) Program Orientation
(4) EBP Materials
(5) Client Rights
(6) Discharge Home Contract
(7) Announcements and Notices

(8) Special Event Notification

49. Consent for Services, Release Forms, Outpatient Clinic Agreement.

50. Program brochures and educational handouts.

51. Program brochures, clients rights, disclosure of information, client grievance policy, event fliers and On-Call Resources.

52. All brochures, Plans of Care, Safety Crisis Plans, CFT Meeting Minutes, Medi-Cal Brochures, Intake Documents.

53. Program Specific Flyers, Event Flyers, Educational Materials, Announcements.

54. 1. Agency Brochure
2. Authorization for Use/Disclosure of PHI
3. Permission to audiotape sessions
4. Acknowledgement and Consent to Services

55. Consent for Treatment, HIPAA, All Assessment paperwork, Program Brochures and All group therapy handouts, etc.

56. Fliers/Brochures describing services for all programs including Family Literacy, Transitional Housing, Mental Health Services and Partnership For Families.

57. Program brochures, community fliers.

58. Pamphlets, Release/Requests for information, Consent forms.

59. Spanish consumer rights forms and DMH multilingual poster provided by Patient's Rights office.

60. County DMH forms:
1. Substance use questionnaire
2. Intake questionnaire
3. Consent for services
4. Medi-Cal Health Services info
6. HIPAA notice of privacy practice
7. Financial Obligation agreement
8. Informed consent of provider contact
9. Attendance warning letter
10. New intake- missed appointment

61. Disability Benefits, Brochures for referrals, ROIs, Consents, admissions paperwork Questionnaires.

62. Pamphlets of services provided, CQI Brochure, and Behavior Support Management Pamphlet.

63. Forms:
    1. Confidentiality
    2. Parent Caregiver Questionnaire
    3. Beneficiary/Client Grievance or Appeal & Authorization Form
    4. Notice of Privacy Practices
    5. Flyers:
    6. Breakthrough Parenting Class
    7. Free Home-Based Services
    8. Legal Resources for Families Class
    9. It Shouldn't Hurt to Go Home
    10. Activity & Eating-Linking together for Optimal Health & Fitness
    11. Keeping Your Teens Drug-Free- A Family Guide
    12. Parents Guide to Gangs
    13. How Stress affects you & your child
    14. First 5- Preschool & Home-Based Services
    15. First 5- Building your child's self-esteem
    16. First 5- Feeling good about yourself as a parent

64. Brochures, info packages, outreach fliers, assessments.

65. Patient's Rights, Client Responsibilities, HIPAA, DMH's "Beneficiary Grievance and Appeal Forms and Procedures," DMH'S "Guide to Mental Health," Brochures about.

66. FSP Programs, School Based Out-patient. Programs, Field Based programs.

67. All Clinic program brochures that include entry procedures are translated into Spanish. For example, our one-page description of all Clinic services, our FSP-Child brochures, general outpatient brochures, Early Intervention Day Treatment Program flyer, etc. Our Clinic website (lachild.org) also has all key information about the Clinic available in Spanish, including history, mission, services, and locations.

68. Consent forms, registration forms, PHQ-9, medical history, child/adolescent addendum, COI, patient letter.

69. Program brochure, HIPPA documents, group flyer for DV services.

70. Service Description, Medi-Cal information sheet, Request for Service form and Patient Rights Forms including grievance forms and requests for provider change forms.

71. The MHSA plan was translated into Spanish and Vietnamese.

72. In Spanish, we have consent forms and parent/client questionnaires. In Spanish and about 10 other languages, we have the required grievance/complaint forms as well as the Medi-Cal Mental Health Services guide. Although we have the required forms in ten other languages, our site is limited in that most of our clients are English speaking or bi-lingual English/Spanish.

73. Any announcements or documents that are distributed to clients are translated into Spanish and Armenian. Our application for services is translated into these two languages, as are the consents and other documents requiring client signature.

74. 1. Agency Service Flier
    2. Consent for Services
    3. HIPAA Rights
    4. Client Care Coordination Plan
    5. All Group Therapy Materials
    6. Change of Provider Request Form
    7. Attendance Policy
    8. Request for PHI
    9. Release of Information Consent
    10. Any other forms upon request

75. Fact Sheets for Programs.

76. Advanced Directive Form, HIPPA Information, Flyers, Co-Occurring Disorder, Medi-Cal Mental Health Services.

77. Brochures.

Language(s):

1. Spanish
2. Spanish
3. Spanish
4. English, Spanish, Korean, Cambodian, Vietnamese, Chinese
5. Spanish
6. Spanish, English, DMH 12 Threshold Language Binder
7. Spanish
8. Spanish
9. Spanish
10. Spanish
11. Spanish
12. All of the forms are made available in English and Spanish.
13. Spanish
14. All forms presented to clients for intake, clinical assessment and treatment are available in English and Spanish. Some are available in

Korean also.

15. Spanish
16. Spanish
17. Spanish
18. Spanish
19. Primarily Spanish, however the DMH forms we keep in the waiting Room are offered in the Tagalog, Chinese, Farsi, Korean, and Arabic.
20. Spanish
21. English, Spanish, Tagalog, Farsi, Chinese, Thai
22. Spanish
23. Spanish
24. Spanish
25. Spanish
26. Spanish
27. Spanish
28. Spanish
29. Spanish and depending upon the community we are working in we have materials translated.
30. Spanish
31. Hispanic, Filipino, Chinese & Korean, Spanish
32. Spanish
33. All Core Languages
34. Spanish
35. Spanish
36. Spanish
37. Spanish
38. Farsi, Russian, Spanish
39. Korean and Spanish
40. Spanish
41. Spanish
42. Spanish
43. Spanish
44. Spanish
45. Spanish
46. Brochures - Vietnamese, Chinese, Korean, Tagalog, Samoan, Spanish, Japanese, Khmer
47. Cantonese Mandarin, Vietnamese, Spanish
48. Spanish
49. Spanish
50. Spanish
51. Spanish, Vietnamese
52. Spanish
53. Spanish
54. Spanish
55. Spanish

56. Spanish
57. Spanish
58. Spanish
59. English, Spanish
60. Spanish is routine; all others on ad hoc basis.
61. Spanish
62. Spanish
63. English, Spanish, and translation upon request.
64. Spanish
65. Spanish
66. Patient's Rights, Client Responsibilities and HIPAA - Spanish. DMH documents are available in the following languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese.
67. Spanish, Cantonese
68. Spanish
69. Spanish
70. Spanish
71. Spanish
72. Spanish
73. Spanish and Vietnamese
74. Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese, Spanish, Arabic, English
75. Armenian; Spanish
76. Spanish
77. Spanish, Cambodian
78. Spanish
79. Spanish

Brief Description:

1. Literature describing our programs or issues.

2. Request for change of provider form completed by the client - currently it is only in English. This form is completed by the client, requesting a change in provider and the reason for their request.

   Advance Health Care Directive Acknowledgement (MH635) - This form is given to Adult clients and asks if the client has an Advance Health Care Directive. If the client does not have one, then they are directed to the Advance Health Care Directive Fact Sheet (which is currently only available in English), which informs them on what an Advance Health Care Directive is and how they can obtain one.

   Caregiver's Authorization Form (MH646) - This form is completed by a qualified relative for consent for treatment, when the client is not in the care of their biological parents or foster parents.

3. These documents are part of the client's records and are provided in English/Spanish at the time of intake or as needed. The DMH 12 Threshold Languages binder is available and accessible to all clients.

4. A variety of program flyers, open house and activity fliers have been translated for use in the community.

5. These are the clinical documents that we use in treatment.

6. Any and all required forms for clients to complete/sign and all flyers for clients regarding services offered.

7. Consent, releases and substance abuse questionnaire and translated in Spanish if needed when a client enrolls in a program at CHildNet. Community flyers have information about our agency and the different programs we have to offer.

8. Parents giving consent to receive services from us. Form explaining their rights about HIPAA, Financial information for the parent, Program area service descriptions.

9. Samples available at your request.

10. The above documents listed are in letter form for assisting the parent with requesting an IEP and closing of case letters which is initial and final notifications of closing a client's case.

11. #. Provides a synopsis of services, eligibility criteria, and contact information

4. Provides a list of “800” numbers and other relevant phone numbers for clients and their parents.

12. Collaborative Housing outreach flyers, Flyer for support group referrals by phone, SHARE! Culver City meeting directory, SHARE! Downtown meeting directory, meeting flyers, support group formats and literature, signage (such as signs indicating bathrooms and smoking policies) are available in Spanish. The flyer for support group referrals by phone is Spanish, Tagalog, Farsi, Chinese, and Thai. Meeting directories are available in English, Tagalog, Farsi, and Spanish.

13. Forms to collect information from clients and provide program information.

14. Fliers for the community to recruit new foster parents for Adoption, Intensive Foster Care, or FFA Foster Parents.

15. What our programs offer: from early start programs for developmentally delayed infants and toddlers, to art centers for developmentally disabled, residential programs.

16. Additionally, we utilize DMH Patient's Rights materials in Spanish.

17. Agency and DMH-required intake forms.

18. Information for clients on Wraparound and TBS; various consent and authorization forms.

19. NIMN Material on depression, anxiety & schizophrenia & bipolar disorder.

20. Most forms that we give to clients have been translated into Spanish.

21. Any client events such has health fairs, holiday parties, etc. we have descriptions of the different types of programs and services we provide.

22. FCCS program description, Wellness Center events and activities.

23. Community Information and assessment tools.

24. Outreach material.

25. McKinley Intake procedures are translated into Spanish. This is our primary non-English speaking population. McKinley will seek to have a translator translate documents into other languages as needed. McKinley will also provide Spanish interpreter as needed.

26. Brochure - information about services, history and contact information. Outreach flyer in Khmer to inform Cambodians about the agency in a very simple manner.
27. Brochures describe parenting, acculturation, and substance abuse.

28. For some bi-lingual or monolingual client's therapy is done in their preferred language.

29. Will send if requested.

30. Program brochures provide an overview of each program and are used as outreach to referral sources, potential clients and the community in general. Educational handouts for clients and the community cover general topics related to mental illness.

31. All client treatment plans, safety plans, and meeting notes are available to be translated upon request of family.

32. All program and community events are announced in Spanish and English.

33. Anything a client signs is translated into Spanish and explained to the client. All contact and referral information is in Spanish.
All forms/brochures are in Spanish.

34. Program brochures are translated into Spanish. Fliers for time limited services like parenting groups are in Spanish and English.

35. Pamphlets, Release/Requests for information, Consent forms.

36. The documents explain the services offered by the agency, the agency's quality assurance process and how to engage, and information regarding Behavior Management and exclusions.

37. DMH Documents are available to clients in all languages. The Help Group provides information regarding Patients Rights (both our and DMH), Client Responsibilities and HIPAA to clients in Spanish. Translation and interpreters are available in other languages.

38. Programs services are translated into the approve languages.

39. When appropriate, flyers are English on one side, Spanish on the other. Typically, brochures are English or Spanish and when taken to fairs or other outreach activities, we have both available.

40. Group flyer for group, confidentiality agreements, program brochure.

41. It is important to note that our site will translate documents for parents who wish to keep copies of documents not already translated. Goals would be a good example of this as a parent will meet with their child and the rest of the treatment team to come up with or modify goals. Trinity will translate the document and the individualized goals into the parents' language of comfort/preference.

42. All client literature is offered in both English and Spanish upon request.

43. Fact Sheet.

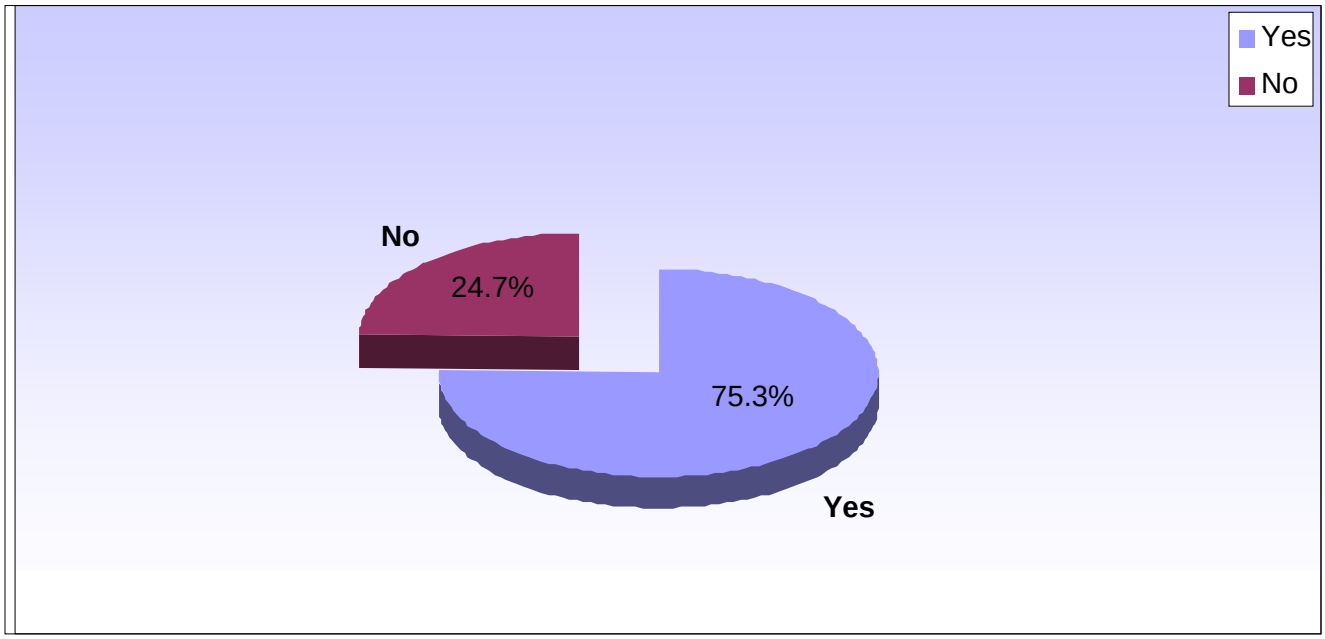
44. The Advanced Directive Form and HIPPA forms are given to the client to sign upon intake. The Co-Occurring form is used in the chart for dual-diagnosed clients. Flyers are passed with our mental health services to the local community. The Medi-Cal Mental Health Services guide is placed in the waiting area for all clients to review.

45. Our organization has translated our outreach brochure into Spanish.

6a. Sample: Do you have documents, forms, flyers or brochures available for submission?
(If you answer Yes to question 6a, please provide a contact name and phone number and we will contact you for a copy of the sample)

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		**75.3%**	**67**
No		24.7%	22
Not Answered			2
	Mean		**1.247**
	Standard Deviation		**0.434**
	Valid Responses		**89**
	Total Unique Responses		**91**



If yes to question 6a, Please provide the name & phone number of your contact person to arrange pick-up of sample documents:

Contact Name	Contact Phone Number:
Nancy Lomibao	310-543-9900 ext. 216
Nataliz Ewalt	213-481-7464 ext. 539
Hiroko Makiyama	323-293-6284
Ericka Sagastume	626-696-1270 ext. 231
Lori Pendroff	909-623-6651
Carmen Haley	310-352-6422
Carolyn Heier	213-742-6255
Judi Best (after contacting Ari Levy)	661-259-9439
Kathleen Welch-Torres	818-739-5314
Corinne Gonzalez	562-490-7625
Marge Proctor	323-361-3870
Cynthia Thompson-Randle	213-385-5100 ext. 2019
Hillary Sherman-Wicks	562-865-6444
Kelly Asato	310-715-2020
Donna Roque	323-249-2950
Gaby Castaneda	818-755-4950
Sophia Viscarra Estrada	213-483-6335 ext. 158
Libby Hartigan	213-213-0109
Karen Cash	909-342-0907
LeeAnn Skorohod	310-945-3350
Martine Singer	323-769-7100
Bill Shennum	626-798-6793
Denise Cunningham	714-680-9075
Armine Soultanian	626 564 1613
Dr. Alvarez	323-644-2000 ext. 201
David M Kirk	626-395-7100 ext. 2590
Stephen Tuffey	213-975-9091
Valerie Armstrong	562-864-3722
Janet Yang	626-577-8480 ext. 120

Antoni Aikins	323-254-2274 ext. 481
Jack Avila, LCSW	818-896-1161 ext. 265
Nayon Kang	213- 365-7400 ext. 130
Shannon Murray	213-488-9720
Contact Name	**Contact Phone Number:**
Stacy Duruaku	909-599-1227 ext 2525
Erin Von Fempe	562-285-1330 ext 261
Christina Miller	310-264-6646
James Gibson	323-443-3151
Joycelyn Manzano	310-337-1550 ext. 2009
Lindy Russell, Public Affairs Administrative Coordinator	626-254-5000 ext. 5023
Luz Quintana	323-565-2312
ELizabeth Stanley-Salazar	818-686-3015
Merilla M. Scott	626-577-2261
Mary Ferguson-Carro	562-467-5449
Angela Kahn, Director of Quality Assurance	818-901-4830
Monica Hernandez	626-859-2089
Katherine Erickson	310-603-1030 ext. 2201
Christine Byrne	310-316-1212
Dustin Schiada	626-442-1400
Heather Bays	213-381-2931 ext. 353
Nina Qurtman	310-829-8552
Erica Lara, QA Coordinator, SVCS	562-427-6818 ext. 248
Elayne Preciado	818-991-1063 ext. 108
Dr, Ken Bachrach	818-996-1051 ext. 3806
Ana Mejia	323-586-7333
Patricia Prado	661-949-1206 ext. 235
Flaviola Gonzalez	562-485-3026
Nicole Ryan	818-482-1266
Ed Shrader	323-344-5538
Elena Judd	323-766-2360 ext. 3304
Paul Gore	323-337-1717

Diane Kubrin	323-993-7432
Helena Cerny Director of Mental Health	818-755-8786
Jim Adams	626-444-0539
Kelly Armaly	323-221-4134
Aliza Barzilay, LCSW	310-390-3611 ext. 201
Jason Damavandi	818-779-0555
Nikki Gibson	310-295-2060

7. Do any providers within your Legal Entity conduct the following activities and or procedures?

(If yes, Please provide examples in the space provided)

(Activity/Procedure)

		Yes	No	Provided Example	Total Yes/No
1. Have statements and documents that reflect that all services should be culturally competent?	Count	64	23	9	**87**
	% by Row	73.56%	26.44%		**100.00%**
2. Fund new initiatives that may better serve the culturally-specific needs of our staff and consumers and reduce disparities?	Count	32	51	6	**83**
	% by Row	38.55%	61.45%		**100.00%**
3. Recognize or compensates staff with a cultural skill, such as a second language, if they use that skill for work that is over and above their specific job duties?	Count	45	41	5	**86**
	% by Row	52.33%	47.67%		**100.00%**
4. Include a section on cultural competence in performance reviews?	Count	40	44	6	**84**
	% by Row	47.62%	52.38%		**100.00%**
5. Provide translators, interpreters, or multi-cultural staff to assist non-English speaking Consumers?	Count	79	5	13	**84**
	% by Row	94.05%	5.95%		**100.00%**
6. Have promotional and educational materials that are culturally sensitive and accessible to all consumer target groups?	Count	63	21	11	**84**
	% by Row	75.00%	25.00%		**100.00%**
7. Gather information about the demographics of the targeted consumer group?	Count	67	17	11	**84**
	% by Row	79.76%	20.24%		**100.00%**
8. Plan, develop and implement culturally appropriate service delivery	Count	64	19	5	**83**

models?					
	% by Row	77.11%	22.89%		**100.00%**
9. Evaluates the effectiveness of culturally-specific services?	Count	43	40	7	**83**
	% by Row	51.81%	48.19%		**100.00%**
10. Provide training to all staff to increase their awareness of cultural competency?	Count	74	12	11	**86**
	% by Row	86.05%	13.95%		**100.00%**

7a. If you checked *Example* for Question 7, please provide some examples in the space below:

Examples

1. 1- Statement in our Employee Handbook; 3- We pay a bilingual bonus; 4- We address this in performance review; 5- We have support staff act as translators & interpreters when we need this service. We assign staffs who have language or cultural capacity skills to clients that have the need; 7- We gather information about the consumer groups that are prominent in our Service Area.8- We aim to be culturally appropriate in our service delivery. We have a specific focus on older adult issues since we have an Older Adult Field Capable program. All our clinical staff has had courses in cultural competence and considers these factors in delivering services. We refer out to other providers if we do not have a capacity; for example we refer those who need ASL to St. John's Deaf Program. 9&10-We discuss the effectiveness of all services provided. We provided limited training to staff and used to send staff to LACDMH cultural competency trainings, however we have not seen these trainings posted in the DMH Training options for some time. We have limited capacity to train in house due to limited resources.

2. When a client calls our intake department to request services, they are asked questions about their age, gender, ethnicity, current symptoms and behaviors, etc. This information is then entered into our electronic record and a report of all of our client's demographics can be obtained.

3. Documents and educational materials are provided in Spanish; we provide translation/interpretation in Spanish/English; we gather demographics of many of our groups;

4. Our website includes statements reflecting our commitment to cultural competency. Staff members that speak languages other than English receive an incentive. While cultural competency is not one of the categories in the performance evaluation, these skills are reflected in the narratives. We have a list of staff member agency-wide who can provide assistance with various languages. Promotional and educational materials are provided in various languages. The demographic info is gathered for proposals and to enhance our overall work in the communities. FACT project in the outpatient unit was a model developed for culturally appropriate service delivery. Programs utilize outcome measures to evaluate the effectiveness of culturally specific services. Trainings and activities are available to all agency staff and the community to increase awareness of cultural competency.

5. All BHS staff attends training on disabilities and cultural competency and Cultural competency is incorporated into all clinical trainings.

6. Referral Process, Intake, Face sheet information is entered in the IS system which tracks demographics, Medi-Cal Re/Certification under Guide to Pertinent Information documents our catchment areas 3 & 7.

7. BRIDGES includes this issue in the performance review form/template.

8. 1. Regularly noted in descriptions of programs
3. Bilingual differential pay provided
5. Regularly provided by bilingual Case Managers
6. Regularly provided
7. Obtained from City and County by development arm of our agency
10. In-service presentations provided

9. Our training program brochure, performance reviews include a rating on cultural competency, translators are routinely provided for psychiatric appointments as needed.

10. we document throughout treatment that services are culturally competent, we provide training and give monetary incentives for speaking a second language, we review cultural competence throughout supervision, we provide translation if necessary, we provide culturally sensitive materials when appropriate for our clients and families, we obtain demographic information in our database, we train throughout the year and evaluate our staff to ensure they are sensitive to cultural issues.

11. When developing a training program for CHLA Mental Health Trainees, research conducted into underserved ethnic and linguistic communities in SPA4 and trainee recruitment targeted to this research.

12. CII service values, HR policies; Trained staff in Culturally Modified CBT; almost always assign clients to staff who speak their primary language; early childhood mental health materials in English/Spanish/Korean/Chinese; all models designed to be culturally appropriate; many culturally specific programs are evaluated; we offer specific trainings each year on cultural competency and ensure that all training addresses cultural issues.

13. The agency recently jointly funded a parenting group w/Kaiser for Spanish speaking parents. It has an evaluation tool to evaluate parenting satisfaction and effectives. Therapists and case managers all receive individual and/or group supervision during which cultural issues are address. Staff trainings have included cultural issues. Therapists and case managers are offered $200 annual stipends to attend relevant trainings which may include trainings on cultural issues.

14. Our case manager translates in Spanish and Brochures.

15. (3) Agency provides a bi-lingual stipend
(8) When requested, Mental Health Services are provided by service

providers who are culturally and/or linguistically competent in the requested culture and/or language.
(10) Agency Trainings include topics that are cultural specific.

16. 1. El Centro del Pueblo Policies and Procedures Manual
6. Parent Workshop materials re: psychotropic medications & parent workshop on cyber bullying and sexing.

17. SHARE!'s procedural manual, How to SHARE!, discusses how to make services culturally competent in detail, from room furnishings to signage to staff interactions. This year, SHARE! is developing houses for diabetics and the deaf. In reviews, we discuss staff's ability to connect with others in ways that are meaningful to them, including cultural competency. SHARE! Staffs use the Language Line to assist non-English-speaking consumers. SHARE! Have many materials in other languages as described above in questions 5 and 6. Each year, meeting-goers at each center are given a survey to provide feedback on the services they are receiving and how they can be approved. Staff responds to any complaint within 24 hours, and consumers who are looking for a particular resource are encouraged to help develop it (such as a pagan man starting a 12-step book study for pagans). Whenever possible, staff connects consumers to cultural competent community resources. For example Alcoholics Anonymous lists some 4,286 meetings in Los Angeles County, with 918 of them Spanish-speaking, as well as others in Armenian, Cantonese, Farsi, Finnish, French, Japanese, Korean and Russian. In weekly staff meetings, Program Coordinators and the Program Director provide ongoing training on how to best connect with others through increased sensitivity to their mental health needs, culture, language, gender, sexual orientation, background or life situation. SHARE! Goes to lengths to avoid communicating the stigma mental health consumers typically experience in institutions by creating an inviting, homey environment and interacting with people in a friendly, supportive way. SHARE! Sends staff to conferences and trainings such as the CNMHC Forum and Alternatives to increase their effectiveness and cultural sensitivity.

18. 3. Staff receives a salary supplement for providing services in a second language.
5. Enki employees 7 full-time and 2 part-time Spanish language translators to assist in the provision of services to Spanish-speaking consumers.
6. As needed Enki translates treatment psycho-educational materials in to languages appropriate to the consumer. We also purchase psycho-educational pamphlets in Spanish and a few other target languages.
7. Our internal data system tracks ethnicity/language demographics of our consumers.
8. Enki plans and develops service delivery models appropriate to the cultural/language needs of our clients. For example, we currently provide Triple P Parenting services in Spanish and some Chinese languages. We have on-going treatment groups for mono-lingual Spanish-speaking consumers.

10. Enki's training department provides a staff-training entitled "Cultural and Interpretive Services Training".

19. We have 4 Spanish-speaking clinicians, as well as two Spanish-speaking office staff available for translation during our operating hours. We increase the pay of all bilingual staff.

20. Data is collected on demographics, diagnosis and impairment levels of Deaf Services clients.

21. 1. Intake procedure
3. Is part of the job description and would be addressed in an evaluation as needed.
5. We utilized the language line and employee on call staff as needed to provide needed services.
9. General CQI process
10. Bryce and will be expanding such training.

22. We collect data on how many clients we serve by ethnic groups in addition to age range, gender and other demographic data.

23. Bilingual Staff are assigned to translate or assist non English speaking consumers; if staff is not available, call bilingual agencies to assist with translate.

24. Flyers, brochures, bi-lingual differential, directive supervision, Translation Services, flyers, Company vision includes cultural competency, supervision.

25. We provided translators, interpreters when necessary within our language capabilities, and keep a log of referrals that are referred out for other languages and cultural specific services.

26. We have developed a socialization group for elder Latinas built around knitting and crocheting.
Higher pay for bilingual staff.
Look at census data to gather information about demographics.
We provide trainings to staff 2 to 4 times a year on cultural issues.

27. We have a multi-cultural staff that bi-lingual in various languages that are able to assist non-English speaking Consumers.

28. Job postings.

29. Community demographic information that includes; race, gender, median income, linguistic isolation, immigration status, access to healthcare, educational attainment, crime.

30. We will be adding a cultural competence component to our Employee Evaluations.

31. Have healthy city.org and other District Resources, such as the Immigrant Center.

32. At time of hire, each employee receives a handbook detailing all requirements of the job to include expectations on cultural competency, diversity, and sensitivity in service provision.
Employees who are bilingual receive extra monetary compensation Translators are provided when requested and as needed.
Demographic information is collected at the time of intake.
Interdisciplinary meetings are held to address the appropriate service delivery for all clients, but also addresses any cultural/ethnicity needs. Surveys are provided to consumers to address the effectiveness of culturally specific services. In house trainings are provided on cultural competency, as well as outside trainings as they become available.

33. #2 we are constantly looking for new funding sources for Un Paso Mas and the 7 Cities Initiative, #5 in all 3 major programs, we have translation services available, #6 we have promotion materials in Spanish, #7 we collect demographic materials every month for our report card, #8 we use the "No Wrong Door" approach for each person seeking services. This approach addresses cultural competency issues.

34. Same as above. Mandate cultural competency trainings annually.

35. Demographics as to languages and population in various service areas, track clients by ethnicity.

36. Mission Statement, Pay differential for threshold language and Training - Collaborate with County and other organizations to plan and deliver Conferences and/or specific trainings through the Pacific Clinics Training Institute.

37. A translator is always available for staff to use. Cultural and competency training provided for staff, individual with bilingual abilities have been given monetary compensation for their skills and abilities.

38. 1. Accessibility Policy
2. Staff Policy
3. Bilingual Stipend
4. Interpreters on staff
5. Grants have been written reflecting community composition and need
6. Materials available in Spanish
7. Demographic data collected
8. Satisfaction surveys in Spanish/ participation numbers
9. No

10. Yes

39. 1. Part of Agency's values statement; non-discrimination policy
3. Salary scale includes compensation for second language skill
5. We have several bilingual staff available
6. Brochures and other materials
7. We collect demographic information on all of our clients – age, gender
8. Culture is part of our planning process in providing services and models
9. We do so informally based on client report
10. Cultural competency is an ongoing discussion in individual supervision, group supervision and case conferences. Staff also has the opportunity to attend outside trainings on cultural competency.

40. Gender, age, ethnicity, # served.

41. 3. Bilingual bonus of $2,000
5. All bilingual staff is available for translation as needed.
8. Center has a Cultural Competency Plan
10. Center provided an annual Cultural Competency training and staff attend outside trainings.

42. Bi-lingual staff receive pay compensation; provide translators as needed; general brochures available in Spanish.

43. 1. Examples Provided above under Policies and Procedures.
2. Our agency has opted to use recently acquired funds to pay for a lawyer who will focus on immigration rights for clients.
5. All programs have funded positions specifically for bi-lingual Spanish speaking clients.
6. Outreach information, inclusive of brochures and fliers have been prepared in Spanish.
7. Through our training and Research department demographics for the targeted consumer groups are gathered annually.
8. Shields have developed a specific Family Centered Treatment model which was designed in response to the specific needs of the local community.
9. SHIELDS conduct consumer satisfaction surveys at least two times per year. SHIELDS mental health staffs also participate in the county consumer satisfaction surveys.
10. As stated before, cultural competency is one of the core issues embedded into all of SHIELDS trainings.

44. SPIRITT collects demographics from our internal computer systems in order to provide better services to our community.

45. We have two staff trained as interpreters in Spanish (A Program Assistant and a Parent Partner). We pay for translation services monthly in the event that a therapist in the field needs translation for a family member.

46. We are required by DMH to use interpreters when necessary. We collect demographic information on Veterans and the chronically homeless populations.
We require all staff on the DMH contract to attend the County's cultural competency training at least once.

47. Each agency develops and works on a cultural competency plan annually. Their areas of focus must include: a) multi-cultural staff recruitment, retention, & training to reflect populations prevalent in their service population; b) maintaining written policies, procedures, forms, and public relations materials on cultural competency; and, c) an elective project. This year (2010), SVCS's elective, for example, is culling input from multi-cultural staff on service practices that need to be enhanced to better meet the needs of particular groups in their service population. As a result they have formed a Latino Services Committee to work on specific Latino cultural competency projects.

48. DMH and Agency Policy on Cultural Competent services to be provided. Monthly supervision that discusses the needs of specific cultural groups within the agency we request outside support for non-English speaking clients where we do not have the language within our staff such as SM Deaf Services, Jewish Family Services for Farsi speaking clients, PACS for Korean clients. Our primary population is English Speaking as a first language or Spanish speaking with competent English.

49. Sterling provides interpretation for Spanish-speaking clients if there are no Spanish-speaking therapists available.

50. Cultural competency is noted on clinical staff job description and evaluation under building rapport. All clinical staff receives training on culturally sensitive interpretation. Data is gathered by TCCSC data department on client and community demographics. Cultural competency is stressed during training, meetings, and supervisions.

51. 1 - Guidelines for Professional Conduct and Practice; 3 - Bilingual incentive; 5. - Provide translation, verbal and written, 7 - gather data annually, 10 - in-service trainings.

52. Clinical staffs are trained on cultural diversity and competence throughout the year. Annually all Help Group employees are trained in diversity.

53. Use demographic information distributed by LA Co. DMH, to design and implement programs for targeted consumer group.

54. 1. Clinic has a written set of standards of care and "pride principles" that are used to train all staff which includes expectations relative to cultural competence and sensitivity.

2. As described below, a grant to provide services to uninsured immigrant Latino families.
4. See performance appraisal for items.
5. Have translators/interpreter staff.
6. See above.
7. Annually aggregate demographic information.
8. All service planning is consumer oriented and family driven as a first step in cultural competence/sensitivity with location of services is based on consumer choice.
9. Grant funded services at Norwood Elementary School indicted statistically significant positive results. See below for further description.
10. Annually provide training to staff which is documented in the Clinic's annual Accessibility Plan.

55. Translators and language line is available and Educational materials available in Spanish.

56. Census tracking, MHSA demographic surveys SPA specific, California Endowment surveys and statistics, Children's planning council statistical data.

57. We attempt to provide services in a culturally sensitive manner. If need be, we use a translator for alternative languages to gather information from and provide information to the client.

58. Through MHSA programs.

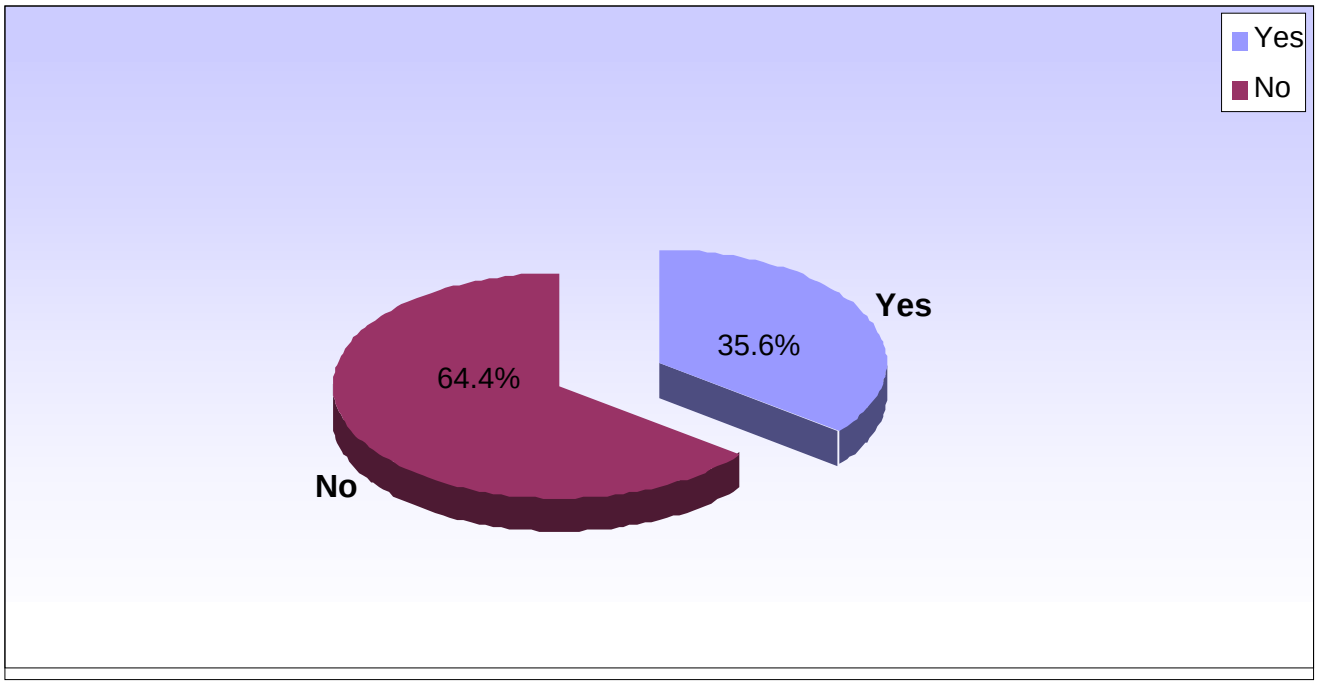
59. 1. See forms and policies in Spanish as listed in Q5 and Q6
2. We fund a mentor and tutor program which includes a learning center to better understand our clients. We have open feedback forums for our staff address their culturally specific needs. Our HR manager integrates this in her employee feedback meetings.
3. We provide bi-lingual bonus to our therapist and monthly employee recognition for work above and beyond their job.
4. This is included in our performance reviews
5. All administrative support staff are required to be bi-lingual Spanish/English and part of their job descriptions include participation in translation shifts.
7. We maintain 2 databases that were we collected demographic information and produce monthly reports to ensure that our staffs are capable of meeting the cultural needs of our clients.
8. All of our EBP materials are translated and delivered in Spanish as well as English.
9. Outcome measures are collected on both groups of clients (English and Spanish) and can be compared to each other as well as standard expected outcomes from the EBP developers.
10. We send staff to DMH sponsored Cultural Competency trainings as well as incorporate cultural sensitivity training in all supervision groups.

60. Additional Spanish speaking staff are available if necessary for a session. Non-English flyers are created and distributed to the local community. The demographics of each Service Area are known and that population's language is used for policies, flyers, documents, etc. Staffs attend Department of Mental Health trainings as well as receive CEUs which include cultural competency.
61. As part of our accreditation, we track demographic trends and are required to have annual cultural proficiency trainings.

8. Do any providers within your Legal Entity track outcomes measures/indicators/benchmarks to track cultural and/or linguistic competence for staff and/or consumers?

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		35.6%	32
No		**64.4%**	**58**
Not Answered			1
	Mean		**1.644**
	Standard Deviation		**0.481**
	Valid Responses		**90**
	Total Unique Responses		**91**



8a. If you answered Yes to question 8, please provide some examples for consumers and staff in the space below:

(Respondents were allowed to choose **multiple** responses)

Response	Chart	Frequency	Count
Consumers: Please specify		**29.7%**	**27**
Staff: Please specify		26.4%	24
Out of the 32 Legal Entities who said "Yes" to question 8.		**Total Multiple Responses**	**51**
		Total Unique Responses	**32**

Consumers:

1. Client Satisfaction Survey after Spanish Speaking Parenting Group.
2. Not sure I understood the question.
3. Client surveys done 1-2 times/year ask specifically if Amanecer staff were culturally and linguistically competent.
4. Cultural Competency Report.
5. Cultural Competency Log.
6. Utilized Evidenced Based Practices in diverse languages.
7. Consumer surveys to evaluate client perceptions of staff cultural competency.
8. State Performance Outcome Measures.
9. Annual survey of meeting-goers.
10. Language Specific services requests.
11. We canvassed our parent advisory board about our ability to meet their cultural competency expectations.

12. We track the language and culture of each client by asking them their primary language and the culture that they identify with. It is put in the data base to compare all clients the year.

13. Our quality department sends surveys to consumers, and stakeholders.
14. Consumer survey.

15. MHSA – OMA.

16. We track the language preferences of consumers.

17. We track language/ethnicity of consumers.

18. Satisfaction Surveys incl. Cultural Questions.

19. ASEBA outcome measure.

20. Track CAPIT - Monthly Log for Language & Culture Specific Mental Health Services.

21. Client surveys.

22. Send out to consumers, Consumer Satisfaction survey, which gets feedback on consumer opinion of services regarding cultural competence.

23. Satisfaction surveys.

24. Cultural identify scales, participation in cultural events.

25. Consumers and caregivers are specifically asked and analyzed for their ability to understand English. If deficiencies are found, staff consults to determine if the family will be better served w/ a Bi lingual therapist.

26. Surveys are passed out biannually.

27. Number of clients served.

Staff:

1. Outcome Measures Surveys that are conducted 2 times a year by DMH. Once the surveys are completed, one staff member at Alma reviews the answers received and reports to our Executive Staff the outcomes.

2. We complete the local SBE form annually.

3. Neg Pkg Schedule 6 Personnel Staff Languages.

4. Bilingual staff required to pass language competency exam of LA Dept of MH.

5. Staff enjoys bilingual differentials and participates in training for bilingual mental health professionals.

6. WFI.

7. We utilize a third party to verify that they are bilingual in the stated language. Staff are tested for written and language fluency.

8. Performance reviews, Personnel Item Control submitted to DMH biannually.

9. We completed an agency-wide cultural competency survey this year to benchmark our level of competence.

10. Part of competency, performance evaluation.

11. We track staff languages spoken.

12. Intake statistics.

13. Organizational Climate Survey.

14. We track language and ethnicity of staff. We maintain records of trainings specific to cultural or linguistic.

15. Quality/fidelity probes focus on Cultural Competency.

16. Performance evaluation.

17. Outcome measures, language aptitude tests.

18. Track number of Spanish speaking clients that are served.

19. Via items on semi-annual client evaluation of services.

20. DMH cultural capacity survey.

21. Cultural training needs.

22. Employees claiming bi-lingual capabilities are tested at the point of interviewing with the agency. The agency sets a high standard at the point of hire. Their skills are periodically evaluated and assessed.

23. Training hours received.

8a. If you answered Yes to question 8, please provide some examples for consumers and staff in the space below:

1. Conducting Client needs surveys.

2. We obtain feedback from our reception and intake staff regarding requests for services. Staff meetings address consumer needs and any unmet service gaps.

3. A comprehensive assessment of the family/child's needs is included in our assessment process and then administered again as part of the ongoing effort to identify and respond to gaps in services needs. Bilingual skills are critical in identifying gaps in service needs as parents are sometimes unable or resistant to express their needs in a second language (English). Also, our staffs consult with providers in other programs (for example, therapist consults with TBS coach to discuss client's behaviors in the school and in the home to determine whether client can benefit from a psychiatric referral, etc).

4. For Individuals: gaps in service needs are defined during the assessment, annual assessment times and anytime individual goals change. We do our best to fill these gaps internally or by linking externally to providers with specific needed expertise.

   Program or Agency-Wide: At various times throughout the year and especially at annual Plan and Budget, we analyze unmet client needs. We take input from staff, from our client's surveys to identify stated needs. We also look at client outcomes to identify what service needs are not being met.

5. In meeting discussions.

6. We as an agency continue to evaluate service needs through our own work, as well as by collaborating with other agencies to determine these gaps.

7. Conduct risk analysis/needs assessment. Have annual Agency wide cultural competency plan with goals and objectives.

8. Providers determine gaps in services based on the waiting list and time-frame. Provider will make appropriate referrals to other providers with a shorter waiting list to reduce the gaps in services the client is in need of.

9. Through a needs and services plan and assessment. Further identification of gaps in services is found through the provision of intensive case management, family involvement, case conferences and treatment planning. We are planning to survey our clients by end of the year relative to the issue of cultural and/or language needs.

10. Make phone calls to clients to get feedback on clinician care, appropriateness, efficiency of services provided.

11. All of our non-speaking clients are Spanish-speaking, for which we have ample coverage at our clinic. We do not get requests for therapy in other languages but if we did we would be able to identify other agencies that provide appropriate services to other linguistic/cultural groups.

12. Feedback from clients provided to therapists and on outcome measurement forms, and community members providing feedback in bi-monthly meetings.

13. Center staffs are very involved in the local SAAC, MHSA planning meetings and needs assessment, local community school meetings, etc. Based on content of meetings with clients, stakeholders, etc. gaps in programs are identified and addressed. Our Community Family Center in Park Parthenia was established in response to community demand for services. We have a Community Advisory Committee.

14. We have ongoing audits throughout our QI department as well as ongoing supervision.

15. Targeted recruitment, salary differentials, linguistic/ethnic focus to training.

16. Developed Community Advisory Council; Developed parent leadership group for early childhood programs.

17. The agency is currently conducting a formal needs assessment in the community to determine these. Staffs have been surveyed, and the agency's Program Committee has discussed these as well. This committee includes members of other local social service agencies, staff input and Board input.

18. As staffs become aware of gaps in service needs they will bring them to supervisor’s attention so brainstorming can take place to work on identifying resources to meet the need.

19. DMH Navigator referral requests, MAT referral requests Clients requests, Community referral requests.

20. Via weekly group supervision clinical case presentations and discussions Via individual supervision. For example, since our staffs are not trained to administer the 0 - 5 assessment instrument, we will assess and refer these clients to other mental health providers. For example, since we do not provide TBS services, we link with other mental health provider agencies that can do this in order to have these services provided.

21. Attendance at DMH meetings such as SAAC 4 and 5, the Mental Health Commission and Systems Leadership Team often alerts SHARE! to gaps in

services needs, such as the Commission's recent identification of the elderly as an underserved group. Consumers who call or come to SHARE! Express needs for particular services, or report such needs in the annual survey of meeting-goers conducted at each SHARE! site.

22. Providers are sensitive to the needs of the populations we serve. For example, we have a growing Asian-speaking population in our El Monte clinic. We have made efforts to hire clinicians who speak several different Asian dialects. Staff can provide culturally/language competent services in the consumers first language and translate treatment forms/materials as needed.

23. Ongoing monitoring through Multi-Disciplinary Team Meetings.

24. We hire based on our gaps in service needs. We just hired a male Spanish-speaking clinician, as we had heard the need from the clients we serve.

25. Client service needs are indentified during intake and addressed.

26. We monitor the demographics of our clients, and ensure that we hire and retain staff that can deliver culturally sensitive services, preferably in the family's primary language. If staff is not fluent in that language, we provide translation services by staffs that have completed the DMH training. We have a Parent Advisory Board that meets regularly to review significant programs, policies and other issues to be sure we are taking into account, among other things, the cultural needs and preferences of consumers.

27. Through a comparison of language and cultural appropriate services provided by area agencies (government and private non-profit) versus community needs as indicated in community needs surveys.

28. Community surveys and analysis of waiting lists.

29. Continuous Quality Improvement process.

30. By the languages that potential clients are requesting, community needs assessments, our Strategic Planning process, client feedback and our Client Advisory Group.

31. Intake coordinator and Program Director track request for languages at intake.

32. The analysis of discharge survey forms completed.

33. Referrals and ACCESS hotline.

34. In conjunction with DMH through Executive Provider meetings and QIC meetings.

35. We have a consumer council to help define and inform consumer needs, which reports those needs to the Program Director.
The program and support staff is multi-racial, multi-lingual and as a team share information about practices which ensure sensitivity to ethnic and cultural issues. We utilize a multidisciplinary treatment team to determine plan efficacy.

36. We would determine a gap exists based on the availability (or lack thereof) of our bi-lingual staff to accept new clients.

37. We look at the demographics of our Service Areas, and compare them to the culture and language abilities of our staff. Where there are gaps, we seek to hire staff who will be able to be an appropriate cultural and linguistic match. For example, as we saw that there are many unsaved Armenian older adults, we hired an Armenian speaking clinician.

38. Information provided by client satisfaction surveys, consulting with community leaders, and other agencies.

39. The only gaps are related to lack of funding.

40. Through team discussion in weekly meetings.

41. Satisfaction surveys and anecdotal materials.

42. We are implementing a program evaluation to review and assess this area.

43. Surveys, Information and feedback from staff and clients.

44. Our Quality Department will administer surveys to consumers and stakeholders. The date is used to determine gaps in services needed, and a correction plan is put in place to compensate for any deficits. Weekly supervision is conducted with all service providers to discuss any issues that may arise in mental health services provided. At this time, if needed, the supervisor will develop and/go over any changes that are needed in the treatment plan.

45. We conduct periodic Gap Analysis on the programmatic level.

46. All projects have client feedback and satisfaction surveys and processes.

47. Evaluate what populations we serve and do not serve.

48. Our focus is to provide linguistic access by having a diverse bilingual staff for APIs so employees are tracked for linguistic skills. We track requests for languages from clients and work to maintain or add languages through our

triage officers. PACS also networks with a wide range of API agencies to see new and emerging populations and their needs.

49. When there is a referral for a consumer that we are unable to serve, for example, Sign Language.

50. By conducting random surveys to clients and their families.

51. We are a CARF accredited organization and complete Three Year Strategic Plan as well as Annual Performance Assessments and Plans that identifies gaps in service needs.

52. Our intake specialists track requests for services from the community. In our Quality Management meeting we examine any gaps in service needs. Direct service staffs also report in weekly meetings and to their supervisor any service gaps that they become aware of when providing services to clients.

53. By collecting and analyzing results of State Performance Outcomes Measures as well as internal monitoring tools.

54. QA/QI Committees meet weekly to review client medical records and indentify client needs, which include examination of levels of care, medical necessity and effectiveness of treatment.

55. Weekly meetings to discuss treatment trends and needs.

56. SHIELDS for Family operate as a comprehensive service provider, therefore as disparities and gaps in services are discovered, the agency administration works to identify and obtain available resources that can be used to fill in these gaps. In addition, staffs are encouraged to develop systems and services which can help to reduce the gaps at the local level. For example at one of our school based sites the staff developed an after-school reading program which assisted children who were performing below grade level in their reading.

57. Based on feedback provided by consumers or potential consumers either to administrative staff, therapist staff, or management.

58. We examine the needs of our surrounding community. We host collaborative meetings with our community partners in order to get their feedback on what is needed.

59. Providers meet with administrative staff daily for 4 days of the week to discuss clinical issues and program needs. Providers also have weekly clinical supervision with an LCSW to discuss client needs.

60. Every case is presented to a multi-disciplinary team in which culture is addressed as part of the overall clinical work.

61. Staffs to client demographic analyses are conducted annually.

    Outcome reports unpack results by gender, age, & ethnicity.
    Cultural competency QA probes results are reviewed for QI.
    Consumer surveys are reviewed for QI.
    Family focus groups are run periodically.

62. Identify on intake any family or individual language needs by Service Coordinator and Intake Coordinator. Brought to Program Manager to identify resources.

63. Satisfaction surveys, Focus groups, suggestion forms.

64. Through the CQI process: biweekly CQI committee meetings, program based teams (PBTs), and program action teams (PATs). This is also done through the analysis of agency (client and staff) data.

65. If there are gaps in services, the provider will follow up with the client/caregiver by phone or letter to identify the problems/issues that may be interrupting treatment.

66. Wait list review, review of client data versus community data, review of client data versus staff data.

67. Gaps in service are identified through client surveys where clients are called by a non-clinician and asked questions regarding delivery of service, client access, and cultural competency. Information gleaned is shared with program directors and trainings are enhanced to meet identified needs.

68. Utilize consumer and staff feedback to decrease gaps in service needs.

69. Annual Accessibility Plan identifies barriers to services including gaps in services and plans for improvement.

70. Not sure.

71. Case conferences, QA meetings, annual planning, treatment planning meetings, and strategic planning.

72. Teaming and cross walking between internal programs and liaison with local CSWs, POs, teachers, etc.

73. We regularly survey parents (in English and Spanish) asking them to indicate services they would like to have.

74. We recently conducted both community wide and client needs assessment surveys.

75. Through MHSA data collection for CSS.

76. We have a weekly meeting attended by all therapists, the biller, office staff, the QA, and the Clinical Coordinator. Program or case specific deficits are discussed to address improvements/corrections. At this time, we are learning to apply our EBP where appropriate and budget our CGF funds in a way that allows us to be more flexible with the cases that need special attention but cannot be served by the EBP in which we are trained.

77. Satisfaction questionnaires, surveys, advisory boards, community input.

78. Review of client demographics from our referral data collection and well as information gathered within intake procedures.

79. Comparison to Census data to actual consumer breakdown of those WCIL services.

80. We collect demographic data and regularly review the level of requests for services provided in languages other than English.

81. Based on the surveys handed to the clients.

82. Gaps in service delivery are determined through the Quality Assurance team and continuum.

9. How do providers in your Legal Entity determine gaps in services needs?

Please provide examples in the space below.

1. Conducting Clt needs surveys.

2. We obtain feedback from our reception and intake staff regarding requests for services. Staff meetings address consumer needs and any unmet service gaps.

3. A comprehensive assessment of the family/child's needs is included in our assessment process and then administered again as part of the ongoing effort to identify and respond to gaps in services needs. Bilingual skills are critical in identifying gaps in service needs as parents are sometimes unable or resistant to express their needs in a second language (English). Also, our staff consults with providers in other programs (for example, therapist consults with TBS coach to discuss client's behaviors in the school and in the home to determine whether client can benefit from a psychiatric referral, etc).

4. For Individuals: gaps in service needs are defined during the assessment, annual assessment times and anytime individual goals change. We do our best to fill these gaps internally or by linking externally to providers with specific needed expertise
   Program or Agency-Wide: At various times throughout the year and especially at annual Plan and Budget, we analyze unmet client needs. We take input from staff, from our client's surveys to identify stated needs. We also look at client outcomes to identify what service needs are not being met.

5. In meeting discussions.

6. We as an agency continue to evaluate service needs through our own work, as well as by collaborating with other agencies to determine these gaps.

7. Conduct risk analysis/needs assessment. Have annual Agency wide cultural competency plan with goals and objectives.

8. Providers determine gaps in services based on the waiting list and time-frame. Provider will make appropriate referrals to other providers with a shorter waiting list to reduce the gaps in services the client is in need of.

9. Through a needs and services plan and assessment. Further identification of gaps in services is found through the provision of intensive case management, family involvement, case conferences and treatment planning. We are planning to survey our clients by end of the year relative to the issue of cultural and/or language needs.

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14. We have ongoing audits throughout our QI department as well as ongoing supervision.

15. Targeted recruitment, salary differentials, linguistic/ethnic focus to training.

16. Developed Community Advisory Council; Developed parent leadership group for early childhood programs.

17. The agency is currently conducting a formal needs assessment in the community to determine these. Staff has been surveyed, and the agency's Program Committee has discussed these as well. This committee includes members of other local social service agencies, staff input and Board input.

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19. DMH Navigator referral requests, MAT referral requests Clients requests, Community referral requests.

20. 1. Via weekly group supervision clinical case presentations and discussions.
2. Via individual supervision.
3. For example, since our staffs are not trained to administer the 0 - 5 assessment instrument, we will assess and refer these clients to other mental health providers.

4. For example, since we do not provide TBS services, we link with other mental health provider agencies that can do this in order to have these services provided.

21. Attendance at DMH meetings such as SAAC 4 and 5, the Mental Health Commission and Systems Leadership Team often alerts SHARE! To gaps in services needs, such as the Commission's recent identification of the elderly as an underserved group. Consumers who call or come to SHARE! Express needs for particular services, or report such needs in the annual survey of meeting-goers conducted at each SHARE! Site.

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24. We hire based on our gaps in service needs. We just hired a male Spanish-speaking clinician, as we had heard the need from the clients we serve.

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27. Through a comparison of language and cultural appropriate services provided by area agencies (government and private non-profit) versus community needs as indicated in community needs surveys.

28. Community surveys and analysis of waiting lists.

29. Continuous Quality Improvement process.

30. By the languages that potential clients are requesting, community needs assessments, our Strategic Planning process, client feedback and our Client Advisory Group.

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33. Referrals and ACCESS hotline.

34. In conjunction with DMH through Executive Provider meetings and QIC meetings.

35. We have a consumer council to help define and inform consumer needs, which reports those needs to the Program Director.
The program and support staff is multi-racial, multi-lingual and as a team share information about practices which ensure sensitivity to ethnic and cultural issues.
We utilize a multidisciplinary treatment team to determine plan efficacy.

36. We would determine a gap exists based on the availability (or lack thereof) of our bi-lingual staff to accept new clients.

37. We look at the demographics of our Service Areas, and compare them to the culture and language abilities of our staff. Where there are gaps, we seek to hire staff who will be able to be an appropriate cultural and linguistic match. For example, as we saw that there are many un-served Armenian older adults, we hired an Armenian speaking clinician.

38. Information provided by client satisfaction surveys, consulting with community leaders, and other agencies.

39. The only gaps are related to lack of funding.

40. Through team discussion in weekly meetings.

41. Satisfaction surveys and anecdotal materials.

42. We are implementing a program evaluation to review and assess this area.

43. Surveys, Information and feedback from staff and clients.

44. Our Quality Department will administer surveys to consumers and stakeholders. The date is used to determine gaps in services needed, and a correction plan is put in place to compensate for any deficits. Weekly supervision is conducted with all service providers to discuss any issues that may arise in mental health services provided. At this time, if needed, the supervisor will develop and/go over any changes that are needed in the treatment plan.

45. We conduct periodic Gap Analysis on the programmatic level.

46. All projects have client feedback and satisfaction surveys and processes.

47. Evaluate what populations we serve and do not serve.

48. Our focus is to provide linguistic access by having a diverse bilingual staff for APIs so employees are tracked for linguistic skills. We track requests for languages from clients and work to maintain or add languages through our triage officers. PACS also networks with a wide range of API agencies to see new and emerging populations and their needs.

49. When there is a referral for a consumer that we are unable to serve, for example, Sign Language.

50. By conducting random surveys to clients and their families.

51. We are a CARF accredited organization and complete Three Year Strategic Plan as well as Annual Performance Assessments and Plans that identifies gaps in service needs.

52. Our intake specialists track requests for services from the community. In our Quality Management meeting we examine any gaps in service needs. Direct service staff also reports in weekly meetings and to their supervisor any service gaps that they become aware of when providing services to clients.

53. By collecting and analyzing results of State Performance Outcomes Measures as well as internal monitoring tools.

54. QA/QI Committees meet weekly to review client medical records and indentify client needs, which include examination of levels of care, medical necessity and effectiveness of treatment.

55. Weekly meetings to discuss treatment trends and needs.

56. A SHIELD for Family operates as a comprehensive service provider, therefore as disparities and gaps in services are discovered, the agency administration works to identify and obtain available resources that can be used to fill in these gaps. In addition, staff is encouraged to develop systems and services which can help to reduce the gaps at the local level. For example at one of our school based sites the staff developed an after-school reading program which assisted children who were performing below grade level in their reading.

57. Based on feedback provided by consumers or potential consumers either to administrative staff, therapist staff, or management.

58. We examine the needs of our surrounding community. We host collaborative meetings with our community partners in order to get their feedback on what is needed.

59. Providers meet with administrative staff daily for 4 days of the week to discuss clinical issues and program needs. Providers also have weekly clinical supervision with an LCSW to discuss client needs.

60. Every case is presented to a multi-disciplinary team in which culture is addressed as part of the overall clinical work.

61. Staffs to client demographic analyses are conducted annually.
Outcome reports unpack results by gender, age, & ethnicity.
Cultural competency QA probes results are reviewed for QI.
Consumer surveys are reviewed for QI.
Family focus groups are run periodically.

62. Identify on intake any family or individual language needs by Service Coordinator and Intake Coordinator. Brought to Program Manager to identify resources.

63. Satisfaction surveys, Focus groups, suggestion forms.

64. Through the CQI process: biweekly CQI committee meetings, program based teams (PBTs), and program action teams (PATs). This is also done through the analysis of agency (client and staff) data.

65. If there are gaps in services, the provider will follow up with the client/caregiver by phone or letter to identify the problems/issues that may be interrupting treatment.

66. Wait list review, review of client data versus community data, review of client data versus staff data.

67. Gaps in service are identified through client surveys where clients are called by a non-clinician and asked questions regarding delivery of service, client access, and cultural competency. Information gleaned is shared with program directors and trainings are enhanced to meet identified needs.

68. Utilize consumer and staff feedback to decrease gaps in service needs.

69. Annual Accessibility Plan identifies barriers to services including gaps in services and plans for improvement.

70. Not sure.

71. Case conferences, QA meetings, annual planning, treatment planning meetings, and strategic planning.

72. Teaming and cross walking between internal programs and liaison with local CSWs, POs, teachers, etc.

73. We regularly survey parents (in English and Spanish) asking them to indicate services they would like to have.

74. We recently conducted both community wide and client needs assessment surveys.

75. Through MHSA data collection for CSS.

76. We have a weekly meeting attended by all therapists, the biller, office staff, the QA, and the Clinical Coordinator. Program or case specific deficits are discussed to address improvements/corrections. At this time, we are learning to apply our EBP where appropriate and budget our CGF funds in a way that allows us to be more flexible with the cases that need special attention but cannot be served by the EBP in which we are trained.

77. Satisfaction questionnaires, surveys, advisory boards, community input.

78. Review of client demographics from our referral data collection and well as information gathered within intake procedures.

79. Comparison to Census data to actual consumer breakdown of those WCIL services.

80. We collect demographic data and regularly review the level of requests for services provided in languages other than English.

81. Based on the surveys handed to the clients.

82. Gaps in service delivery are determined through the Quality Assurance team and continuum.

10. How do providers in your Legal Entity reduce disparities in service delivery?

Please provide examples in the space below.

1. Evaluate disparities in our internal QA/QI, and make changes accordingly.

2. We try to meet the needs of all our consumers by assessing what their needs are, and considering which provider in the agency would be most effective, and by referring out if we or the consumer thinks we don't have the capacity to be effective.

3. As part of a legal entity that consistently strives to reduce disparities in service delivery staffs are encouraged to go the extra mile to reach out to families and clients and deliver high quality mental health services. Our staff's bilingual skills and professional/personal background permit them to interact and communicate with parents and children in their native/second language. Our agency promotes and supports staff trainings in cultural competency and better understanding of diversity and particular needs of our target population.

   Our legal entity has also received grants from outside sources, so that we can provide services to Non Medi-Cal students in the school districts we provide services in, parent groups and so that we can assist parents with advocacy for services for their child or children.

4. Individual client basis: see if any gaps or disparities exist and then identify new treatment plan goals both for therapy and for case management. Program or Agency-Wide: Address disparities with annual plan goals and hold program staff accountable. This has become more difficult with funding restrictions like CPE and funding cuts. Indigent clients have the biggest disparities in service delivery due to funding shortages.

5. Through meeting discussions.

6. We try to reduce disparities by training and hiring new staff who are competent in these areas, as well as collaborating with other agencies to help those in need.

7. Provider will maintain an adequate level of staffing to have the ability to provide consistent services to clients in needs.

8. BRIDGES pays attention to the language and cultural needs at the beginning assessment. If we are able to "meet the client’s needs" we provide the services; if we determine that the language need is greater than our capability we partner with resources in the community and refer as needed.

9. Through policy & procedure manuals, group supervision, and training in-services.

10. We only serve low-income clients, as our clients must have full-scope Medi-Cal to be able to qualify for services. As such, we believe we are reducing disparities in service delivery. In addition, we provide outreach to other agencies in the community that serve underserved populations to be able to meet this community's needs.

11. Efforts to seek funding for identified needs.

12. Our agency conducts outreach, provides an array of social services and established a family center in a high need, low-income primarily Spanish Speaking Housing complex. All staff is bilingual, bi-cultural, and is trained in addressing concerns such as Public Charge Issues in seeking services for their families.

13. All staff trainings throughout the year, weekly supervision and on an as needed basis.

14. Remain committed to training in effective culturally competent services.

15. Conduct active outreach and provide linguistically and culturally competent services.

16. The agency noticed a need for Spanish speaking therapists and case managers and has focused on this during the hiring process. As a result the agency has greatly increased the number of Spanish-speaking therapists. A majority of the administrative staff and case managers also speak Spanish.

17. By providing information to the community through community health fairs, other providers in the community, through the school system, and faith based organizations. This may include giving presentations about mental illness, setting up a booth at a health or farmers market, etc.

18. By having diversity among the staff at all levels.

19. By hiring staff who provide culturally and linguistically competent services.

20. Network with other provider agencies. Partner with DMH program resources, such as FSP.

21. When consumers express needs, staff connects them to the resources most responsive to those needs, and when there are none available, work in partnership with consumers to create those resources (such as having volunteers translate support group literature so consumers can start a particular group in another language.)

22. By identifying changing needs and addressing any gaps in services (as in the example above.)

23. Identify gaps and if the service delivery cannot be provided within the Legal Entity, then resources are utilized in the community.

24. By assessing client service needs during intake.

25. We provide services in the home, school or community, wherever best fits the family's needs and preferences. We invite consumers to address our staff at meetings, and to participate on the Parent Advisory Board. We employ parent partners to help engage families in services and to represent their voice and choice throughout the treatment process.

26. We develop program designs adapted for the language and culture needs of the community from existing models and published best practices; identify appropriate potential funding sources; and apply for resources to implement the new program, program component, or service enhancement.

27. Monitor referrals and allocate resources to meet community need.

28. Continuous Quality Improvement process.

29. We actively recruit bilingual staff and provide much of our services in clients' school, home and community environment. Staffs are provided with supervision that gives them the foundation to work in these environments and meet the clients where they are.

30. Attempts are made to staff the program appropriately. This has resulted in more than 50% of the service delivery staff being bi lingual in Spanish and 50% bicultural.

31. Directive Supervision and Leadership Team planning.

32. Any disparities indentified by management staff are reported to DMH through QIC or Executive management meetings.

33. Consumer needs are determined on an individual basis, and the treatment planning is a collaborative action between the clinician and the consumer...the consumer informs course of treatment.

    Additionally, in-service trainings are provided to the clinic personnel on a continuous basis, regarding cultural sensitivity and working with non-English speaking clients. The specific training topics will adjust according to the population make-up of the clinic and the corresponding need to accommodate their needs. Highly knowledgeable PhD's and mental health professionals specializing in cultural and linguistic issues provide all in-service trainings. In-service trainings to include some of the following topics: Cultural Diversity, Advances and Treatment of human sexuality, Sexual

Harassment Prevention, Treatment of the Elderly, as well as utilizing relevant trainings provided by DMH's Training and Cultural Competency Bureau.

34. We utilize graduate level interns to supplement bi-lingual services to our target population.

35. Through hiring staff with the needed language skills, and the needed cultural sensitivity.
Through training in cultural sensitivity. Through culturally sensitive outreach and engagement with client groups who are underserved.

36. Apply for grants, government funding, so we can increase services financially. Manager's review and problems solve on how to resolve disparities weekly.

37. We don't have disparities in service delivery except for underfunding to serve the underserved.

38. HFLF provides access to translation services, assists with linkage to additional language/cultural specific services, etc.

39. being responsive to needs expressed by consumers and staff, seeking new funding, redefining services

40. We have acquired funding that allows us to service the uninsured population, primarily the Korean American community who are one of the highest uninsured ethnic groups in LA County. We strongly believe this is one barrier that confronts families from accessing mental health services.

41. We work with our program staff and clients to make sure the service needs of all of our clients are met by us or through linkages.

42. Hiring practices reflect the student population we serve and provide services to students referred by schools, regardless of ability to pay.

43. Interdisciplinary Team Meetings are held to discuss all cases, in addition to survey results. This information is gathered, and services are adjusted if needed. This is done to ensure that all services that are being provided are equitable, fair, and culturally competent.

44. We hire staff to reflect our target groups.

45. Through changes to the ways in which services are delivered in response to client feedback and suggestions.

46. Attempt to outreach to all local school and participate in SPA 4 events to outreach.

47. Primarily through bilingual or bicultural staff we increase access. We also use videoconferencing to provide linguistic access over our three sites.

48. Pacific Clinics has extensive scheduled training opportunities through the Training Institute. Trainings are provided by existing skilled staff/employees or other external professionals

49. Agency goes in length to hire individuals with skills and cultural background in accordance with client population needs and services rendered.

50. Not tracked.

51. All staff understands and signs a non-discrimination policy upon employment. One of the agency's values is respecting and embracing differences as we support individuals in reaching their fullest potential. This value is deeply rooted in our work ethic and how we provide services to our clients.

52. By outreaching to UN/underserved communities and providing welcoming, culturally competent services.

53. The Center has a Cultural Competency Plan and an Accessibility Plan which reduces disparities in services.

54. Maintaining a large number of bilingual staff and contracts with translators.

55. All SHIELDS staff is required to ensure that their clients receive Quality Care as well as provided access to available resources both within SHIELDS and in the community. SHIELDS utilizes community outreach services in order to engage client's in the process of treatment and when the engagement is more challenging SHIELDS will go out to the community to meet the client and help make that connection with the agency. In order for clients to be discharged the case must be reviewed and the d/c must be approved by a clinical supervisor.
    SHIELDS mental health programs provide services pro bono to uninsured clients who cannot afford to pay for their treatment. If clients have private insurance, our staffs are trained to assist them in accessing mental health services through their insurance provider. For clients who are eligible for medical or Healthy families, SHIELDS will asset them with the application process and working with DPSS.
    SHIELDS attempts to hire as many bi-cultural, bilingual staff as possible and subsequent to hiring provides on-going training to ensure cultural competency amongst staff. SHIELDS have several levels of supervision which allow for oversight of programs in order to ensure that quality services are provided.

56. After identifying potential gaps, staff works collectively to determine how to best meet the needs to reduce any disparities in service delivery.

57. Through regular trainings and supervision.

58. Clinicians work primarily in the field- providing services to clients within their home environments whenever possible. Clinicians will provide referral and linkage to needed services outside of their domain.

59. Clients are provided linguistically appropriate services by clinicians fluent in the two languages we have available.

60. By maintaining cultural competency.

61. Ongoing attention to all relevant data sources, incl. monitoring service engagement and retention stats by age, gender & ethnicity. Staff self-assessments and team discussions to increase awareness. Infusion of cult. Competency topics across other trainings. Maintaining cult comp. topics for regular review in CQI.

62. When we get to critical mass of needing non-English speaking staff we will recruit for that population.

63. Make a concerted effort in hiring culturally competent or sensitive staff.

64. By providing individual and group supervision I which cultural and language is addressed. By completing client and staff satisfaction surveys and by providing client and staff with a venue to report complaints and concerns regarding culture and/or language. During supervision it is also discussed whether the consumer could identify with the provider.

65. With up front Intakes to assistance the families to understand how we can partner with the family to meet their needs.

66. Hiring practices and training.

67. Ongoing Clinical trainings serve to reduce disparity in the delivery of service. When disparities exist, program directors address issues through supervision and trainings.

68. Continue to recruit bicultural & bilingual staff. Utilize trainings from LA Co. DMH. Utilize feedback from LA Co. DMH regarding reducing disparities in service delivery. Apply for new programming aimed to reduce disparities in service delivery. Adjusted all programs to deliver 100% of services in the field to accommodate consumer needs.

69. Use of bilingual staff or interpreters in working with Spanish speaking clients or families. Services are provided in the location of client choice including home, school, or other community venue. To increase access offer services in 22 schools and DV shelter.

70. Try to meet the client's needs in any way that is doable and realistic. Obtain information and translation in other languages.

71. We hire a culturally diverse staff and pursue funding opportunities that address service disparities. For instance, we were awarded a CDC grant targeting HIV positive and high risk negatives for men of color and Latinos.

72. Recruit representative staff, cross train staff, encourage voice and choice among staff to initiate parallel process. Identify marginalized populations, solicit information from DCFS re reasons for referral and high risk populations, suspend judgment and engage families where they are, focus on strength based interventions that are culturally appropriate. Education and awareness are key factors, so making sure staffs at every level are involved in training and community engagement. Attend health fairs and community events; provide information in key threshold languages.

73. We provide services to clients in the language with which they are most comfortable.

74. Through trainings and providing culturally appropriate services.

75. As stated above, cases are discussed weekly in our Mental Health Services meeting. Schedules are discussed, services are increased (time wise), decreased, modified, etc. Groups are added where appropriate. Other team members may be included and consulted depending on the disparity including the family, the group home staff, school staff, etc.

76. Satisfaction questionnaires, surveys, advisory boards, community input.

77. To the best of our ability, we hire and retain staff (and interns/trainees) who are culturally and linguistically compatible with our client demographic.

78. We match bi-lingual staff to clients that prefer services in their language.

79. Unclear question.

80. We rarely get requests for service delivery in languages other than English.

81. Attending trainings provided on-site and by DMH including required CEUs as per each clinicians licensing board.

82. This organization uses corrective action to address disparities.

11. Based on the knowledge of providers in your Legal Entity providing culturally and/or linguistically competent services, what are a few lessons learned that could enhance the delivery of culturally and linguistically competent services?

1. Finding and providing good child care during groups, to keep the members attending.

2. Ask the client about their wants rather than making assumptions, encourage the client to give feedback about what is effective for them, address potential cultural issues with clients instead of ignoring them.

3. Schools/Academic entities could facilitate parents/students access to bilingual staff in regards to IEPs, SST meetings, and regular contact with school principals/administrators. Our staffs often hear grievances from parents and students that feel unheard due to the struggle to communicate their thoughts and feelings in English.

   Bilingual service providers might benefit from regular trainings/discussions on cultural and linguistic considerations as the various ethnic groups served by our legal entity are unique and continue instruction in ways to better deliver services seems beneficial.
   * Listen carefully to each client/family regarding their cultural experience and world view without assuming that you understand them because you are all Hispanic. Each Latin American country is very different, so educate yourself regarding a client's culture and heritage particularly if they come from a different country of origin than you do.

4. Speak with and survey clients about their cultural and linguistic needs, and about what services they wish to have that we are not currently providing.

5. Learned to be sensitive to others needs.

6. List of agencies with their language capabilities have been very helpful in enhancing the delivery of culturally and linguistically competent services.

7. Try to conduct comprehensive screening and referral to meet the needs of the client. Cultural Competency is much broader than just language capability. If we are unable to meet the needs of the client then our Agency will work to refer client to more appropriate setting.

8. To encourage other nationalities to become interested in the mental health field, and possibly focus recruitment towards other specific ethnic groups.

9. We recognize that bilingual capability is not always effective without services being provided by bicultural staff as well.

10. We work to make sure that clients understand the nature of treatment, as many are unfamiliar with mental health services. We also work to process any preconceived notions of mental health treatment and stigma that may be a part of a particular cultural group. Clients may have a certain fear due to lack of knowledge about types of services provided.

11. More classes/training provided locally in learning another language, particularly with clinically relevant terminology.

12. Services need to be community based at locations that are comfortable and convenient for the family. Mental Health Programs must be imbedded within other social service programs and active face-to-face outreach needs to occur. Agencies must make a commitment to stay in the community served long-term as many communities feel that agencies come and stay for the duration of the grant and then leave. This leaves families less willing to participate when a new provider comes along.

13. We want to continue to address any issues or concerns promptly and discuss issues, however uncomfortable in weekly supervision.

14. Must be consistent focus of administration and incentives required to expand staff competence.

15. All EBT's need to be closely examined for cultural fit and modified where necessary; Being of the same ethnicity does not guarantee culturally competent clinical services, nor does being of a different ethnicity preclude it; Social class differences are often overlooked as a barrier to effective relationship building.

16. Maintaining current level of Spanish-speaking staff.

17. There is no cookie cutter approach, every family and beneficiary are different. Staff needs to be open at the start of treatment and lay the foundation that they will be educated by the family or client about their/his/her culture during the therapy relationship and encourage the client to disclose if there are concerns or issues that come up during the therapeutic relationship with the staff. Staff also should be willing to do extra research via internet and/or consulting with another staff from the culture.

18. Encourage hiring practices that addresses the various cultures and linguistic needs of the community we serve.

19. Provision of partial day treatment services to children and youth might prevent psychiatric hospitalizations. Information or public service announcements via major media resources (in particular radio for the Latino population) about the nature of children's mental health needs and the range of services available via provider agencies.

20. Consumers who need the resource are the best ones to help develop that resource (such as self-help support groups, housing).

21. It is important to recognize and respond to changing demographics of the geographical area you serve.

22. It is difficult to provide translation services over a phone translation service, but it is preferable to not being able to provide services to clients.

23. More trainings and workshops on these topics. continued outreach in hiring workers from disadvantaged populations

24. The ability to speak the same language as the family being served does not in itself constitute cultural competency. We have learned that treating all families' with respect, being open to learning from them and meeting them on their own terms is the most effective way to improve cultural competency. Staff meetings and other forums are dedicated to discussing and evaluating our successes and opportunities for growth, and staff is encouraged to speak openly about what has worked and what hasn't.

    Our Parent Advisory Board has been a wonderful way to hear directly from consumers about the services we deliver, what has helped in treatment and what has not.
    Agencies must adopt a culture of openness and constructive feedback in order to continually improve in this area.

25. Professionals who have in depth experience in the home country of Filipinos and how mental health problems are addressed based on Filipino notions of the individual and society.

26. Involvement of stakeholders and community partners is important. Be open to change and stay ready to adapt to consumer needs.

27. Hiring our own on call? PT staff in specifies languages as the need arise.

28. We are specifically very careful that our Front Office and Intake staffs are bilingual and that they provide excellent customer service. Clients have said that this makes a very good impression and makes them more comfortable seeking services here.

29. It is important to recruit and hire staffs that are not only bilingual but also bicultural and to provide ongoing training in cultural competencies for the variety of cultures served.

30. The aggressive use of interpreters during patient advisement.

31. Bi-lingual does not equal cultural competency.

32. There are the resources in the County to deliver most services needed; the challenge is making all providers aware. I think we are doing a much better job!

33. Incentives may be helpful in attracting more bi-lingual staff.

34. Hire and retain culturally diverse staff.
Share cultural stories among staff.
Conduct trainings on working with different cultural groups.
Ask about cultural issues in an ongoing manner, in treatment teams and supervision.

35. Be more visible in the community that we serve by attending community events and functions.

36. We have learned that having very little indigent funding has made it very difficult to meet the needs of non-insured, non-English speaking Consumers. We are located in a poverty area of the San Fernando Valley.

37. Cross cultural training within the agency.

38. Outreach and education must be included in the service delivery system. With the immigrant community the stigma or mental health is still a tremendous barrier to treatment. Shared language does not equate to shared cultural experiences (i.e. families from Central America share Spanish as a common language but vary on cultural and historical experiences.) For Korean American families, the acculturation level is a major factor in the treatment approach.

39. We serve many cultures, which are not often talked about. For example, homeless, poor, drug, street, HIV, transgender. We have learned many lessons yet would like more resources and training to further our competence.

40. A culturally competent service are not necessarily based on the service provider being of the same cultural or ethnic background, but has more to do with the service providers ability to make connections with the child and/or family. It is important for any service provider to be culturally sensitive, but this comes through engagement, asking questions, and being open to understanding a person's cultural perspective. Barriers do occur when there is a language difference, and in these cases, offering services in a person's language is most appropriate. McKinley does provide services in languages that a client is most comfortable, but we have also had great success with treatment even if there are cultural differences. Ultimately, good service provision is about the relationship that is built, and the willingness of the service provider to extend them-selves beyond what they feel comfortable with. It is also important that service providers learn about other cultures, so they do not provide services through their own cultural lenses.

41. We became aware that treatment staff didn't know about the other staff language capacity. We are working on improved communication around this issue.

42. 1) Importance of meeting clients where they are at; 2) Importance of assisting clients with multiple disabilities; 3) Importance of understanding the needs of older indigent client.

43. More second language therapists.

44. Be able to bill for interpretation while providing a service and translation of materials. It's "insane" to mandate cultural and linguistic competency and not be allowed to bill to provide that service. This limits an agency's ability to work with underserved populations. Allow funding to hire non-citizen staff as many Asian Americans are not bilingual. The workforce shortage issue is critical. Open up the WET funding faster so bilingual staff in an agency can go to school for advanced degrees while working. Too many agencies have one or two staff, not necessarily clinical staff, which are bilingual and therefore feel they are linguistically and culturally competent. APIs wouldn't go there because there isn't a comfort level with the staff. However those agencies are funded to provide API services and don't provide them.

45. Within each cultural group, there are differences that can be addressed; for example, Latinos from South American may present different from Latinos in the Central or European regions. The same is true for the differences among Asian and individuals of African descent.

46. Newly immigrated clients from other countries have some difficulties acculturating to the American way of life.

47. Need more bilingual staff/ engagement is better for families when services delivered in primary language. All staff needs consistent and frequent training. Environment must have transparent and welcoming cultural/ethnic decorations, signage etc. Front desk staff must be bilingual and bicultural.

48. The importance of remaining open to understanding what culture means to the individual and not making any assumptions about the role that it plays in someone's life. It's important to understand the individual's perspective.

49. Cultural competence is not about "treating everybody equally." It is about recognizing that everyone has the right to high quality, effective, welcoming services that are responsive to the preferences, needs and strengths of each individual and family within their cultural context. This concept is still not widely understood and more training (with self reflection) is needed.

50. 1. When staff has to initiate a DCFS or child abuse report, they have to be aware of the cultural issues it brings up in certain cultures.

2. Staff has to become more sensitive and aware of ways to help persons with gender identity issues to integrate into mainstream.

51. Make all stakeholder documentation available in Spanish so that when our families have to interact with other departments the information is more easily accessible.

52. The issue of cultural competency is a vital, complicated and at times, volatile issue to be reckoned with in the provision of services. While most staff does not consider themselves as racially biased, they may be unaware of their own behaviors and attitudes which can negatively impact their clients. In discussing these issues, it is important to set the stage for having a non-judgmental, non-attacking open discussion where staff feels that they can safely share their thoughts and experiences. Trainings of this nature cannot be accomplished in a single meeting, rather there must be an on-going dialogue and focus on these issues. In addition, factors such as socio-economic status, family values and gender also have great influence on each individual and family experience; therefore one cannot generalize across or within ethnic groups.

53. With the switch to Evidence Based Practices we will need to monitor how these translate to different cultural and linguistic populations.

54. Ensure that the program has an accurate number of bi lingual staff to meet the needs of the community.

55. Providers have often had to learn vocabulary specific to Mental Health services i.e. Psycho-education.

56. With our Deaf and Hard of Hearing clients we have learned that many other DMH directly operated and contracted agencies are unwilling to take clients who need ASL. Because of this we have clients coming to us from all over the county. Some clients take 3-4 buses and take up to 4 hours to come to us for a 30 minute psychiatry appointment. Many times we have tried to refer clients back to their own SPA with little success.

57. A diverse staffing pattern is helpful in enhancing culturally competent services.

58. Institutionalize expectations -- horizontal integration across all "levers and tools" from leadership paying attention, staffing practices, written policies and procedures, annual plans and projects, to training focus, QA probes, outcomes analysis.

59. Clients at times prefer to converse in their primary language but also are comfortable speaking English in sessions.

60. All staff (including Maintenance and dietary) need to be included in diversity training.

61. Developing a Spa 6 initiative to attract and retain competent bilingual staff.

62. More funding for outreach outside of an FSP program.

63. Trainings that include teaching clinicians how to talk to clients about cultural and linguistic needs including not making assumptions about cultural or linguistic needs.

64. Make when hiring all staff that they also possess the clinical skills and work attitude to provide effective, caring services.

65. Via a grant from the Robert Wood Johnson Foundation for which we provided services to uninsured, immigrant student and families at Norwood Elementary School, we found immigrant families are more receptive to services when we included parents in service planning, implementation, and evaluation at the school. Parents were trained in outreach and advocacy and educated other parents to reduce fear of discovery and deportation when seeking services, reduce stigma of seeking mental health services, and promote the benefits of mental health services for their children.

66. Diversify funding streams to reflect diversity.

67. More consumer groups. There is nothing as impactful as a consumer sharing what works and what doesn't work. The lessons are often universally applicable. It can address cultural nuances, and cross cultural similarities.

68. To never assume a client is comfortable with a particular intervention just because they have not complained. We have learned to ask for feedback on a regular basis to ensure that services are culturally sensitive.

69. One major lesson providers learn is that culture does not only refer to someone's language, land of origin, etc. To more appropriately serve the Trinity El Monte population (male adolescents 13-18 on Probation), we have added such trainings as gang culture, drug related trainings and others which help us try to understand some of the behaviors seen in the population we serve. We have had some clients who are gay or questioning and will attend these trainings in addition to the standard LA DMH events addressing the needs of the Latino, Asian, and other populations in an effort to better serve all populations who come through our doors.

70. Consumers that are involved in cultural services tend to do better than consumers not as involved.

71. The most effective therapist and translators are those who grew up with Spanish as their first language or family language.

72. Stigma is not a concept easily conveyed in the Latino culture.

73. Establish a cultural and linguistic competence training program inclusive of overview training for all staff and tailored trainings for staff based on job function and level of knowledge and expertise. Additionally, we develop performance indicators related to the delivery of cultural and linguistic competence and include them in performance reviews and professional development plans. Through demographics analysis, Eldorado assesses the linguistic capacity and needs of service providers and support staff. Eldorado organizes and implements one community engagement and/or outreach activity at least semi-annually to facilitate awareness of mental health issues and services within the community.

74. Providers need to be trained on the cultural competence continuum.

12. Based on the knowledge of providers in your Legal Entity providing culturally and/or linguistically competent services, what type of technical assistance could enhance the delivery of culturally and linguistically competent services?

1. Additional trainings that are ethnic/culturally specific or address a specific topic such as proving parenting, addressing mono-lingual employment, treatment planning that includes addressing cultural customs/needs.

2. We would like LACDMH to provide the cultural competence trainings they have offered in the past. It is most helpful when the training is only 1 day long, and offered in all Service Areas to reduce the amount of time staff is unavailable to provide direct services.

3. Facilitating access to the internet in the many school sites where we deliver services might promote a faster process regarding linking students/families with services that might be identified and contacted through the internet.

   Perhaps further resources (pamphlets, Facts sheets, videos, etc) in Spanish, in which they educate clients/families regarding the therapy process and various mental health disorders.

4. Potentially additional training; also a county-wide conference on cultural competency issues with panels of providers, clients, parents, etc.

5. Cultural literature.

6. More training's should be offered to help therapists, not just interpreters, be able to use medical terms in various languages.

7. Translation assistance for clients and documents in other languages. Translation services for brochures and other written documents.

8. Have a hearing/visually impaired phone system set up to help them access to the appropriate services within our program.

9. Developing network of agencies struggling with this issue due to budgetary restrictions and other who could meet and exchange creative ideas for implementing culturally competent services in a way that blends with other services and funding availability.

10. Not all DMH forms are in other languages. It might be helpful (i.e., CCCP).

11. Geographically based classes/training in language acquisition and immersion classes.

12. I think that the most important assistance that could be given is in building strong collaborative relationships with other stakeholders in the community

so that service delivery is coordinated for the families who are often overwhelmed and hesitant to enroll in new programs.

13. Advocacy at policy level to improve reimbursement for culturally competent evidence based practices.

14. We provide much training to staff already but always appreciate other training opportunities, especially when they are free or low cost; Translation resources to help us develop materials to expand services within the Korean community.

15. I am unclear as to what kinds of technical assistance would be available.

16. Have DMH provide all standardized forms, policies & procedures in threshold languages, as most contract providers have limited means of supporting/furthering competencies.

17. I think really the people to ask on this are actually the consumers themselves. For providers, the key is training to become aware of our own biases and perceptions which might taint how we interact with various cultures.

18. Provide trainers in Cultural competence.

19. Provide the required Evidence-Based Practices Manuals in all threshold languages.

20. Greater access/availability of culturally competent psychiatric/medical practitioners.
    Trainings on culturally competent practice for children and adolescents
    Standards of practice/practice parameters for mental health treatment of ethnically and culturally diver's children and youth.
    Trainings on the common elements of culturally competent EBP's.

21. Trainings on how to start a self-help support group would help create more diverse support groups in the areas where they are needed. Training on how to avoid communicating the stigma mental health consumers typically experience in institutions (such as being greeted by an armed, uniformed guard, talking to staff across desks or through bullet-proof glass, having separate bathrooms and/or workspaces and being dominated by signs that express warnings and rules rather than welcoming, acknowledging and celebrating people.)

22. Assistance with translation of forms/informational materials in different languages.
23. DMH providing Spanish version forms of their documents used for services.

24. Having programs that could translate text into other languages.

25. Testing/Certification in medical/therapeutic terminology both written and spoken for staff.

26. The use of cultural anthropological definitions of cultural that go beyond a simplistic notion of language translation and core values - to actual examples of how cultural beliefs from the specific society impact prognoses for treatment or the construction of solutions to problems or barriers.

27. Training is how various cultures view mental health and treatment would be valuable.

28. Language line has been helpful as well as 211 resource Guide.

29. Funding for classes to help partially bilingual staff brush up on their language skills. Some of our staff learned their language as children but do not have the words to express mental health issues easily.

30. Increasing bilingual staff.

31. ACCESS line in other languages?

32. Easy to use on line resource directory.

33. User-friendly automated translation software to convert documents into another language.

34. Having a speaker come to our agency and teach about working with different cultural groups.

35. We are serving our consumers competently and linguistically with our multi-cultural staff.

36. Additional training opportunities through DMH.

37. Access to a pool of applicants with cultural competency.

38. Support with translation of pertinent materials. DMH needs to widen the threshold language capacity for client related forms. In regards to EBP's the department should advocate for other promising practices for underserved communities, such as Asian and Pacific Islanders.

39. Training re: Transgender Sensitivity and working with folks who are HIV positive.

40. Training and EBP’s that consider cultural and linguistically competent services, on going training and support.

41. Translation is important both in language and in writing. McKinley has both.

42. Language translation of our documents!

43. Translation services for written materials.

44. We should be doing more.

45. Unknown.

46. We provide a lot of technical assistance already to our staff such as videoconferencing, laptops, etc. The biggest need is materials and DMH forms translated into more API languages. QA does not gather data in many API languages so DMH is not getting a full picture of client satisfaction or needs.

47. Continuous recruitment of staff that have the linguistic and cultural skills. Keeping abreast of the trends and composition of the consumers that we serve.

48. Continued staff training and culturally sensitive staff across the board in the department will go a long way in enhancing culturally sensitive services to clients and their families.

49. More training specific to EBP and use with cultural groups.

50. Ongoing training and forums to discuss integrating culturally and/or linguistically competent services into all aspects of service delivery.

51. Assistance with training, particularly web-based trainings.

52. Standardize forms available in Spanish via computer and/or internet.

53. It would have been helpful to have been provided additional training slots for the EBP's so that our agency would be able to provide all EBP's in all the languages we service.

54. Translation services for different dialects/ trainings for bilingual staff addressing vocabulary specific to mental health interventions.

55. If the county could have a better system to provide ASL services to clients it may resolve the problem below. We have heard from other agencies that when they have tried to access the county interpreters but they don't show up or they have to schedule with 2 weeks notice which makes it difficult for clients who need to reschedule appointments.

56. We are pleased to have invested in CBMCS. Having internal trainers who know how to run this curriculum, break it into manageable deliverables, and facilitate the discussions among staff teams is a huge step forward.

Having easily accessible actuarial data at the county level, such as emerged through PEI planning has also been very helpful.

A point person to contact in the county who would help facilitate low occurrence needs re: language translations/interpreters would be helpful. E.g., who to turn to when referred a family who is monolingual in an uncommon language?

57. Understanding how to offer services to a primarily homogeneous population.

58. The effects of gang influences on the family in various cultures.

59. An easily accessible and user friendly translation phone program to assist with translation for families who cannot be accommodated with a clinician of their preferred language.

60. To have one log for all providers to collect this information on a monthly basis or as clients are opened in the IS system.

61. Availability of DMH documents in all threshold languages.

62. Continue to provide trainings, webinars very efficient, to support furthering the cultural competency training of staff.

63. More training in providing field based services, beyond issues of safety, but rather treatment models that can be used in natural settings.

Training on use of natural supports to enhance service delivery efforts. Use of existing parent groups to educate on issues of stigma, fear of deportation for immigrant families, benefits of mental health services.

64. Training and information on disparities in delivery and cultural gaps.

65. Cultural competency training to address Latino and African American populations, as well as transgender training.

66. Statistically valid surveys in the participant's language to measure outcomes. Funded Prevention services not tied to EPSDT so that anyone can join a parenting, support, skills group. That would enable us to engage groups in local centers, churches, schools, recreation facilities, parks etc.

67. Having all DMH forms available in Spanish would be extremely helpful.

68. (Free) Trainings.

69. One help might be to include a link on the DMH website which allows Providers to post their job openings in terms of needed culture categories like Spanish speaking or other language.

70. Trainings.

71. Mostly in the area of Case Management/Resource Linkages: while some community resources offer assistance in Spanish, it is not easy to access or the services do not offer any assistance in Spanish.

72. Funding to use in document translation and to compensate staff with bi-lingual/bi-cultural pay differentials.

73. More training's for clinicians as well as the entire staff on how to address important treatment goals with the client.

74. Access to more county provided training resources.

CRITERION 1

UREP Guiding Principles

(Attachment 3)

"The mental health system has not kept pace with the diverse needs of racial and ethnic minorities, often underserving or inappropriately serving them." *President New Freedom Commission on Mental Health, 2002*

LOS ANGELES COUNTY DMH COMMUNITY SERVICES AND SUPPORTS GUIDING PRINCIPLES

PRESENTED BY THE UNDERREPRESENTED ETHNIC POPULATIONS GROUP

Revised June 7, 2005

The Underrepresented Ethnic Populations (UREP) group proposes the following guiding principles to be adopted within the Los Angeles County Community Services and Supports (CSS) plan and for transformation of the mental health system for all age groups. These guiding principles are consistent with the "Vision Statement and Guiding Principles for DMH Implementation of the MHSA" (February 2005) promulgated by the California Department of Mental Health. Adoption of these principles will ensure quality services for un-served, underserved and inappropriately served ethnic populations of Los Angeles County. UREP strongly recommends that dedicated funds be identified to enhance the Los Angeles County Department of Mental Health's ability to better serve these ethnic populations. A method for dedicated funding will be developed by UREP and presented to the Stakeholder delegates and the countywide sub-committees for their adoption.

Principle 1: Dedicated Funding

Allocate on-going dedicated funding to un-served, underserved and inappropriately served ethnic populations who are un-insured, un-insurable across age groups (children, transitional youth, adult, and older adult) consistent with the language and cultural needs and demographics of communities. This dedicated funding will position DMH to close disparity gaps within the next five years.

Principle 2: Expansion and Transformation of Mental Health Services

Expand the mental health system's capacity to provide services to underrepresented ethnic populations across age groups by increasing the number of community-based organizations and by strengthening partnerships with providers that have long-standing community ties. Underrepresented ethnic communities require more systems development funding to transform and build a culturally competent mental health system. Service expansion should be geographically proportionate to each community's needs, and full-service partnerships criteria should be flexible to include underrepresented ethnic populations, particularly those with co-occurring disorders.

Principle 3: Involvement, Engagement and Empowerment of Consumers and Families

Fully engage consumers, families and community members – such as parents, neighbors and significant others – in culturally effective ways at all levels of the mental health system, including developing treatment options, planning, advocacy, accountability, employment and education. Consumer representation should be reflective of a community's un-served, underserved and inappropriately served ethnic groups and demographics.

Principle 4: Workforce Development and Retention

Develop and implement programs that increase the capacity of the mental health system to recruit, hire, train, and retain qualified bilingual-bicultural professionals, paraprofessionals, consumers and their families who live in and/or reflect the demographics of individual communities.

Principle 5: Access, Outreach and Engagement

Develop and implement culturally and linguistically appropriate strategies, policies, and procedures to increase access to culturally appropriate mental health services for un-served, underserved and inappropriately served ethnic populations. These strategies should include community-based, culturally effective outreach, engagement, and education extending across age groups and responding to historical, geographic disparities and barriers to services.

Principle 6: Cultural Competency

Develop cross-cultural and multi-cultural competency programs throughout the mental health system to ensure quality services for all communities. Expand the theory and practice of community mental health to move beyond traditional models and to create culturally and linguistically sensitive and competent programs that include a strong, family-centered focus and effective, non-traditional approaches. Systems should be designed so that they are built, managed and staffed by experienced, knowledgeable, and competently trained multicultural practitioners and administrators who are appropriately matched to the needs and requests of consumers.

CRITERION 1

Outreach & Engagement Annual Report

(Attachment 4)

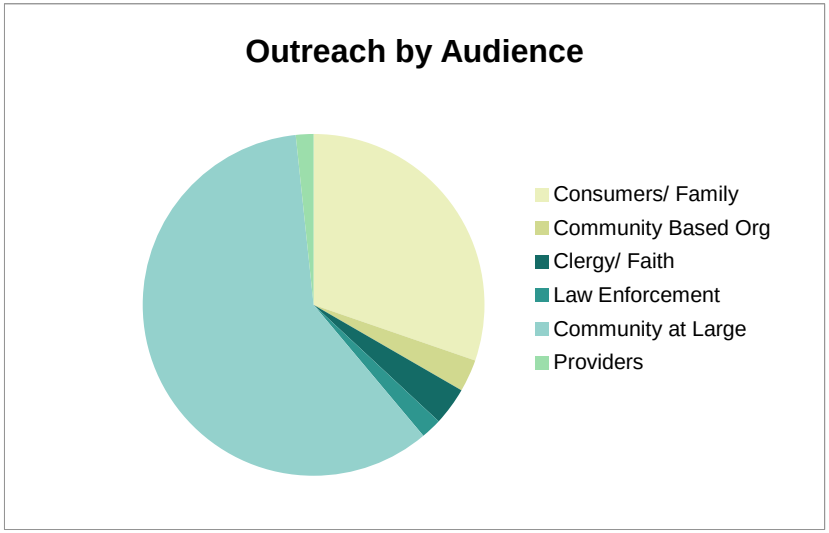
Outreach and Engagement

FY 09-10 Review

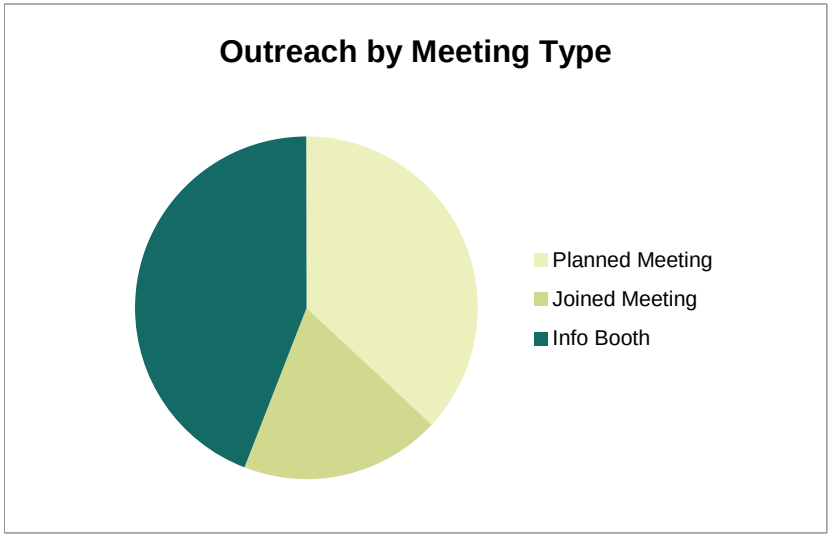
Contents

Service Area 1 Profile

Audience Type	Number of Events	Persons Reached	Average per event
Consumers/ Family	20	309	15
Community Based Org	1	31	31
Clergy/ Faith	2	38	19
Education	0	0	
Law Enforcement	1	19	19
Community at Large	3	611	204
Providers	1	16	16
SAACs	0	0	0.0
TOTAL	**28**	**1,024**	**37**



Meeting Type	Number of Events	Persons Reached	Average per event
Planned Meeting	22	378	17
Joined Meeting	4	194	49
Info Booth	2	452	226
SAAC	0	0	0



Service Area 1 Profile

Medi-Cal Data

Ethnicity	200% Poverty Population 1	200% Poverty with SED & SMI	Medi-Cal Enrolled Population 2	% Enrolled in Medi-Cal	Medi-Cal Enrolled Population Estimated w/ SED & SMI	200% Poverty without Medi-Cal	200% Poverty without Medi-cal with SED & SMI	Total Consumers Served 3	Unserved at 200% Poverty Level 4	% Served of those with SED SMI 5
	earn twice the poverty level or less	poor with mental illness	eligible for DMH services			needs outreach and/or services but does not qualify for most DMH services		served in DMH	needs services	% served
African American	29,347	2,142	21,996	75.0%	1,650	7,351	492	5,025	-2,883	**234.6%**
Asian Pacific Islander	4,076	281	1,923	47.2%	144	2,153	137	247	34	**87.9%**
Latino	69,739	5,300	42,187	60.5%	3,164	27,552	2,136	5,512	-212	**104.0%**
Native American	1,214	85	240	19.8%	18	974	67	83	2	**97.6%**
White	48,380	3,338	17,506	36.2%	1,313	30,874	2,025	4,149	-811	**124.3%**
Total	**152,756**	**11,147**	**83,852**	**54.9%**	**6,289**	**68,904**	**4,858**	**15,016**	**-3,869**	**134.7%**

Notes about Medi-Cal figures above. All Medi-Cal numbers are from DMH QI data.

1 Poverty Level is defined as the Federal Poverty Level

2 Data extracted from the State MEDS file, October 2009.

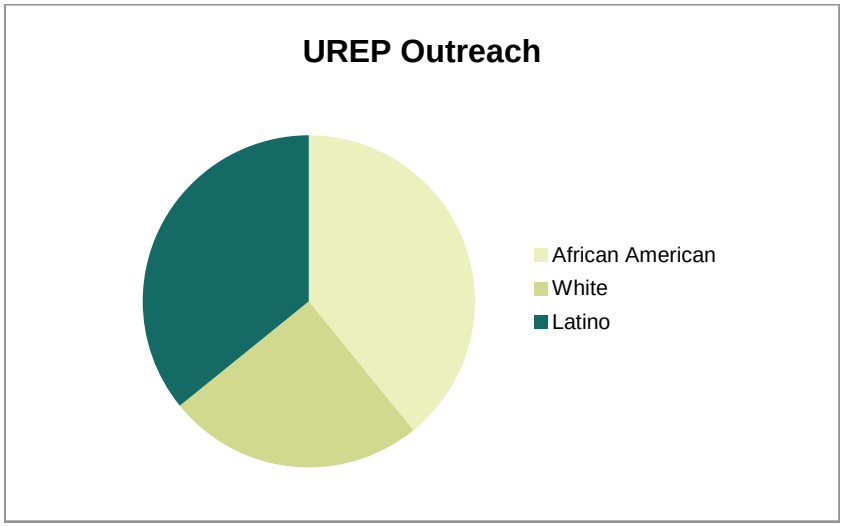
3 Consumers Served in Outpatient Short Doyle/Medi-Cal Facilities. Data Sources: IS-Database Tables FY 2008-09.

4 A negative number indicates that the estimated need for mental health services has been met for the estimated number of SED & SMI at 200% Poverty

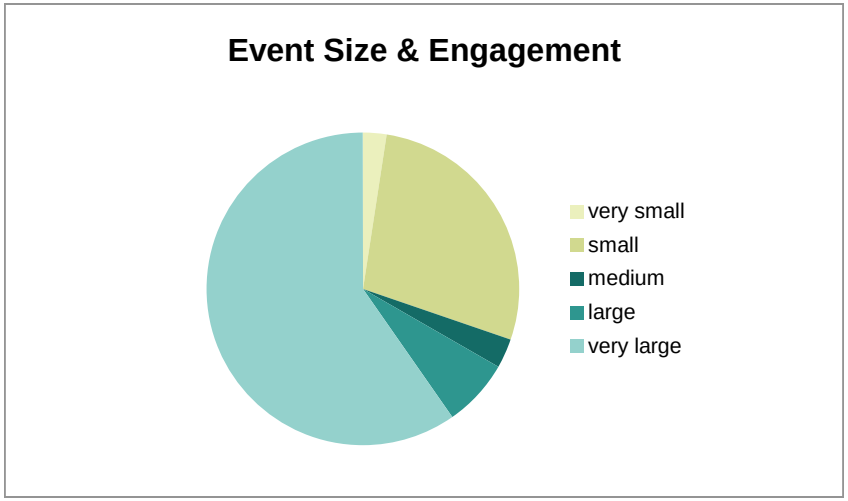
5 Percentages above 100% indicate that number of consumers served exceeds the estimated number of individuals with SED & SMI at 200% Poverty

Service Area 1 Profile

UREP Outreach	Persons Reached	Targeted Events
African American	337	
White	215	
Latino	310	5
Chinese		
Korean		
API Other		
Armenian		
Iranian		
Russian		
American Indian		
Other		
Total	862	
Reported	1024	
% Reported	84%	



Meeting Size		Attended
1-9 attendees	very small	27
10-29 attendees	small	283
30-49 attendees	medium	31
50-99 attendees	large	72
100+ attendees	very large	611



Service Area 1 Profile

Medi-Cal Enrolled Population Who Speak The Threshold Language		
English	58,984	71.90%
Spanish	22,547	27.50%
Tagalog	141	0.20%
Armenian	93	0.10%
Korean	63	0.10%
Vietnamese	55	0.10%
Farsi	31	0%
Other Chinese	18	0%
Cantonese	16	0%
Cambodian	9	0%
Mandarin	9	0%
Russian	2	0%
Total	82,036	5%

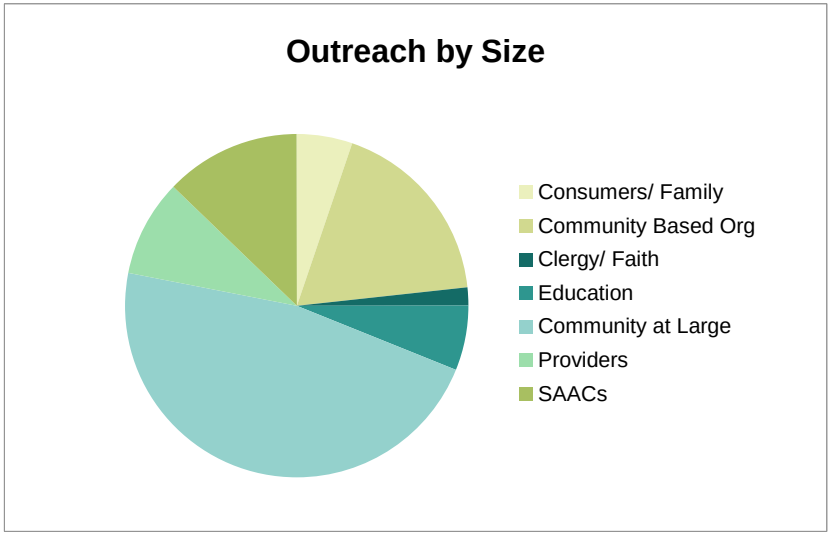
Number of individuals in Service Area 1 who are enrolled in Medi-Dal but may or may not be receiving DMH services. It is recommended that O&E staff use these figures to help determine which UREP populations to outreach to.

Cities with high concentration of APIs	Lancaster, Palmdale
Major API Groups	Filipino
Threshold Languages	Spanish

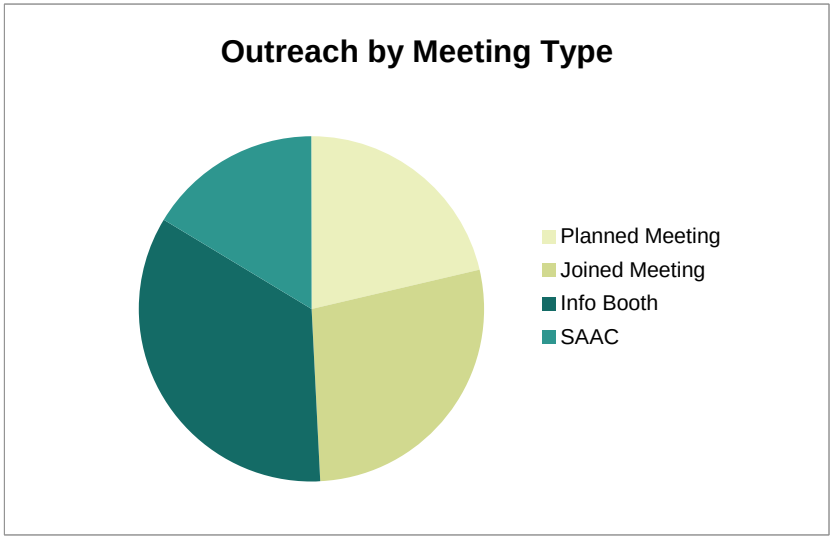
Due to APIs having the lowest penetration rates in 2009-2010, specific API groups are highlighted for targeted outreach

Service Area 2 Profile

Audience Type	Number of Events	Persons Reached	Average per event
Consumers/ Family	7	241	34
Community Based Org	34	807	24
Clergy/ Faith	3	76	25
Education	7	273	39
Law Enforcement	0	0	0
Community at Large	28	2,096	75
Providers	15	418	28
SAACs	9	567	63.0
TOTAL	**103**	**4,478**	**43**



Meeting Type	Number of Events	Persons Reached	Average per event
Planned Meeting	29	961	33
Joined Meeting	43	1,237	29
Info Booth	19	1,552	82
SAAC	12	728	0



Service Area 2 Profile

Medi-Cal Data

Ethnicity	200% Poverty Population 1	200% Poverty with SED & SMI	Medi-Cal Enrolled Population 2	% Enrolled in Medi-Cal	Medi-Cal Enrolled Population Estimated w/ SED & SMI	200% Poverty without Medi-Cal	200% Poverty without Medi-cal with SED & SMI	Total Consumers Served 3	Unserved at 200% Poverty Level 4	% Served of those with SED SMI 5
	earn twice the poverty level or less	poor with mental illness	eligible for DMH services			needs outreach and/or services but does not qualify for most DMH services		served in DMH	needs services	% served
African American	34,786	2,539	13,033	37.5%	977	21,753	1,562	5,561	-3,022	**219.0%**
Asian Pacific Islander	62,292	4298	24,638	39.6%	1848	37,654	2,450	1110	3,188	**25.8%**
Latino	482,979	36,706	187,580	38.8%	14,069	295,399	22,637	16,181	20,525	**44.1%**
Native American	2,758	193	421	15.3%	32	2,337	161	148	45	**76.7%**
White	246,084	16,980	109,322	44.4%	8,199	136,762	8,781	11,608	5,372	**68.4%**
Total	**828,899**	**60,717**	**334,994**	**40.4%**	**25,125**	**493,905**	**35,592**	**34,608**	**26,109**	**57.0%**

Notes about Medi-Cal figures above. All Medi-Cal numbers are from DMH QI data.

1 Poverty Level is defined as the Federal Poverty Level

2 Data extracted from the State MEDS file, October 2009.

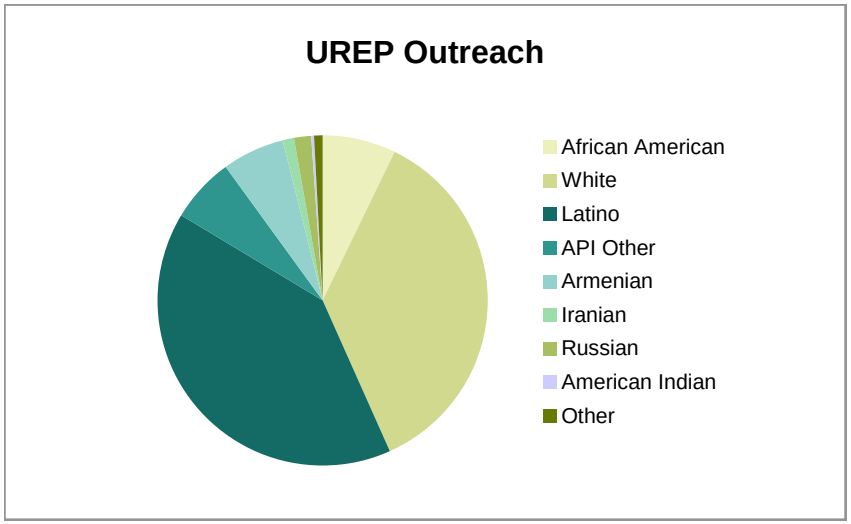
3 Consumers Served in Outpatient Short Doyle/Medi-Cal Facilities. Data Sources: IS-Database Tables FY 2008-09.

4 A negative number indicates that the estimated need for mental health services has been met for the estimated number of SED & SMI at 200% Poverty

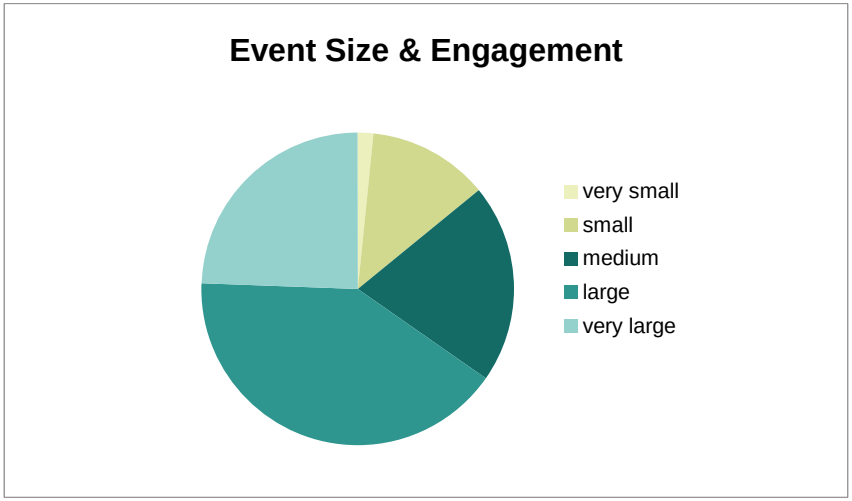
5 Percentages above 100% indicate that number of consumers served exceeds the estimated number of individuals with SED & SMI at 200% Poverty

Service Area 2 Profile

UREP Outreach	Persons Reached	Targeted Events
African American	303	
White	1515	
Latino	1684	9
Chinese		
Korean		
API Other	264	
Armenian	250	1
Iranian	45	
Russian	78	
American Indian	9	
Other	34	
Total	4182	
Reported	4478	
% Reported	93%	



Meeting Size		Attended
1-9 attendees	very small	74
10-29 attendees	small	563
30-49 attendees	medium	918
50-99 attendees	large	1828
100+ attendees	very large	1095



Service Area 2 Profile

Medi-Cal Enrolled Population Who Speak The Threshold Language		
Spanish	130994	41%
English	125114	38.70%
Armenian	46,653	14.40%
Farsi	6172	1.90%
Russian	3659	1%
Korean	3007	0.90%
Tagalog	2945	1%
Vietnamese	2242	1%
Mandarin	258	0%
Other Chinese	229	0%
Cambodian	176	0.10%
Cantonese	163	0.10%
Total	323,282	18%

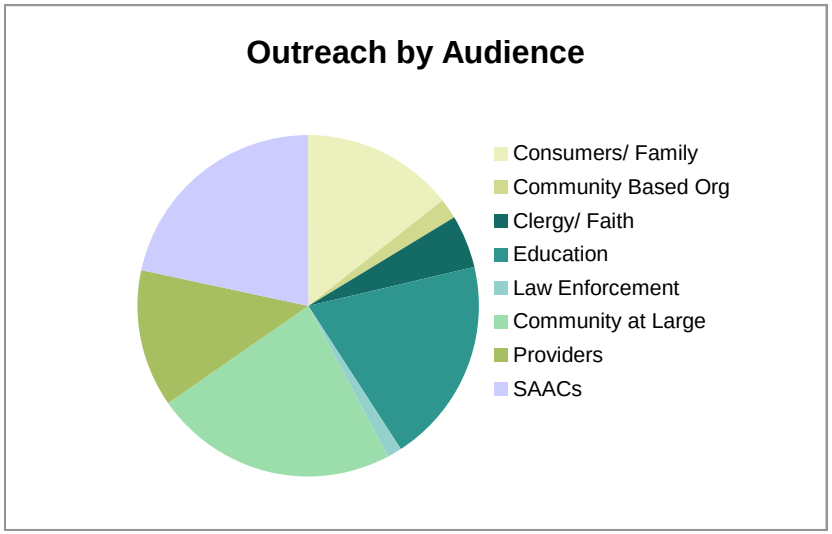
Number of individuals in Service Area 2 who are enrolled in Medi-Dal but may or may not be receiving DMH services. It is recommended that O&E staff use these figures to help determine which UREP populations to outreach to.

Cities with high concentration of APIs	Glendale, Santa Clarita, La Canada Flintridge, La Crescenta
Major API Groups	Chinese Korean
Threshold Languages	Spanish, Korean, Tagalog, Armenian, Farsi Russian

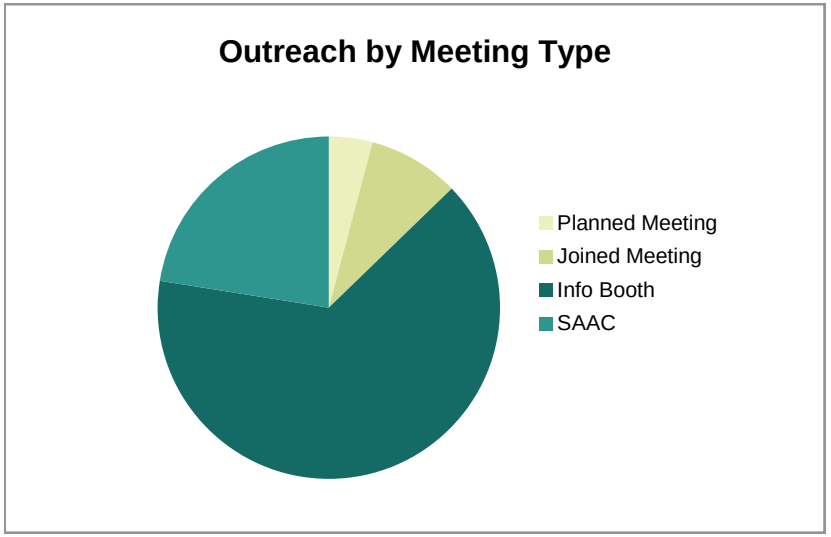
Due to APIs having the lowest penetration rates in 2009-2010, specific API groups are highlighted for targeted outreach

Service Area 3 Profile

Audience Type	Number of Events	Persons Reached	Average per event
Consumers/ Family	9	482	54
Community Based Org	2	67	34
Clergy/ Faith	4	165	41
Education	7	648	93
Law Enforcement	1	50	50
Community at Large	7	769	110
Providers	5	436	87
SAACs	8	729	91.1
TOTAL	**43**	**3,346**	**78**



Meeting Type	Number of Events	Persons Reached	Average per event
Planned Meeting	4	135	34
Joined Meeting	9	290	32
Info Booth	21	2,167	103
SAAC	9	754	84



Service Area 3 Profile

Medi-Cal Data

Ethnicity	200% Poverty Population 1	200% Poverty with SED & SMI	Medi-Cal Enrolled Population 2	% Enrolled in Medi-Cal	Medi-Cal Enrolled Population Estimated w/ SED & SMI	200% Poverty without Medi-Cal	200% Poverty without Medi-cal with SED & SMI	Total Consumers Served 3	Unserved at 200% Poverty Level 4	% Served of those with SED SMI 5
	earn twice the poverty level or less	poor with mental illness	eligible for DMH services			needs outreach and/or services but does not qualify for most DMH services		served in DMH	needs services	% served
African American	35,169	2,567	14,553	41.4%	1,091	20,616	1,476	3,714	-1,147	**144.7%**
Asian Pacific Islander	147,013	10144	83,155	56.6%	6237	63,858	3,907	2035	8,109	**20.1%**
Latino	396,641	30,145	180,473	45.5%	13,535	216,168	16,610	13,488	16,657	**44.7%**
Native American	1,611	113	401	24.9%	30	1,210	83	146	-33	**129.2%**
White	92,117	6,356	32,858	35.7%	2,464	59,259	3,892	4,774	1,582	**75.1%**
Total	**672,551**	**49,325**	**311,440**	**46.3%**	**23,358**	**361,111**	**25,967**	**24,157**	**25,168**	**49.0%**

Notes about Medi-Cal figures above. All Medi-Cal numbers are from DMH QI data.

1 Poverty Level is defined as the Federal Poverty Level

2 Data extracted from the State MEDS file, October 2009.

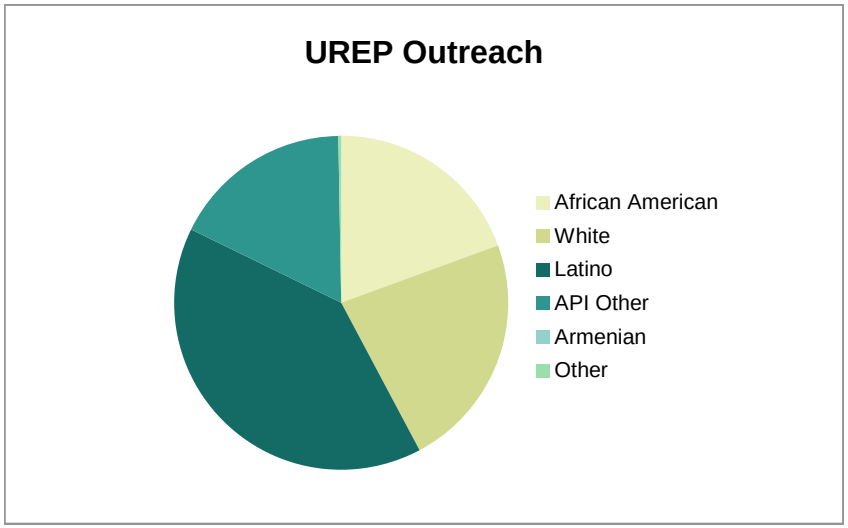
3 Consumers Served in Outpatient Short Doyle/Medi-Cal Facilities. Data Sources: IS-Database Tables FY 2008-09.

4 A negative number indicates that the estimated need for mental health services has been met for the estimated number of SED & SMI at 200% Poverty

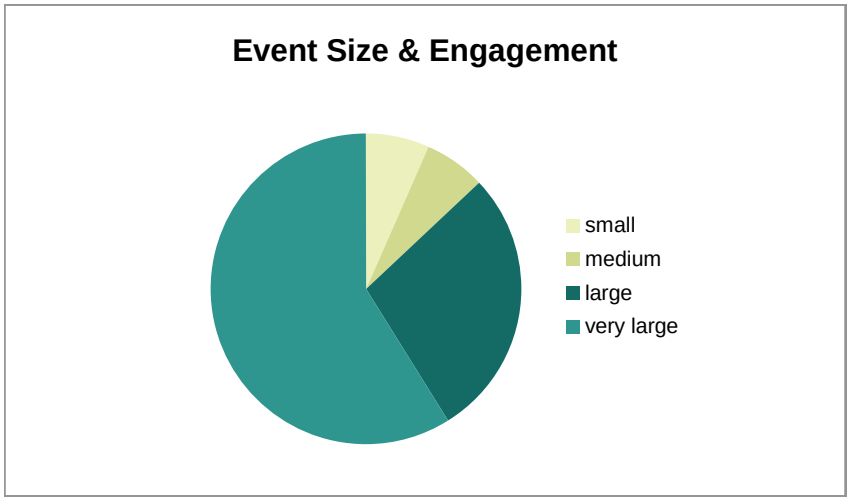
5 Percentages above 100% indicate that number of consumers served exceeds the estimated number of individuals with SED & SMI at 200% Poverty

Service Area 3 Profile

UREP Outreach	Persons Reached	Targeted Events
African American	554	
White	647	
Latino	1142	5
Chinese		2
Korean		
API Other	496	3
Armenian	3	
Iranian		
Russian		
American Indian		
Other	5	
Total	2847	
Reported	3346	
% Reported	85%	



Meeting Size		Attended
1-9 attendees	very small	0
10-29 attendees	small	222
30-49 attendees	medium	218
50-99 attendees	large	936
100+ attendees	very large	1970



Service Area 3 Profile

Medi-Cal Enrolled Population Who Speak The Threshold Language		
English	135,162	45.20%
Spanish	99,212	33.20%
Cantonese	19858	6.60%
Vietnamese	15887	5.30%
Mandarin	14575	4.90%
Other Chinese	6658	2.20%
Armenian	2051	1%
Tagalog	1999	1%
Korean	1716	1%
Cambodian	1054	0%
Farsi	215	0%
Russian	117	0%
Total	299,077	17%

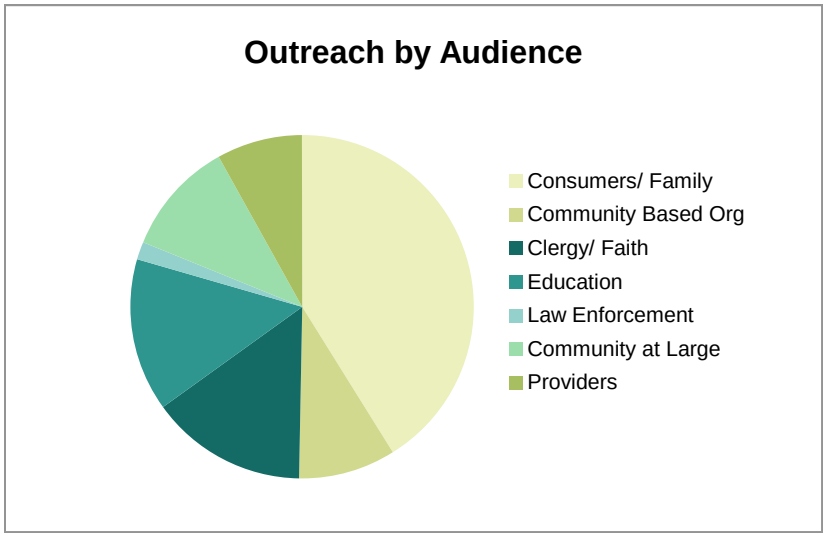
Number of individuals in Service Area 3 who are enrolled in Medi-Dal but may or may not be receiving DMH services. It is recommended that O&E staff use these figures to help determine which UREP populations to outreach to.

Cities with high concentration of APIs	Alhambra, Monterey Park, Rosemead, Rowland Heights, Arcadia, Diamond Bar, West Covina, El Monte, San Gabriel, Hacienda Heights, Walnut, Pasadena, Temple City, Pomona, Burbank, Baldwin Park, South Pasadena, San Marino
Major API Groups	Chinese, Filipino, Korean, Vietnamese, Japanese, South Asian, Thai, Cambodian, Indonesian, Laotian
Threshold Languages	Spanish, Cantonese, Mandarin, Other Chinese, Vietnamese

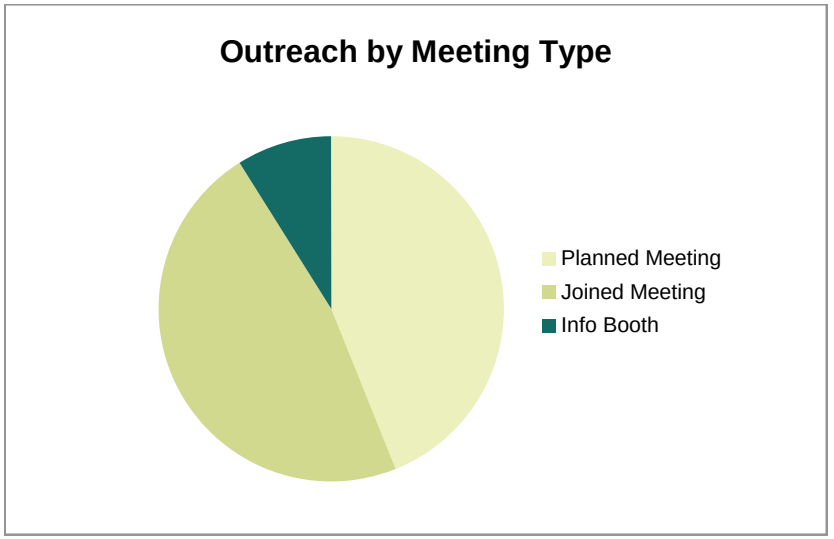
Due to APIs having the lowest penetration rates in 2009-2010, specific API groups are highlighted for targeted outreach

Service Area 4 Profile

Audience Type	Number of Events	Persons Reached	Average per event
Consumers/ Family	70	1,066	15
Community Based Org	13	237	18
Clergy/ Faith	11	378	34
Education	16	380	24
Law Enforcement	1	41	41
Community at Large	4	281	70
Providers	15	208	14
SAACs	0	0	
TOTAL	**130**	**2,591**	**20**



Meeting Type	Number of Events	Persons Reached	Average per event
Planned Meeting	66	1,135	17
Joined Meeting	59	1,225	21
Info Booth	5	231	46
SAAC	0	0	0



Service Area 4 Profile

Medi-Cal Data

Ethnicity	200% Poverty Population 1	200% Poverty with SED & SMI	Medi-Cal Enrolled Population 2	% Enrolled in Medi-Cal	Medi-Cal Enrolled Population Estimated w/ SED & SMI	200% Poverty without Medi-Cal	200% Poverty without Medi-cal with SED & SMI	Total Consumers Served 3	Unserved at 200% Poverty Level 4	% Served of those with SED SMI 5
	earn twice the poverty level or less	poor with mental illness	eligible for DMH services			needs outreach and/or services but does not qualify for most DMH services		served in DMH	needs services	% served
African American	27,653	2,019	13,303	48.1%	998	14,350	1,021	10,631	-8,612	**526.5%**
Asian Pacific Islander	82,547	5696	35,769	43.3%	2683	46,778	3,013	2633	3,063	**46.2%**
Latino	483,586	36,753	157,845	32.6%	11,838	325,741	24,915	19,811	16,942	**53.9%**
Native American	1,224	86	275	22.5%	21	949	65	206	-120	**239.5%**
White	80,273	5,539	30,320	37.8%	2,274	49,953	3,265	7,879	-2,340	**142.2%**
Total	**675,283**	**50,091**	**237,512**	**35.2%**	**17,813**	**437,771**	**32,278**	**41,160**	**8,933**	**82.2%**

Notes about Medi-Cal figures above. All Medi-Cal numbers are from DMH QI data.

1 Poverty Level is defined as the Federal Poverty Level

2 Data extracted from the State MEDS file, October 2009.

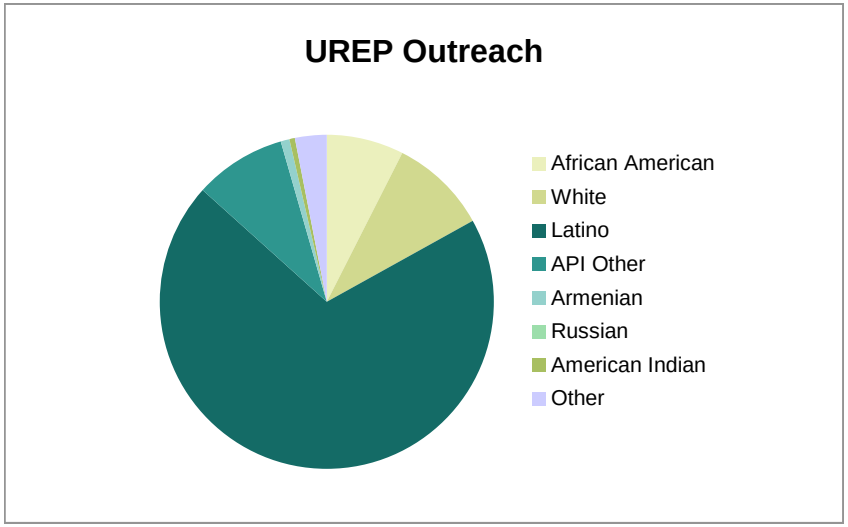
3 Consumers Served in Outpatient Short Doyle/Medi-Cal Facilities. Data Sources: IS-Database Tables FY 2008-09.

4 A negative number indicates that the estimated need for mental health services has been met for the estimated number of SED & SMI at 200% Poverty

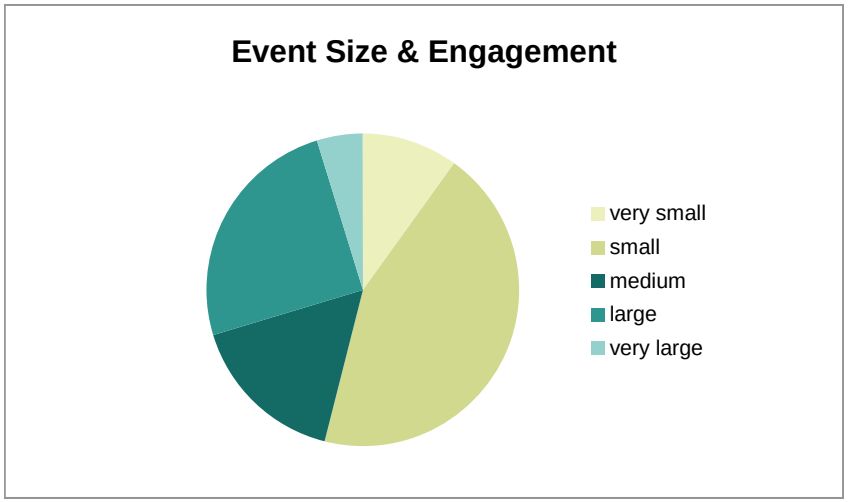
5 Percentages above 100% indicate that number of consumers served exceeds the estimated number of individuals with SED & SMI at 200% Poverty

Service Area 4 Profile

UREP Outreach	Persons Reached	Targeted Events
African American	174	
White	227	
Latino	1633	60
Chinese		
Korean		1
API Other	209	3
Armenian	23	
Iranian		
Russian	2	
American Indian	11	
Other	71	
Total	2350	
Reported	2591	
% Reported	91%	



Meeting Size		Attended
1-9 attendees	very small	256
10-29 attendees	small	1137
30-49 attendees	medium	431
50-99 attendees	large	642
100+ attendees	very large	125



Service Area 4 Profile

Medi-Cal Enrolled Population Who Speak The Threshold Language		
Spanish	115,438	50.80%
English	75,381	33.20%
Korean	10233	4.50%
Armenian	7610	3.30%
Cantonese	5986	2.60%
Russian	4995	2.20%
Tagalog	3033	1%
Vietnamese	1481	1%
Other	1054	1%
Mandarin	837	0%
Cambodian	590	0%
Farsi	451	0%
Total	227,225	13%

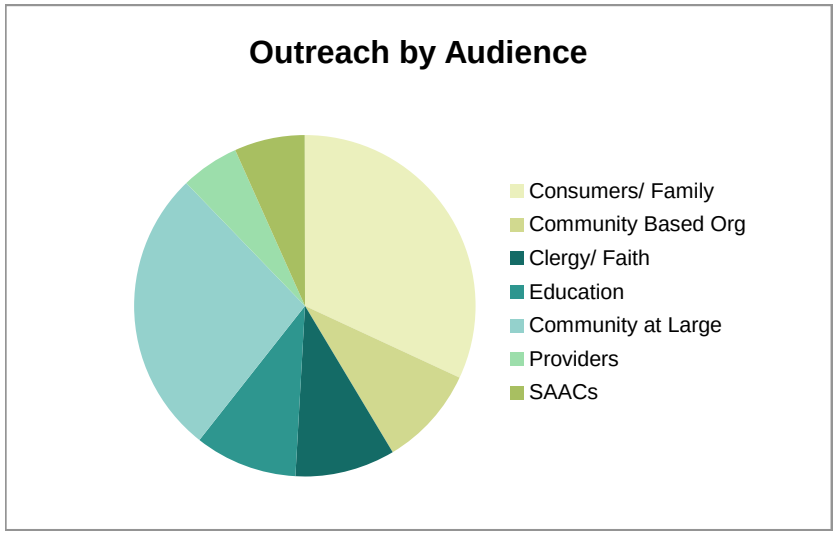
Number of individuals in Service Area 4 who are enrolled in Medi-Dal but may or may not be receiving DMH services. It is recommended that O&E staff use these figures to help determine which UREP populations to outreach to.

Cities with high concentration of APIs	Los Angeles Metro
Major API Groups	Filipino, Korean, Chinese, Japanese, Vietnamese, Thai, South Asian, Cambodian
Threshold Languages	Spanish, Cantonese, Korean, Tagalog, Armenian, Russian

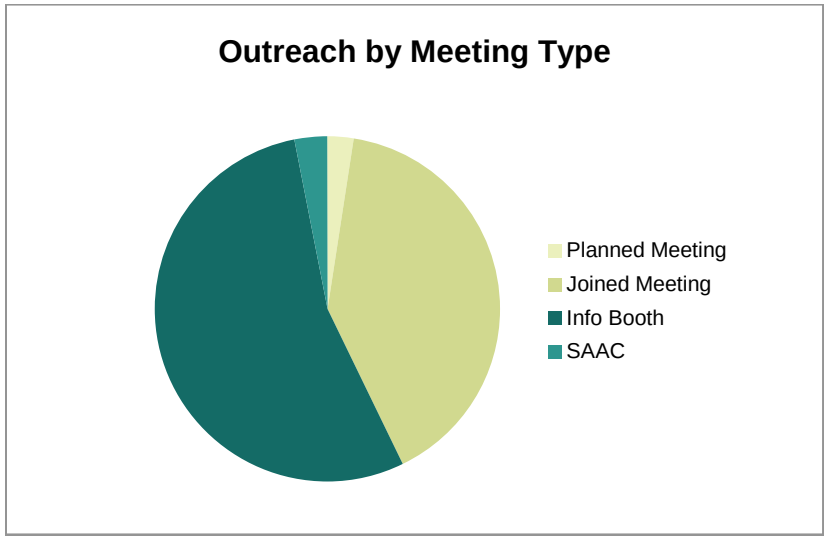
Due to APIs having the lowest penetration rates in 2009-2010, specific API groups are highlighted for targeted outreach

Service Area 5 Profile

Audience Type	Number of Events	Persons Reached	Average per event
Consumers/ Family	12	438	37
Community Based Org	6	129	22
Clergy/ Faith	16	129	8
Education	3	135	45
Law Enforcement	0	0	
Community at Large	9	372	41
Providers	5	77	15
SAACs	2	92	46.0
TOTAL	**53**	**1,372**	**26**



Meeting Type	Number of Events	Persons Reached	Average per event
Planned Meeting	13	34	3
Joined Meeting	28	553	20
Info Booth	11	742	67
SAAC	1	43	43



Service Area 5 Profile

Medi-Cal Data

Ethnicity	200% Poverty Population 1	200% Poverty with SED & SMI	Medi-Cal Enrolled Population 2	% Enrolled in Medi-Cal	Medi-Cal Enrolled Population Estimated w/ SED & SMI	200% Poverty without Medi-Cal	200% Poverty without Medi-cal with SED & SMI	Total Consumers Served 3	Unserved at 200% Poverty Level 4	% Served of those with SED SMI 5
	earn twice the poverty level or less	poor with mental illness	eligible for DMH services			needs outreach and/or services but does not qualify for most DMH services		served in DMH	needs services	% served
African American	13,605	993	5,161	37.9%	387	8,444	606	3,544	-2,551	**356.9%**
Asian Pacific Islander	24,866	1716	3,298	13.3%	247	21,568	1,469	374	1,342	**21.8%**
Latino	56,227	4,273	14,688	26.1%	1,102	41,539	3,171	3,034	1,239	**71.0%**
Native American	408	29	92	22.5%	7	316	22	58	-29	**200.0%**
White	79,218	5,466	17,343	21.9%	1,301	61,875	4,165	5,076	390	**92.9%**
Total	**174,324**	**12,477**	**40,582**	**23.3%**	**3,044**	**133,742**	**9,433**	**12,086**	**391**	**96.9%**

Notes about Medi-Cal figures above. All Medi-Cal numbers are from DMH QI data.

1 Poverty Level is defined as the Federal Poverty Level

2 Data extracted from the State MEDS file, October 2009.

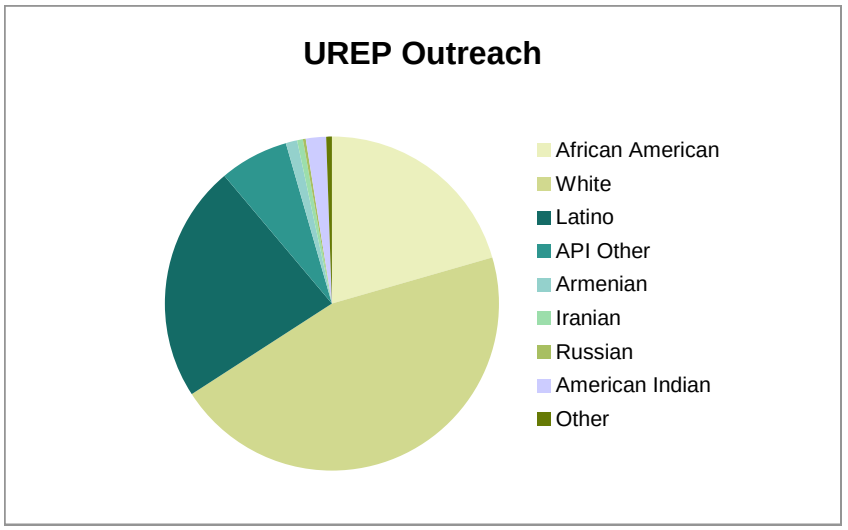
3 Consumers Served in Outpatient Short Doyle/Medi-Cal Facilities. Data Sources: IS-Database Tables FY 2008-09.

4 A negative number indicates that the estimated need for mental health services has been met for the estimated number of SED & SMI at 200% Poverty

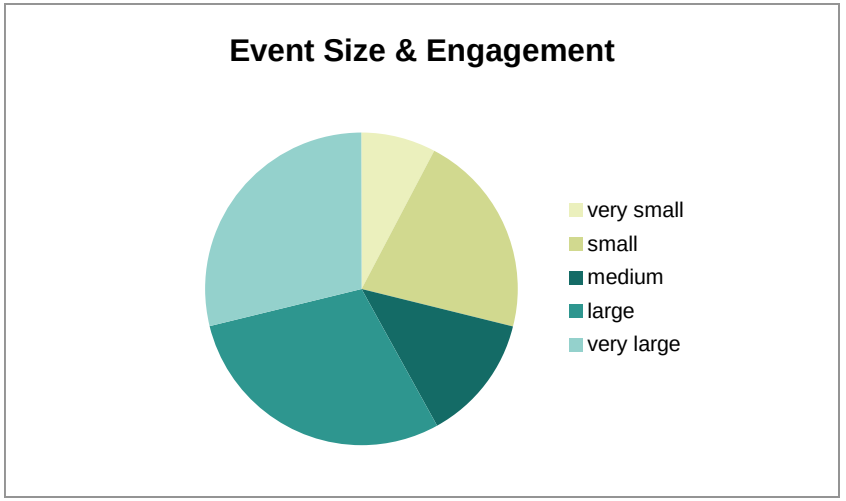
5 Percentages above 100% indicate that number of consumers served exceeds the estimated number of individuals with SED & SMI at 200% Poverty

Service Area 5 Profile

UREP Outreach	Persons Reached	Targeted Events
African American	279	
White	621	
Latino	314	1
Chinese		
Korean		
API Other	90	
Armenian	17	
Iranian	8	
Russian	4	
American Indian	27	
Other	6	
Total	1366	
Reported	1372	
% Reported	99.6%	



Meeting Size		Attended
1-9 attendees	very small	83
10-29 attendees	small	227
30-49 attendees	medium	139
50-99 attendees	large	312
100+ attendees	very large	311



Service Area 5 Profile

Medi-Cal Enrolled Population Who Speak The Threshold Language		
English	22,162	58.90%
Spanish	9,838	26.20%
Farsi	3398	9.00%
Russian	1291	3.40%
Korean	305	0.80%
Mandarin	115	0.30%
Other	106	0%
Tagalog	65	0%
Armenian	54	0%
Vietnamese	49	0%
Cantonese	41	0%
Cambodian	8	0%
Total		

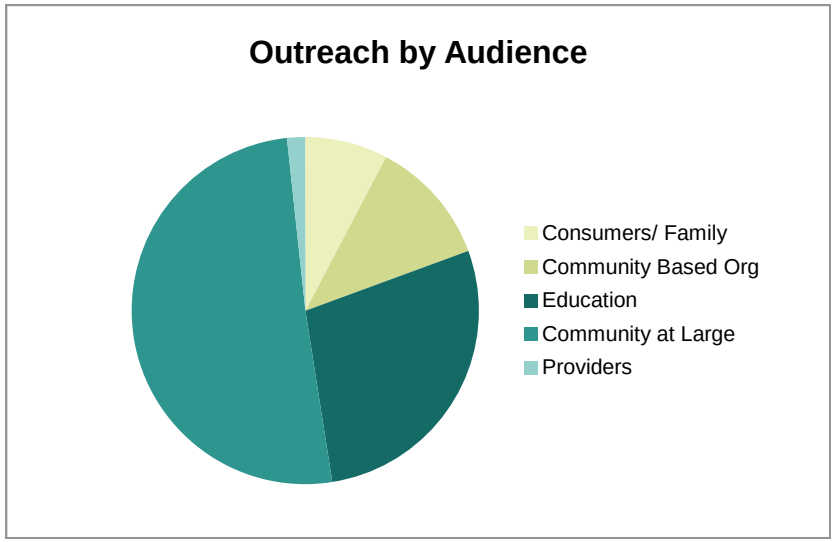
Number of individuals in Service Area 5 who are enrolled in Medi-Dal but may or may not be receiving DMH services. It is recommended that O&E staff use these figures to help determine which UREP populations to outreach to.

Cities with high concentration of APIs	Santa Monica. Redondo Beach, Culver City, Beverly Hills
Major API Groups	Japanese, Korean
Threshold Languages	Spanish, Farsi

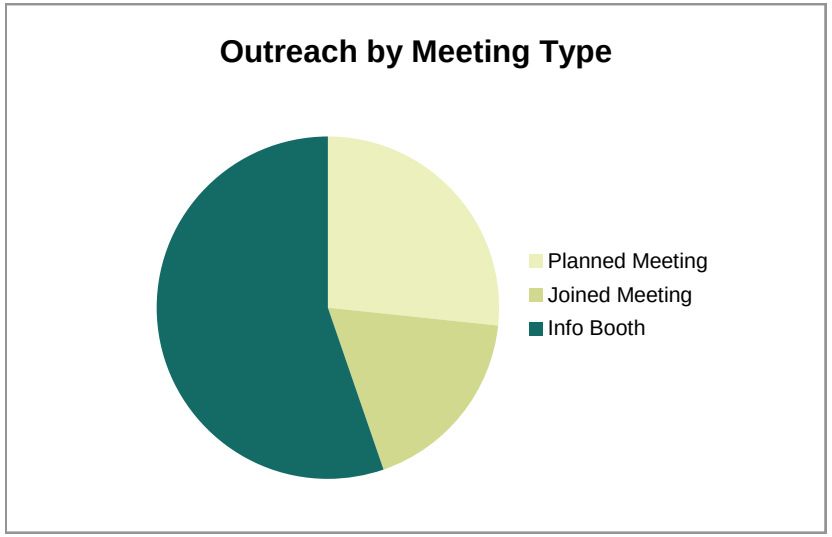
Due to APIs having the lowest penetration rates in 2009-2010, specific API groups are highlighted for targeted outreach

Service Area 6 Profile

Audience Type	Number of Events	Persons Reached	Average per event
Consumers/ Family	10	192	19
Community Based Org	23	289	13
Clergy/ Faith	0	0	
Education	27	704	26
Law Enforcement	0	0	
Community at Large	9	1,261	140
Providers	2	42	21
SAACs	0	0	
TOTAL	**71**	**2,488**	**35**



Meeting Type	Number of Events	Persons Reached	Average per event
Planned Meeting	39	666	17
Joined Meeting	20	447	22
Info Booth	12	1,375	115
SAAC	0	0	0



Service Area 6 Profile

Medi-Cal Data

Ethnicity	200% Poverty Population 1	200% Poverty with SED & SMI	Medi-Cal Enrolled Population 2	% Enrolled in Medi-Cal	Medi-Cal Enrolled Population Estimated w/ SED & SMI	200% Poverty without Medi-Cal	200% Poverty without Medi-cal with SED & SMI	Total Consumers Served 3	Unserved at 200% Poverty Level 4	% Served of those with SED SMI 5
	earn twice the poverty level or less	poor with mental illness	eligible for DMH services			needs outreach and/or services but does not qualify for most DMH services		served in DMH	needs services	% served
African American	177,919	12,988	100,118	56.3%	7,509	77,801	5,479	14,670	-1,682	**113.0%**
Asian Pacific Islander	7,117	491	3,329	46.8%	250	3,788	241	263	228	**53.6%**
Latino	494,935	37,615	224,004	45.3%	16,800	270,931	20,815	9,702	27,913	**25.8%**
Native American	515	36	177	34.4%	13	338	23	40	-4	**111.1%**
White	7,546	521	7,628	101.1%	572	-82	-51	1,294	-773	**248.4%**
Total	**688,032**	**51,651**	**335,256**	**48.7%**	**25,144**	**352,776**	**26,507**	**25,969**	**25,682**	**50.3%**

Notes about Medi-Cal figures above. All Medi-Cal numbers are from DMH QI data.

1 Poverty Level is defined as the Federal Poverty Level

2 Data extracted from the State MEDS file, October 2009.

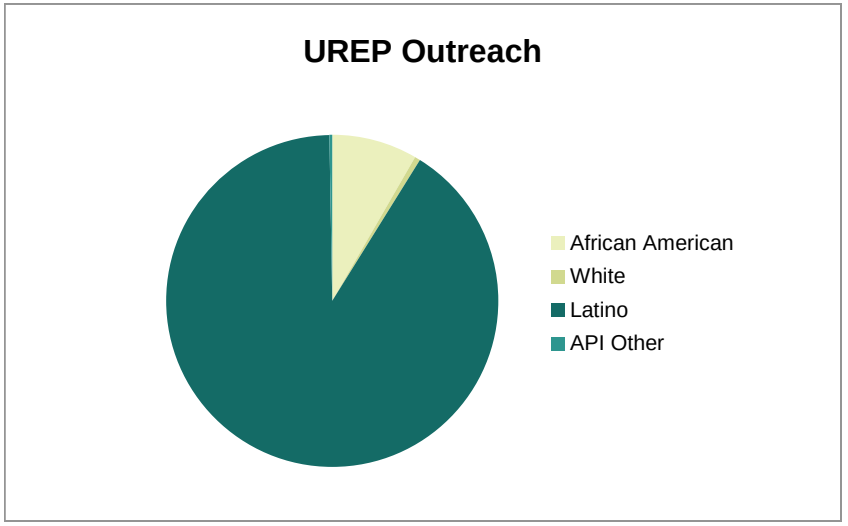
3 Consumers Served in Outpatient Short Doyle/Medi-Cal Facilities. Data Sources: IS-Database Tables FY 2008-09.

4 A negative number indicates that the estimated need for mental health services has been met for the estimated number of SED & SMI at 200% Poverty

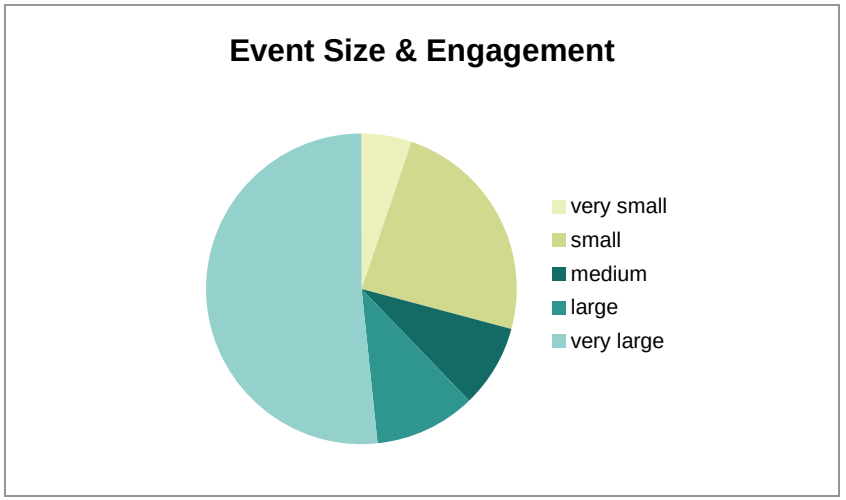
5 Percentages above 100% indicate that number of consumers served exceeds the estimated number of individuals with SED & SMI at 200% Poverty

Service Area 6 Profile

UREP Outreach	Persons Reached	Targeted Events
African American	74	
White	5	
Latino	797	34
Chinese		
Korean		
API Other	3	
Armenian		
Iranian		
Russian		
American Indian		
Other		
Total	879	
Reported	2488	
% Reported	35%	



Meeting Size		Attended
1-9 attendees	very small	134
10-29 attendees	small	594
30-49 attendees	medium	211
50-99 attendees	large	266
100+ attendees	very large	1283



Service Area 6 Profile

Medi-Cal Enrolled Population Who Speak The Threshold Language		
Spanish	167,058	51.00%
English	159,089	48.60%
Korean	748	0.20%
Cambodian	146	0.00%
Tagalog	89	0.00%
Vietnamese	65	0.00%
Cantonese	53	0%
Russian	24	0%
Armenian	21	0%
Other	16	0%
Mandarin	13	0%
Farsi	3	0%
Total	327340	0.18

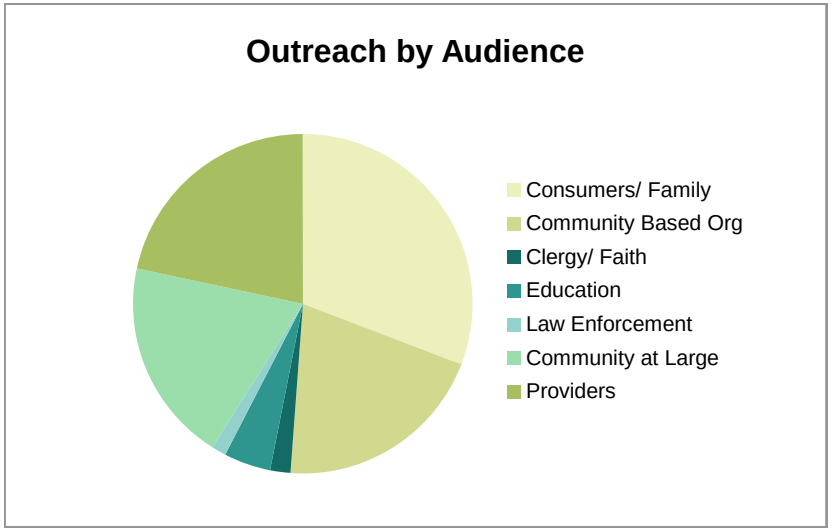
Number of individuals in Service Area 6 who are enrolled in Medi-Dal but may or may not be receiving DMH services. It is recommended that O&E staff use these figures to help determine which UREP populations to outreach to.

Cities with high concentration of APIs	Inglewood, Compton
Major API Groups	Pacific Islanders
Threshold Languages	Spanish

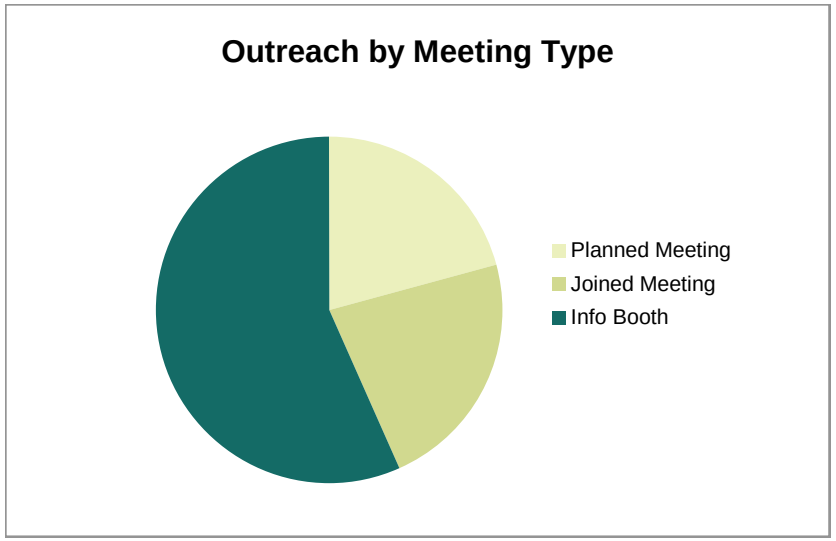
Due to APIs having the lowest penetration rates in 2009-2010, specific API groups are highlighted for targeted outreach

Service Area 7 Profile

Audience Type	Number of Events	Persons Reached	Average per event
Consumers/ Family	38	1,498	39
Community Based Org	26	981	43
Clergy/ Faith	8	93	12
Education	6	216	8
Law Enforcement	3	74	25
Community at Large	19	943	105
Providers	21	1,054	527
SAACs	0	0	0
TOTAL	**99**	**4,859**	**49**



Meeting Type	Number of Events	Persons Reached	Average per event
Planned Meeting	53	1,011	19
Joined Meeting	35	1,090	31
Info Booth	24	2,758	115
SAAC	0	0	0



Service Area 7 Profile

Medi-Cal Data

Ethnicity	200% Poverty Population 1	200% Poverty with SED & SMI	Medi-Cal Enrolled Population 2	% Enrolled in Medi-Cal	Medi-Cal Enrolled Population Estimated w/ SED & SMI	200% Poverty without Medi-Cal	200% Poverty without Medi-cal with SED & SMI	Total Consumers Served 3	Unserved at 200% Poverty Level 4	% Served of those with SED SMI 5
	earn twice the poverty level or less	poor with mental illness	eligible for DMH services			needs outreach and/or services but does not qualify for most DMH services		served in DMH	needs services	% served
African American	14,573	1,064	7,862	53.9%	590	6,711	474	3,013	-1,949	**283.2%**
Asian Pacific Islander	29,727	2051	14,463	48.7%	1085	15,264	966	556	1,495	**27.1%**
Latino	489,773	37,223	226,818	46.3%	17,011	262,955	20,212	15,707	21,516	**42.2%**
Native American	1,415	99	369	26.1%	28	1,046	71	338	-239	**341.4%**
White	49,518	3,417	20,322	41.0%	1,524	29,196	1,893	3,303	114	**96.7%**
Total	**585,006**	**43,854**	**269,834**	**46.1%**	**20,238**	**315,172**	**23,616**	**22,917**	**20,937**	**52.3%**

Notes about Medi-Cal figures above. All Medi-Cal numbers are from DMH QI data.

1 Poverty Level is defined as the Federal Poverty Level

2 Data extracted from the State MEDS file, October 2009.

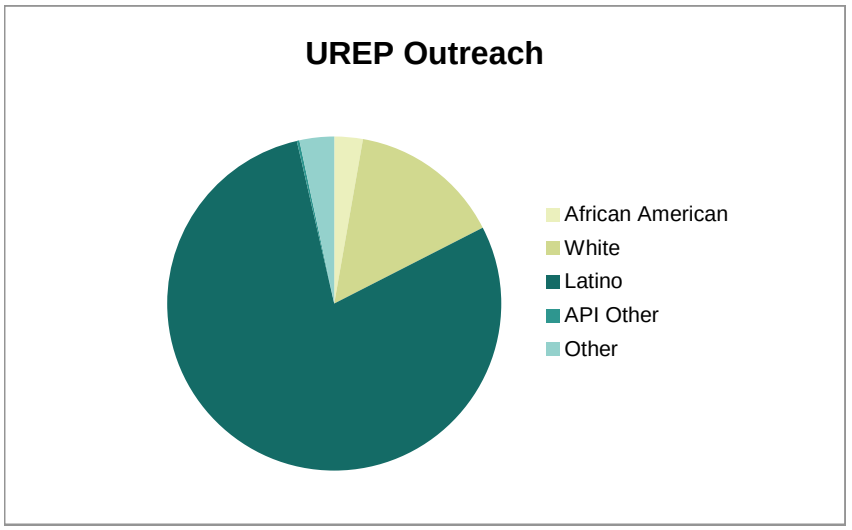
3 Consumers Served in Outpatient Short Doyle/Medi-Cal Facilities. Data Sources: IS-Database Tables FY 2008-09.

4 A negative number indicates that the estimated need for mental health services has been met for the estimated number of SED & SMI at 200% Poverty

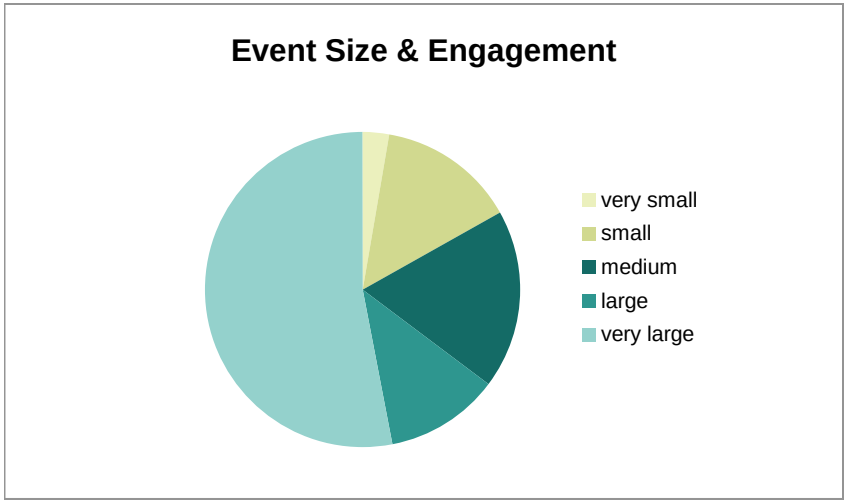
5 Percentages above 100% indicate that number of consumers served exceeds the estimated number of individuals with SED & SMI at 200% Poverty

Service Area 7 Profile

UREP Outreach	Persons Reached	Targeted Events
African American	127	
White	691	
Latino	3666	25
Chinese		
Korean		
API Other	15	
Armenian		
Iranian		
Russian		
American Indian		
Other	156	
Total	4655	
Reported	4859	
% Reported	96%	



Meeting Size		Attended
1-9 attendees	very small	132
10-29 attendees	small	687
30-49 attendees	medium	901
50-99 attendees	large	556
100+ attendees	very large	2583



Service Area 7 Profile

Medi-Cal Enrolled Population Who Speak The Threshold Language		
Spanish	137,027	52.50%
English	116,970	44.80%
Korean	1925	0.70%
Tagalog	991	0.40%
Mandarin	813	0.30%
Cambodian	730	0.30%
Armenian	660	0%
Vietnamese	649	0%
Cantonese	472	0%
Other	441	0%
Russian	58	0%
Farsi	38	0%
Total	261054	0.14

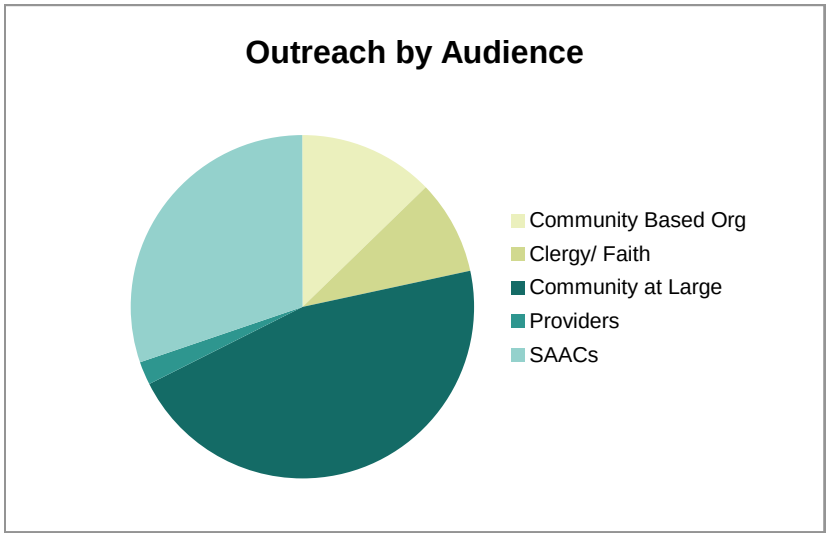
Number of individuals in Service Area 7 who are enrolled in Medi-Dal but may or may not be receiving DMH services. It is recommended that O&E staff use these figures to help determine which UREP populations to outreach to.

Cities with high concentration of APIs	Long Beach, Cerritos, Carson, Norwalk, Lakewood, Downey, Montebello, Bellflower, La Mirada, Artesia
Major API Groups	Filipino, Korean, South Asian, Chinese, Cambodian, Pacific Islanders, Vietnamese
Threshold Languages	Spanish

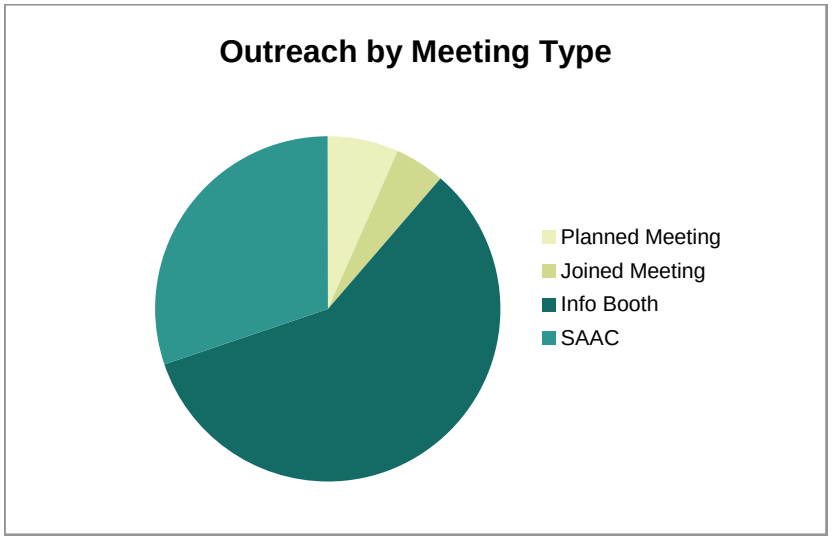
Due to APIs having the lowest penetration rates in 2009-2010, specific API groups are highlighted for targeted outreach

Service Area 8 Profile

Audience Type	Number of Events	Persons Reached	Average per event
Consumers/ Family	0	0	0
Community Based Org	4	320	80
Clergy/ Faith	2	225	113
Education	0	0	0
Law Enforcement	0	0	0
Community at Large	12	1,150	96
Providers	4	55	14
SAACs	11	756	68.7
TOTAL	**33**	**2,506**	**76**



Meeting Type	Number of Events	Persons Reached	Average per event
Planned Meeting	7	167	24
Joined Meeting	3	118	39
Info Booth	12	1,465	122
SAAC	11	756	69



Service Area 8 Profile

Medi-Cal Data

Ethnicity	200% Poverty Population 1	200% Poverty with SED & SMI	Medi-Cal Enrolled Population 2	% Enrolled in Medi-Cal	Medi-Cal Enrolled Population Estimated w/ SED & SMI	200% Poverty without Medi-Cal	200% Poverty without Medi-cal with SED & SMI	Total Consumers Served 3	Unserved at 200% Poverty Level 4	% Served of those with SED SMI 5
	earn twice the poverty level or less	poor with mental illness	eligible for DMH services			needs outreach and/or services but does not qualify for most DMH services		served in DMH	needs services	% served
African American	113,778	8,306	55,226	48.5%	4,142	58,552	4,164	10,757	-2,451	**129.5%**
Asian Pacific Islander	70,862	4889	32,573	46.0%	2443	38,289	2,446	2366	2,523	**48.4%**
Latino	357,835	27,195	145,022	40.5%	10,877	212,813	16,318	12,491	14,704	**45.9%**
Native American	1,785	125	438	24.5%	33	1,347	92	134	-9	**107.2%**
White	93,647	6,462	26,815	28.6%	2,011	66,832	4,451	7,725	-1,263	**119.5%**
Total	**637,907**	**46,977**	**260,074**	**40.8%**	**19,506**	**377,833**	**27,471**	**33,473**	**13,504**	**71.3%**

Notes about Medi-Cal figures above. All Medi-Cal numbers are from DMH QI data.

1 Poverty Level is defined as the Federal Poverty Level

2 Data extracted from the State MEDS file, October 2009.

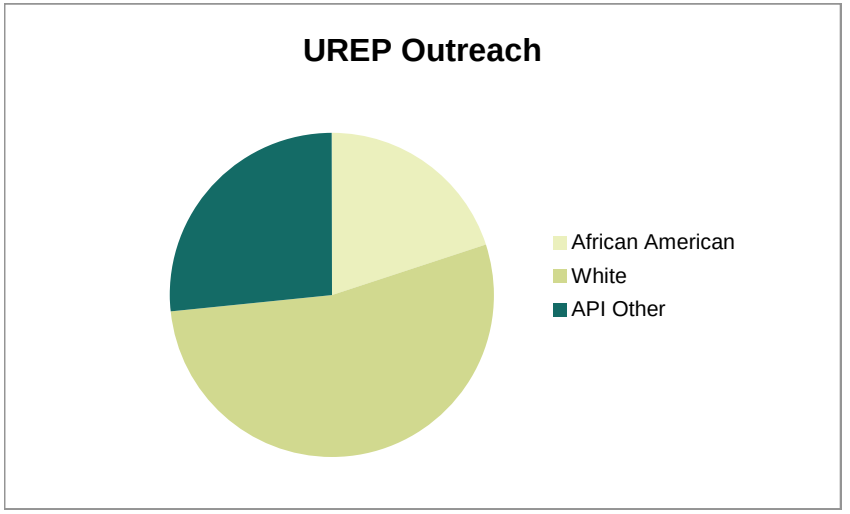
3 Consumers Served in Outpatient Short Doyle/Medi-Cal Facilities. Data Sources: IS-Database Tables FY 2008-09.

4 A negative number indicates that the estimated need for mental health services has been met for the estimated number of SED & SMI at 200% Poverty

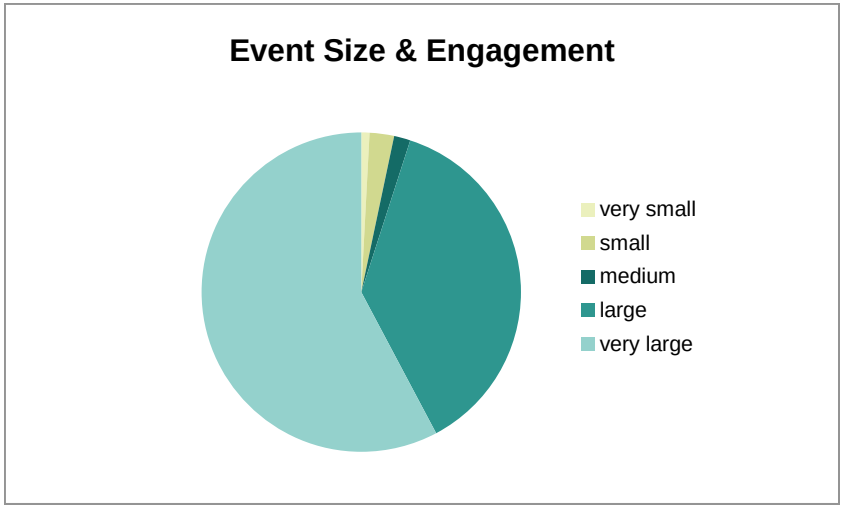
5 Percentages above 100% indicate that number of consumers served exceeds the estimated number of individuals with SED & SMI at 200% Poverty

Service Area 8 Profile

UREP Outreach	Persons Reached	Targeted Events
African American	3	
White	8	
Latino		1
Chinese		
Korean		
API Other	4	
Armenian		
Iranian		
Russian		
American Indian		
Other		
Total	15	
Reported	2506	
% Reported	1%	



Meeting Size		Attended
1-9 attendees	very small	18
10-29 attendees	small	67
30-49 attendees	medium	40
50-99 attendees	large	931
100+ attendees	very large	1450



Service Area 8 Profile

Medi-Cal Enrolled Population Who Speak The Threshold Language		
English	141,554	56.60%
Spanish	95,634	3820.00%
Cambodian	5501	2.20%
Vietnamese	2401	1.00%
Korean	2028	0.80%
Tagalog	1681	0.70%
Mandarin	351	0%
Other	293	0%
Farsi	288	0%
Cantonese	204	0%
Russian	130	0%
Armenian	92	0%
Total	250291	0.14

Number of individuals in Service Area 8 who are enrolled in Medi-Dal but may or may not be receiving DMH services. It is recommended that O&E staff use these figures to help determine which UREP populations to outreach to.

Cities with high concentration of APIs	Torrance, Gardena, Rancho Palos Verdes, Hawthorne, Lawndale
Major API Groups	Japanese, Korean, Filipino, Pacific Islanders
Threshold Languages	Spanish, Cambodian

Due to APIs having the lowest penetration rates in 2009-2010, specific API groups are highlighted for targeted outreach

CRITERION 1

UREP Committee Leadership, Coordination and Accountability Structure

(Attachment 5)

COUNTY OF LOS ANGELES—UNDERREPRESENTED ETHNIC POPULATIONS (UREP) COMMITTEE

LEADERSHIP, COORDINATION, AND ACCOUNTABILITY STRUCTURES

Endorsed: UREP Leadership Committee Meeting on 3/13/09

PRINCIPLES AND VOTING MEMBERSHIP FOR ALL UREP SUBCOMMITTEES

A set of principles and minimum expectations for voting membership is important for all UREP sub-committees.

A. Principles:
   1. Actively engage consumers;
   2. Hold meetings open to the community;
   3. Establish a balanced membership representing key stakeholder categories;
   4. Use the unique cultural practices and organizational contexts of each UREP community to determine membership structures, voting processes, meeting activities, and related processes that go beyond the recommendations in this document.[1]

B. Voting Membership
   1. Identify as being from one or more mental health stakeholder categories[2]
      a. Consumer;
      b. Family Member and/or Caregiver;
      c. DMH Staff;
      d. DMH Contract Agency Staff;
      e. Community Members/Cultural Brokers.
   2. Identify as representing one or more of the targeted DMH age groups
      a. Children (Ages 0-15);
      b. TAY (Ages 16-25);
      c. Adult (Ages 26-59);
      d. Older Adults (Ages 60 and over).
   3. A minimum of 51% of voting members need to be present to conduct a meeting when making decisions.
   4. Attend a minimum of 75% of the meetings per year.
   5. Commit one year of service to UREP sub-committee when accepting voting privileges.
   6. Participate in decision-making processes and related efforts to accomplish sub-committee goals.
   7. Vote on pending sub-committee decisions and actions.
   8. At least one individual should be a Delegate/Alternate and/or a System Leadership Team member.
   9. Hold meetings on a quarterly basis, at minimum.
   10. Co-chairs and Delegates and/or Alternates serve two-year terms on the sub-committees.

[1] For example, UREP sub-committees may choose to use consensus methods and/or voting methods. Some may choose to involve consumers through special input sessions, rather than regular meetings.

[2] UREP sub-committees need to make a final decision in the following areas: the number of participants per stakeholder category; quorum to conduct business; diversity of consumer perspective; who decides on the appointment and reinstatement of voting members; and additional stakeholder categories, if desired. Importantly, these decisions are the purview of the UREP sub-committees.

Rigoberto Rodriguez Consulting rigoberto@sbcglobal.net 714.504.7446

COUNTY OF LOS ANGELES—UNDERREPRESENTED ETHNIC POPULATIONS (UREP) COMMITTEE

LEADERSHIP, COORDINATION, AND ACCOUNTABILITY STRUCTURES

Endorsed: UREP Leadership Committee Meeting on 3/13/09

COMMITTEE	TERM OF OFFICE	CO-CHAIRS
AA/A	Two-year term; Renewable	1. One Community Member a. Elected by majority of official members in committee b. Understands mental health needs of African American/African community c. No real or perceived conflict of interest 2. One DMH Staff Member a. Appointed by DMH b. Acts as a Program Head or higher in their position within DMH c. Credibility within DMH and its contractors serving African/African-American mental health consumers d. Understands mental health needs of African American/African community
AI	Two-year term; Renewable	1. One Community Member a. Appointed by the American Indian Council b. American Indian/Alaskan Native preferred c. Prioritizes needs of UREP community before agency interests 2. One DMH Staff Member a. Appointed by DMH b. Credibility within DMH and respective ethnic community c. Commitment to UREP group and ethnic community
API	Two-year term; Renewable	1. One Community Member a. Elected by majority of official committee members b. American Indian/Alaskan Native preferred c. Understands mental health needs and resources of the API community 2. One DMH Staff Member a. Appointed by DMH b. Credibility within DMH and respective ethnic community c. Commitment to UREP group and ethnic community

Rigoberto Rodriguez Consulting rigoberto@sbcglobal.net 714.504.7446

COUNTY OF LOS ANGELES—UNDERREPRESENTED ETHNIC POPULATIONS (UREP) COMMITTEE

LEADERSHIP, COORDINATION, AND ACCOUNTABILITY STRUCTURES

Endorsed: UREP Leadership Committee Meeting on 3/13/09

COMMITTEE	TERM OF OFFICE	CO-CHAIRS
LATINO	Two-year term; Renewable	1. One Community Member a. Commitment to participating in and leading sub-committee b. Understands mental health needs and issues in Latino community c. No real or perceived conflict of interest. More specifically, in the event that a proposal is requested from the sub-committee and the co-chair submits a proposal on behalf of his/her agency, the co-chair agrees to the following: o Remove him or herself from the proposal selection committee (e.g., PEI, WET, INN, one-time funding, etc.) o Decline to vote on any proposal-related issues; o Decline to facilitate meetings where the proposal is the main topic of discussion. 2. One DMH Staff a. Understands mental health needs and issues in Latino community b. Credibility within DMH and Latino community c. Commitment to make a difference for Latino community d. Commitment to participating and leading subcommittee
ME/EE	Two-year term; Renewable	1. Two Community Members a. Understands needs of the Middle Eastern and Eastern European communities d. No real or perceived conflict of interest b. Commitment to participating in group 2. One DMH Staff a. Assigned by DMH b. Credibility within DMH and respective ethnic communities c. Commitment to group d. Commitment to the community

Rigoberto Rodriguez Consulting rigoberto@sbcglobal.net 714.504.7446

COUNTY OF LOS ANGELES—UNDERREPRESENTED ETHNIC POPULATIONS (UREP) COMMITTEE
LEADERSHIP, COORDINATION, AND ACCOUNTABILITY STRUCTURES
Endorsed: UREP Leadership Committee Meeting on 3/13/09

COORDINATION AND ACCOUNTABILITY STRUCTURES

1. Meeting Frequency:
   a. Planning meetings for the UREP Leadership Committee—which include the UREP Sub-Committee Co-Chairs and DMH Planning Division Staff Members—shall be held monthly or bi-monthly, as determined by issues;
   b. Regular UREP sub-committee meetings will occur on at least a quarterly basis, and more frequently if needed.

2. Accountability
   a. UREP Co-Chairs and DMH staff members are expected to attend all planning and sub-committee meetings.
   b. Official members are expected to attend at least 75% of meetings per year.
   c. Co-chairs, appointed DMH staff members and official members are expected to remain unbiased in their recommendations and decision making.
   d. Re-election for the position of an elected or voting member may be necessary in the event that the individual is: (a) not able to meet the duties of his or her post; (b) the individual would like to leave the group; and/or (c) the individual is no longer linked to his or her constituents.
   e. A re-election will require a 51% majority vote by voting members.

ROLE OF PLANNING DIVISION LIAISONS

1. Provide input to co-Chairs in order to develop agendas.
2. Coordinate logistics for the meeting (translation, interpretation, location, meeting announcements and reminders).
3. Ensure meeting documentation for UREP sub-committee meetings only.
4. Communicate key MHSA planning information to the group.
5. Communicate the committees' goals and decisions to the Department.
6. Follow-up with issues, as needed.
7. Be knowledgeable of the needs of the communities.

Rigoberto Rodriguez Consulting rigoberto@sbcglobal.net 714.504.7446

CRITERION 1

Stakeholder Delegate Roster

(Attachment 6)

MHSA Stakeholder Delegates DIRECTORY

Representation	Delegate or Alternate Name	Entity	Contact Number	Email Address
Commissions/Advisory Councils-C/AC				
Children's Council	Sharon G. Watson	The Children's Council of Los Angeles County	213.893.0421	swatson@laccpc.org
	Alt: Colleen Mooney	The Children's Council of Los Angeles County	310-346-6815	comooney@sbcglobal.net
Commission for Children & Families	Helen Kleinberg	Commission for Children and Families	213.974.1558	hnkkleinberg@sbcglobal.net
	Alt: Trish Curry	Commission for Children and Families	213.974.1558 626.441.5602	trishacurry2@earthlink.net
Co-Occurring Joint Action Council	Jim O'Connell, CEO	COJAC / Social Model Recovery Sys.	626.332.3145	jimo@socialmodel.com
	Alt: Vivian Brown, PhD, Pres./CEO	COJAC / Prototypes	310.641.7795	protoceo@aol.com
First 5 LA	Deanne Tilton, First 5 LA Commissioner	First 5 LA	626.455.4585	tiltod@dcfs.lacounty.gov
	Alt: TBD			
MHSA Housing Advisory Board	La Cheryl Porter	Community Development Commission	323-838-7700	lacheryl.porter@lacdc.org
	Alt: Neil Mc Guffin	Corporation Supportive Housing	213-623-4342 ext. 107	neil.mcguffin@csh.org
Mental Health Commission	Jerry Lubin, Chair	AICP / MH Commission	213.738.4772	jerry917@earthlink.net
	Alt: Larry Gasco, Vice-Chair	MH Commission	213.738.4772	ldgasco@hotmail.com
Narcotics and Dangerous Drugs Commission	Lauraine Barber, 2nd Vice Chair	Narcotics and Dangerous Drugs Commission	562.429.6826	lgrams17@aol.com
	Alt: Jack Kearney, 1st Vice Chair	Narcotics and Dangerous Drugs Commission	562.461.9446	jpk@familyintervention.com
Service Area Advisory Committees (SAAC)	3 delegates and 3 alternates each			
SAAC I	JoEllen Perkins	DMH	661.575.1800	jperkins@dmh.lacounty.gov
	Alt: TBD			
	Natalie Ambrose	Community Resident	661.270.1517	namb@earthlink.net
	Alt: TBD			
SAAC II	Eva Carrera	DMH	213-738-3190	ecarrera@dmh.lacounty.gov
	Alt: Beth Briscoe	DMH	818 598-1944	bbriscoe@dmh.lacounty.gov
	Jim Randall	DMH	818.708.4511	jrandall@dmh.lacounty.gov
	Alt: William Lemley	San Fernando Valley Community MHC	818.989.7475	wlemley@sfvcmhc.org
	Emma Oshagan	Pacific Clinics	626.441.4221 ext. 242	eoshagan@pacificclinics.org
	Alt: Eddie Viramontes	El Centro de Amistad	818.898.0223	ed.v@elcentrodeamistad.org
SAAC III	Alfredo Larios	DMH	213.738.3572	alarios@dmh.lacounty.gov
	Alt: Jaime Renteria	DMH	213-305-3378	jrenteria@dmh.lacounty.gov
	Anne Wrotniewski	SAAC III	323.264.8701	AWROTNIEWSKI@ccharities.org
	Alt: David K. Gaffield	San Gabriel Children's Center	626.859.2089	davidgaffield@sangabrielchild.com
	Del: TBD			
	Alt: TBD			

MHSA Stakeholder Delegates DIRECTORY

Representation	Delegate or Alternate Name	Entity	Contact Number	Email Address
SAAC IV	Ed Vidaurri	DMH	213.738.3765	evidaurri@dmh.lacounty.gov
	Alt: Larry Hurst	DMH	213.430.6732	lhurst@dmh.lacounty.gov
	Elvie Soldevilla	APCTC	213.483.3000 ext.300	esoldevilla@apctc.org
	Alt: TBD			
	TBD			
	Alt: Albert Thompson	DMH	213.251.6522	athompson@dmh.lacounty.gov
SAAC V	Karen Wiliams	DMH	310.268.2507	kwilliams@dmh.lacounty.gov
	Alt: Patrice Grant	DMH	310.268.2508	pgrant@dmh.lacounty.gov
	Ruth Hollman	SHARE	310-305-8878	ruth@shareselfhelp.org
	Alt: Jason Robison	SHARE	310-305-8878	jason@shareselfhelp.org
	Roland Moses	N/A	310.208.3399	rolandgmoses@msn.com
	Alt: Michi Okano	Pacific Asian Counseling Services	310.337.1550 ext.2016	mokano@pacsla.org
SAAC VI	Yolanda Whittington	DMH	323.298.3715	ywhittington@dmh.lacounty.gov
	Alt: Carol Vernon	DMH	310.668.3962	cvernon@dmh.lacounty.gov
	Ray Hernandez	USC School for Early Childhood Education	213-743-6540	Raymond@usc.edu
	Alt: TBD			
	Eddie Lamon	Community Advocate	310.608.1597	N/A
	Alt: TBD			
SAAC VII	Ana Suarez	DMH	213.738.3499	asuarez@dmh.lacounty.gov
	Alt: Carol Sagusti	DMH	213.738.3468	csagusti@dmh.lacounty.gov
	Dwyane Clements	DMH/Rio Hondo MHC	562.402.0688	dclements@dmh.lacounty.gov
	Alt: Carmen (Fatima) Baldizon	DMH	562.903.5394	Fbaldizon@dmh.lacounty.gov
	Kathy Salazar	MELA Counseling Services Center	323.721.6855	kathy-melacenter@sbcglobal.net
	Alt: Lourdes Caracoza	ALMA Family Services	323.881.3799	lourdesc@almafs.com
SAAC VIII	Lisa Wicker	100 Oceangate suite 550 Long Beach, CA 90802	562-435-2337	lawicker@dmh.lacounty.gov
	Alt: Norma Cano	Long Beach Child & Adolescent Program	562-218-4080	ncano@dmh.lacounty.gov
	Cathy Williamson	DMH/Long Beach South Bay	562.435.2207	cwilliamson@dmh.lacounty.gov
	Alt: Romanda Harmon	Community Advocate	562.746.7878	ROMANDAMARIE@hotmail.com
	Erika Hainley-Jewell	The Children's Clinic	562.933.0513	ehainley@thechildrensclinic.org
	Alt: Kimberlee Woods	Center for Long Beach	562.434.4455	kimw@centerlb.org

MHSA Stakeholder Delegates DIRECTORY

Representation	Delegate or Alternate Name	Entity	Contact Number	Email Address
Community Advocates - CA				
Advocate for Homeless and Mentally ILL	Michael Castillo, Program Specialist	LA County Chief Executive Office	213.974.4652	mcastillo@ceo.lacounty.gov
	Alt: TBD			
	Tod Lipka, CEO	Step Up on Second	310-394-6889 ext. 26	tod@stepuponsecond.org
	Alt: TBD			
Client Stakeholder Group	Keris Jan Myrick	Project Return, Peer Support Network	323.346.0960 X.222	keris@mhala.org
	Alt: Andrew Posner	Division Director BACUP	213.368.1888 ext. 12	aposner@bacup.net
Client Stakeholder Group (CA Network)	Ruth Montoya	CA Network of Mental Health Clients	323-338-1559	ruth_plus3@hotmail.com
	Ursula Sims	CA Network of Mental Health Clients	213-251-6523	usims@dmh.lacounty.gov
LAC Client Coalition	Phyllis Coto	Los Angeles County Client Coalition	323-658-5223	cbond702002@yahoo.com
	Alt: Catherine Bond	Los Angeles County Client Coalition	559-300-8677 Cell 323-418-7710	cbond702002@yahoo.com
	Maria Tan	Los Angeles County Client Coalition	310.485.2003	mariaftan@yahoo.com
	Alt: Darla Baker	Los Angeles County Client Coalition	562.857.9419	dbaker@dmh.lacounty.gov
Mental Health Advocacy Services, Inc.	Jim Preis, Executive Director	MHAS, Inc.	213.389.2077 ext. 13	jpreis@mhas-la.org
	Alt: Nancy Shea, Senior Attorney	MHAS, Inc.	213.389.2077 ext. 18	nshea@mhas-la.org
National Alliance on Mental Illness	Stella March	NAMI	310.472.4297	SMARCH@nami.org
	Alt.: TBD			
Division of Empowerment and Advocacy	Eduardo Vega, Division Chief	DMH	213.251.6580	evega@dmh.lacounty.gov
	Alt: Gwen Lewis-Reid, Assistant Director, OCA	DMH	213.251.6524	glewisreid@dmh.lacounty.gov
Older Adult System of Care	Cynthia Jackson	Heritage Clinic, Center for Aging Resources	626.577.8480	cjackson@cfar1.org
	Alt: Iris Aguilar, MPA USC Edward R. Roybal Institure on Aging	USC School of Social Work	213-740-1887	iaguilar@usc.edu
	Carey Temple	1306 1/2 N.Sycamore LA, CA 90028	Cell# 323-447-2124	veraclt@att.net
	Alt.:TBD			
Parent Advocate	Carmen Diaz, Board President/UACF	United Advocates for Children and Families	213.351.7788	diaz4carmen@yahoo.com
	Alt: Ruth Tiscareno, Lead Parent Partner/Advocate	United Advocates for Children and Families	213.482.9400	rtiscareno@ccsla.org
TAY Representatives	Ms. Heather Carmichael, LCSW	My Friend's Place	323.908.0011 ext. 106	hcarmichael@myfriendsplace.org
	Alt: Nick Taylor, Health Education Coordinator	My Friend's Place	323.908.0011 ext. 124	ntaylor@myfriendsplace.org
	TBD			
	Alt: Erika M. Herrera	Peer Partner at Pacific Clinic 13001 Ramona Blvd. Irwindale, CA 91706	626-337-3828 cell 626-221-1012	eherrera@pacificclinics.org
Veteran Rep	Steven Peck	Community Development Director, US Veterans	562.388.7810	sjpeck@usvetsinc.org
	Alt: Bill Wallace	Clinical Director, US Veterans	562.388.8108	bwallace@usvetsinc.org

MHSA Stakeholder Delegates DIRECTORY

Representation	Delegate or Alternate Name	Entity	Contact Number	Email Address
Community Based Organizations/Foundations - CBO/F				
Association of Community Human Service Agencies (ACHSA)	Bruce Saltzer, Executive Director	ACHSA	213.250.5030 x103	bsaltzer@achsa.net
	Alt: Thomas Hill	ACHSA	213-250-5030	thill@achsa.net
	Tim Ryder	Amanecer Community Counseling Services	213-481-7464 x525	tryder@ccsla.org
	Alt: Helen Morran-Wolf, LCSW Executive Director	Foothill Family Service	626-564-1613 x101	hmorran-wolf@foothillfamily.org
Faith Community Representative	Calvin Hsi, Director Charity Development Department	Taiwan Buddhist Tzu Chi Foundation, U.S.A.	909-447-7931	Calvin_Hsi@us.tzuchi.org
	Alt: Eugene Taw, M.D.	Taiwan Buddhist Tzu Chi Foundation, U.S.A.	626.281.3383	eugenetaw@roadrunner.com
	Ruthie Grey	Faith Community	323.779.2237	Ruthgr3@aol.com
	Alt: TBD			
	Rev. Paul Lance	Southern California Ecumenical Council	310-375-4441	RevLance@Seasideucc.org
	Alt: TBD			
Foundation Community Representatives	Mary Rainwater	Integrated Behavioral Health Project	323.876.7468	rainwatermary@msn.com
	Alt: Beatriz Solis	The CA Endowment	213.928.8736	bsolis@calendow.org
	Bonnie Armstrong	Casey Family Program	626.229.2338	Barmstrong@casey.org
	Alt: Rebecca Medina			
Education/Schools - E/S				
Education Coordinating Council (ECC)	Carrie D. Miller, PhD, Program Director	ECC	213.974.5967	cmiller@ceo.lacounty.gov
	Alt: TBD			
Los Angeles County Office of Education	Madeline Hall, Chief Grants Officer	LACOE	562.922.6112	hall_madeline@lacoe.edu
	Alt: Ray Vincent	LACOE	562.922.6301	Vincent_Ray@lacoe.edu
Los Angeles Unified School District	Rene Gonzalez, Assistant Superintendent	LAUSD	213.241.3856	rene.gonzalez@lausd.net
	Alt: Ailleth Tom	LAUSD	213.241.0831	ailleth.tom@lausd.net
Government - GOV				
Alcohol and Drug Admin.	Yolanda Cordero, Prevention Coordinator	LA County Alcohol and Drug Programs Admin.	626.299.4510	ycordero@ph.lacounty.gov
	Alt: Sandy Song, Planner, Planning Division	LA County Alcohol and Drug Programs Admin.	626.299.3234	sasong@ph.lacounty.gov
City of Los Angeles Representative	Paul Freese, Director of Litigation and Advocacy	Public Council	213.385.2977 x109	pfreese@publiccounsel.org
	Alt: Leslie Wise	LA Homeless Services	213-683-3333	lwise@lahsa.org
Los Angeles County Department of Children and Family Services	Harvey Kawasaki, Division Chief	LA County DCFS	213.738.3000	kawash@dcfs.lacounty.gov
	Alt: Corey Hanemoto, CSA III	LA County DCFS	213-351-5837	hanemc@dcfs.lacounty.gov
Los Angeles County Department of Community & Senior Services	Lorenza Sanchez	LA County DCSS	213.738.4045	lsanchez@css.lacounty.gov
	Alt: Roseann Donnelly	LA County DCSS	213.738.4238	rdonnelly@css.lacounty.gov
Los Angeles County Department of Health Services	Melissa Christian, Mental Health Liason	LA County DHS	213.240.7834	mchristian@dhs.lacounty.gov
	Alt: Karen Bernstein, Director, Special Programs	LA County DHS	213.250.8644	kbernstein@dhs.lacounty.gov

MHSA Stakeholder Delegates DIRECTORY

Representation	Delegate or Alternate Name	Entity	Contact Number	Email Address
Los Angeles County Department of Probation	Andrea Gordon, Director	LA County Probation	323.730.4547	andrea.gordon@probation.lacounty.gov
	Alt: Joseph Delfin, Deputy Probation Officer II	LA County Probation	323.213.0406	joseph.delfin@probation.lacounty.gov
Los Angeles County Department of Public Social Services	Judith Lillard, Program Director	LA County DPSS	562.908.5861	JudithLillard@dpss.lacounty.gov
	Alt: Ken Krantz	LA County DPSS	562.908.6772	KenKrantz@dpss.lacounty.gov
Los Angeles County Sheriff	Karen Dalton, Director	LA County Sheriff	213.893.5882	ksdalton@lasd.org
	Alt: Detta Roberts	LA County Sheriff	213.893.5918	blroberts@lasd.org
Los Angeles Police Department	Lionel Garcia	LAPD	213.485.3300	24050@lapd.lacity.org
	Alt: Det. Charles Dempsy	LAPD	213.485.3395	30036@lapd.lacity.org
Los Angeles County Public Defender's Office	Joanne Rotstein, Special Assistant	LA County Public Def.	213.974.2811	Jrotstein@pubdef.lacounty.gov
	Alt: Robert Fefferman	LA County Public Def.	323.226.8167	Rfefferman@lacopubdef.org
Public Health Representative	Cynthia Harding	Los Angeles County of Public Health	213.639.6400	charding@ph.lacounty.gov
	Alt: Jeanne Smart, Director Nursing Family Partnership	Los Angeles County of Public Health	213.639.6461	jsmart@ph.lacounty.gov
Superior Courts	Tim Dowell	Superior Courts	323.226.2944	tdowell@lasuperiorcourt.org
	Alt: Richard Luckham	Superior Courts	323.226.2913	rluckham@lasuperiorcourt.org
Health Care - HC				
Community Health Clinics	Louise McCarthy, President/CEO	Community Clinic Association of LAC	213.201.6500	lmccarthy@ccalac.org
	Alt: Cynthia Carmona	Community Clinic Association of LAC	213.201.6500	ccarmona@ccalac.org
Hospital Representative	Mara Pelsman, CEO	Gateways Hospital	323.644.2000 ext. 274	mpelsman@gatewayshospital.org
	Jaime Garcia	Hosp. Association of S. CA	213-538-0702	mgarcia@hasc.org
L.A. CARE	Cheryl Garcia, R.N., UM Liaison	L.A. CARE	213.695.1250 ext. 4136	cgarcia@lacare.org
	Alt: Rus Billimoria, MBBS, MPH	L.A. CARE	213.695.1250 ext. 4274	rbillimoria@lacare.org
Underrepresented Ethnic Communities & Other Underserved Communities - UREP/OC				
Disabled Community Rep	Jennifer Olson	Greater Los Angeles Agency on Deafness, Inc. (GLAD)	323-478-8000	jolson@gladinc.org
	Alt: TBD			
Gay/Lesbian Community Representative	Diane Kubrin	L.A. Gay & Lesbian Center	323-993-7432	dkubrin@lagaycenter.org
	Alt: Susan Holt	L.A. Gay & Lesbian Center	323-993-7645	sholt@lagaycenter.org
UREP Representative (At Large)	Tara Pir	IMCES	213.381.1250 ext. 228	TaraPirIMCES@msn.com
	Luis Garcia	Pacific Clinics	626.254.5000 ext. 5009	lgarcia@pacificclinics.org
African / African American	Romalis J. Taylor	Star View Comm. Services	323-999-2404 x 138	rtaylor@starsinc.com
	Alt: Dr. Ernie Smith	UREP	323-277-0440 cell 323-533-5767	rrernie@aol.com

MHSA Stakeholder Delegates DIRECTORY

Representation	Delegate or Alternate Name	Entity	Contact Number	Email Address
American Indian	Dr. Daniel Dickerson	The American Indian UREP Group	562-277-0310	daniel.dickerson@ucla.edu
	Alt: Carrie L. Johnson	UREP	213-241-0979 ext. 7136 Cell 213-305-3574	drcjohnsn@aol.com
Asian American and Pacific Islander	Mariko Kahn, Executive Director	Pacific Asian Counseling Services	310.337.1550 ext 2018	mkahn@pacsla.org
	Alt: Terry Gock, Director	Asian Pacific Family Center	626.287.2988	tgock@pacificclinics.org
Eastern European / Middle Eastern	Angela Savoian	American Releif Society	818. 314-3906	asavoian@hotmail.com
	Alt: Ia Shekriladze	IMCES	213-381-1250	iasimces@msn.com
Latino	Leticia Ximénez	EOB/SA 4	213-738-6193	LXimenez@dmh.lacounty.gov
	Alt: Maria Elana Juarez	The Latino Coalition	213.484.1932	N/A
Workforce - WF				
Academic Partnerships Representative/Universities and Research Representative	Karl Burgoyne, M.D., Professor	Department of Psychiatry, Harbor UCLA	310.222.3137	kburgoyne@dmh.lacounty.gov
	Alt: Mary Read, M.D., Medical Director	Department of Psychiatry, Harbor UCLA	310.222.3344	mread@dmh.lacounty.gov
AFSCME Union	Teddy McKenna, LCSW	AFSCME	213-252-1382	L2712@afscme36.org
	Alt: Brad Stevens, President	DMH/Harbor UCLA	310.222.5391	bstevens@dmh.lacounty.gov
SEIU Union	Jane Jose	SEIU	213.368.8671	jane.jose@seiu721.org
	Alt: Ignacio Garcia	SEIU		ignacio.garcia@seiu721.org
Staff Advisory Council	Heidi Rotheim	DMH	213.738.2988	hrotheim@dmh.lacounty.gov
	Alt: Hector Garcia	DMH/West Valley MHC	213.305.3129	hgarcia@dmh.lacounty.gov
Training Workgroup	TBD			
	Alt: TBD			
Other				
At Large	C. Rocco Cheng, Corporate Director	Pacific Clinics	626.960.4020 ext. 208	rcheng@pacificclinics.org
	Alt: Wendy Wang	Pacific Clinics	626-960-4020	wwang@pacificclinics.org
	Richard Van Horn	Mental Health Association in LA County	562.285.1330	rvanhorn@mhala.org
	Deborah Tull	Los Angeles Community College District	310.233.4621	tulld@lahc.edu
	Alt: Bonnie Burstein	Los Angeles Community College District	310.233.4586	bursteb@lahc.edu
	Areta Crowell	County of Los Angeles, DMH	323.463.7535	acrowell13@sbcglobal.net
	Kathy House	Deputy Chief Executive Officer, Children & Families Well Being Cluster	213.974.4530	khouse@ceo.lacounty.gov
	Alt: TBD			

CRITERION 1

New Systems Leadership Team Roster

(Attachment 7)

NEW SLT MEMBERS

	Name of Nominee	Org. Affiliation	E-Mail	Phone Number
1	*Zulma Acevedo*	Latino Client Coalition	zacevedo85@gmail.com	(818) 714-6149
2	*Vincent Amerson*	LAC-CEO	vamerson@ceo.lacounty.gov	(213) 974-4363
3	*Dorothy Banks*	SAAC 6	dbanks0813@yahoo.com	(323) 299-1561
4	*Karen Bernstein*	LAC-DHS	kbernstein@dhs.lacounty.gov	(213) 250-8644
5	*Catherine Bond*	LACCC	cbond702002@yahoo.com	(424) 288-6483
6	*Elizabeth Boyce*	LAC-CEO	eboyce@ceo.lacounty.gov	(213) 974-4673
7	*Diana Concannon*	Consultant	dmconcannon@sbclinic.org	(310) 625-8483
8	*Charles Dempsey*	LA Police Dept.	30036@lapd.lacity.org	(213) 996-1300
9	*Carmen Diaz*	LAC-DMH	diaz4carmen@yahoo.com	(213) 739-5425
10	*Roseann Donnelly*	LAC-CSS	rdonnell@css.lacounty.gov	(213) 738-4238
11	*Dora Gallo*	Community of Friends	dgallo@acof.org	(213)480-0809X230
12	*Andrea Gordon*	Probation	Andrea.Gordon@probation.lacounty.gov	(562) 908-3175
13	*Helmi Hisserich*	City of Los Angeles	helmi.hisserich@lacity.org	(213) 808-8662
14	*Ruth Hollman*	SHARE	ruth@shareselfhelp.org	(213) 213-0109
15	*Pamela Inaba*	LACCC	purpledragondancer@gmail.com	(310) 539-1625
16	*Cynthia Jackson*	Heritage Clinic	ckelartinian@cfar1.org	(626) 577-8480X115
17	*Mariko Kahn*	PACSLA	mkahn@pacsla.org	(310) 337-15502018
18	*Eddie Lamon*	SAAC 6	eddielamon@ca.rr.com	(310) 608-1597
19	*Patti LaPlace*	City of Long Beach	Patti.LaPlace@longbeach.gov	(562) 216-1966

NEW SLT MEMBERS

	Name of Nominee	Org. Affiliation	E-Mail	Phone Number
20	*Tony Leggitt*	**LAC-DMH**	aleggitt@dmh.lacounty.gov	**(213) 738-4616**
21	*Jerry Lubin*	**LAC-MH Commission**	jerry917@earthlink.net	**(310) 820-1181**
22	*Stella March*	**In Our Own Voice**	march.stella@yahoo.com	**(310) 472-4297**
23	*Teddy Mckenna*	**AFSCME**	L2712@afscme36.org	**(213) 252-1382**
24	*Carl McKnight*	**LAC-DMH**	CMcknight@dmh.lacounty.gov	**(213) 738-2988**
25	*Joan Miller*	**LAC-DMH**	jwmiller@dmh.lacounty.gov	**(213) 738-2524**
26	*Nadia Mirzayans*	**LAC-DPSS**	nadiamirzayans@dpss.lacounty.gov	**(562) 908-6330**
27	*Tina Mosley*	**LAC-DCFS**	MOSLETA@dcfs.lacounty.gov	**(213) 351-5874**
28	*Keris Myrick*	**Project Return**	kmyrick@mhala.org	**(323) 346-0960X222**
29	*Jim O'Connell*	**COJAC**	jimo@socialmodel.com	**(626) 332-3145**
30	*Jennifer Olson*	**GLAD**	jolson@gladinc.org	**(323) 478-8000**
31	*Emma Oshagan*	**Pacific Clinics**	Eoshagan@pacificclinics.org	**(626) 744-5230**
32	*Mara Pelsman*	**Hospital Association**	mpelsman@gatewayshospital.org	**(323) 644-2000X274**
33	*Jim Preis*	**MH Advocacy**	jpreis@mhas-la.org	**(213) 389-2077**
34	*Christina Rajlal*	**Path Point**	christina.rajlal@pathpoint.org	**(310) 612-5329**
35	*Cecilia Ramos*	**LAUSD**	cecilia.ramos@lausd.net	**(213) 241-0834**
36	*James Randall*	**NAMI**	JRandall@dmh.lacounty.gov]	**(818) 610-6732**
37	*Paco Retana*	**LA Child Guidance Clinic**	pretana@lacgc.org	**(323) 766-2345X2326**
38	*Joanne Rotstein*	**LAC-Public Defender**	jrotstein@pubdef.lacounty.gov	**(213) 974-3036**
39	*Lisa Rueda*	**Junior Blind**	lrueda@juniorblind.org	**(323) 295-4555X218**
40	*Paul Sacco*	**DMH-American Indian Counseling Center**	PSacco@dmh.lacounty.gov	**(323) 769-6183**

NEW SLT MEMBERS

	Name of Nominee	Org. Affiliation	E-Mail	Phone Number
41	*Bruce Saltzer*	**ACHSA**	BSaltzer@achsa.net	**(213) 250-5030X103**
42	*Curtis Shepard*		cshepard@lagaycenter.org	**(310) 276-0535**
43	*Nina Sorkin*	**Commission on Children and Families**	apsorkin@att.net	**(323) 661-6459**
44	*Ana Suarez*	**LAC-DMH**	asuarez@dmh.lacounty.gov	**(213) 738-3499**
45	*Wayne Sugita*	**LAC-Public Health**	wsugita@ph.lacounty.gov	**(626) 299-4571**
46	*Romalis Taylor*	**UREP**	rtaylor@starsinc.com	**(323) 999-2404X138**
47	*Richard Van Horn*	**MHALA**	rvanhorn@mhala.org	**(562) 284-1241**
48	*Eduardo Vega*	**LAC-DMH**	evega@dmh.lacounty.gov	**(213) 251-6511**
49	*William Vega*	**USC-Universities**	williaav@usc.edu	**(213) 740-4804**
50	*Marlon Young*	**SEIU**	myoung@dmh.lacounty.gov	**(323) 241-6976**

CRITERION 1

Incubation Academy Agenda and Attendance Lists for 2010

(Attachment 8)

Incubation Academy Workshop List
December 6, 2010

	Last Name	First Name	Agency Name	Fax Number	Phone Number	Agency Address	Supervisoral District
1	Aghishian	Julia	International Parent	(818) 849-5901	(818) 903-0351	16133 Ventura Blvd. 7th Floor Encino, CA. 91436	
2	Agu	Christopher	Hill Street Community Wellness Center	(213) 749-5710	(562) 522-3982	3130 S. Hill Street LA., CA. 90007	
3	Aguilar	Cesar	Memorial Counseling Association	(562) 961-0161	(562) 961-0155	4525 Atherton St. Long Beach, CA. 90815	
4	Aguirre	Shellyn	Esperanza Services	(626) 457-1402	(626) 457-5242	1000 S. Fremont Ave St, 1110 Alhambra, CA. 91803	
5	Alcorn	Martha	Agape of Los Angeles		(310) 837- 3258	3635 Kalsman Dr. LA., CA. 90016	
6	Andrews	John	American Indian Healing Center	(562) 693-1115	(562) 693-4325	12456 E. Washington Blvd. Whittier, CA. 90602	
7	Barahona	Nelly	Memorial Counseling Association	(562) 961-0161	(562) 961-0155	4525 Atherton St. Long Beach, CA. 90815	
8	Bebe	Irma	Center for Empowering Minds, INC.	(818) 995-0084	(818) 640-8887	4428 Saugas Ave. Sherman Oaks, CA. 91403	
9	Bolden	Julia	STAFFMARK	(213) 687-9311	(213) 687-9300	350 S. Grand Ave. # 1610 LA., CA. 90071	
10	Bosch	Stan	Soledad Enrichment Action, INC.	(213) 480-4199	(213) 309-5019	222 N. Virgil Ave. LA., CA. 90004	
11	Bowers	Joycenda	Penuel Missionary Baptist Church	(323) 757-8427	(310) 604-4901		
12	Brown	Dennis	The NESS Counseling Center	(310) 360-8512	(310) 360-8510		
13	Brown	Ari	The NESS Counseling Center	(310) 360-8512	(310) 360-8510		
14	Brown	Patt	New Beginnings Human Services	(323) 779-6495	(323) 779-3863		
15	Brown	Roy	Center for Empowering Minds, INC.	(818) 995-0084	(323) 671-6878		
16	Brown	Walter	Health Development Services	(310) 410-9507	(310) 410-9504		
17	Brown	Tara	The Sanctuary of Hope		(310) 695-6075		

18	Brown	Lauren	CurtisCare Prevention Early Intervention		(310) 629-5929		
19	Cain	Chris	National Medical Registry DBA SOLVERE	(949) 276-7717	(949) 276-7617		
20	Canseco	Jane	CDF Centro de Desarrollo Familiar	(323) 589-1805	(323) 589-1902		
21	Canseco	Jorge	Centro De Desarrollo Familiar	(323) 589-1805	(323) 589-1902		
22	Cassar	Gabriel	Super Care Pharmacy	(626) 333-1251	(626) 330-3448		
23	Castellon	Wilson	Latino Family Institute	(626) 337-8752	(626) 472-0123 x214		
24	Cauley	Michelle	Cauley & Associates, INC.	(323) 931-6027	(213) 760-7007		
25	Chiang	Pamela	Bienestar Human Services	(323) 727-7985	(323) 727-7896		
26	Clark	Joy Scott	Renew Behavioral Helth	(562) 637-3244	(562) 637-3143		
27	Colantuono	Guyton	Project Return Peer Support Network	(323) 346-0966	(323) 346-0960 x220		
28	Culpepper	Clara Jean	Culpeppers Home # 2	(323) 732-1931	(323) 732-1931		
29	Culpepper	Sheila	Culpeppers Home # 2	(323) 732-1931	(323) 732-1931		
30	D'Agostino	Clara	East Whittier City School District	(562) 789-7505	(562) 789-7130		
31	Delgado	Jonathan	Concept "7"	(323) 838-9572	(323) 838-9566		
32	Devera	Fred	AADAP, INC.	(323) 295-4075	(323) 293-6284		
33	Diaz	Mercedes	Mercedes Diaz Homes, INC.	(562) 945-5432	(562) 945-4576		
34	Duran	Lorena	East Whittier City School District	(562) 789-7505	(562) 789-7130		
35	DuRivage	Ginny	Jewish Family and Children's Service	(562) 427-7910	(562) 427-7916 x224		
36	Fenstermacher	Mary	New Directions, INC.	(310) 914-5495	(310) 914-4045 x110		
37	Freeman	Cecilia	Fred Jefferson Memorial Homes	(310) 763-0357	(310) 763-1660 x121		
38	Frenkiel	Paula	Ninos Latinos Unidos	(562) 925-5039	(562) 925-7473		
39	Gabel	Juliette	Memorial Counseling Association	(562) 961-0161	(562) 961-0155		
40	Gacheru	Agnes	Dual Diagnosis Assessment and Treatment Cente		(626) 840-6837		
41	Galvez	Marci	Walden Family Services	(818) 349-3636	(818) 365-3665		
42	Geyer	Darlene	Accommodating Ideas,INC.	(818) 386-6352	(818) 481-8085		
43	Goddard	Laura	Laura Goddard		(310) 308-5046		
44	Gray	Sheila	Choices Domestic Violence Solutions		(310) 329-5080		
45	Hicks	Kenn	Kenn I. Hicks, LSCW		(818) 788-8667		
46	Hovda	Carole	The Holiday Place, INC.	(310) 316-1036	(310) 792-4532		
47	Hovsepyan	Gary	Astral Pharmacy, INC.	(323) 466-9932	(323) 466-9931		
48	Ifekwungue	Chris	T.H.E. Clinic, INC.	(323) 730-9777	(323) 730-1920 x3047		

49	Itahara	Julie	LTSC Community Development Corporation	(213) 473-3031	(213) 473-3027		
50	Jakob	Jackie	Concept "7"	(323) 838-9573	(323) 838-9566		
51	Jenkins	Curtis	CurtisCare Prevention Early Intervention		(310) 629-5929		
52	Kass	Michael	My Friend's Place	(323) 468-1243	(323) 908-0011 x110		
53	Kelly	Janet	Sanctuary of Hope		(323) 901-8939		
54	Kim	Sonny	Memorial Medical Center Pharmacy	(310) 837-6159	(310) 837-6158		
55	Kohanchi	Bethie	TBA	(	(310) 968-6645		
56	Krusoe	Jenny	T.H.E. Clinic, INC.	(323) 730-9777	(626) 590-1000		
57	Kuida	Jenni	LTSC Community Development Corporation	(213) 473-3031	(213) 473-1699		
58	Kuramoto	Ford	National Asian Pacific American Families Against	(213) 625-5796	(213) 625-5795		
59	Lawler	Jina	The Children's Clinic	(562) 933-0415	(562) 933-0471		
60	Lee	Vivian	LTSC Community Development Corporation	(213) 473-3031	(213) 473-3030		
61	Lennon	Paul	Career Connections @ the Whittier Union School	(562) 693-4414	(562) 698-8121 x1279		
62	Lieber	JD	RA Cadia, INC.	(562) 945-5432	(562) 945-5224		
63	Linebaugh	Frank	LeRoy Haynes Center	(909) 596-3567	(909) 593-2581		
64	Litt	Paula	West Angeles Counseling Center	(323) 735-6551	(323) 737-7463		
65	Lorenzo	Jonathan	Pathways LA	(213) 427-2701	(213) 427-2700		
66	Luce	Pat	Office of Samoan Affairs	(310) 538-1960	(310) 538-0555		
67	Makiyama	Hiroko	AADAP, INC.	(323) 295-4075	(323) 293-6284		
68	Martinez	Elisa	Soledad Enrichment Action, INC.	(213) 480-4199	(213) 479-6048		
69	McDowell	Terri	ABC Unified School District	(562) 926-5627	(562) 755-0079		
70	Mendez	Beverlyn	Easter Seals Southern California	(626) 744-2945	(626) 793-7700		
71	Mesina	Ana-Marie	Memorial Counseling Association	(562) 961-0161	(562) 961-0155		
72	Michael	Pamela	La Casa Consulting Group	(213) 382-1636	(213) 382-3883		
73	Miller	Edna	Dual Diagnosis Assessment and Treatment Cente		(626) 840-6837		
74	Murase	Mike	LTSC Community Development Corporation	(213) 473-3031	(213) 473-1862		
75	Myrick	Keris Jan	Project Return Peer Support Network	(323) 346-0966	(323) 346-0960 x222		
76	Nestor	Steven	Gerry Grossman Seminars	(310) 820-4432	(310) 820-6322		
77	Newman	Diane	The Chicago School of Professional Psychology		(626) 529-8095		
78	Nosch	Dianne	Accommodating Ideas,INC.	(818) 386-6352	(818) 916-6558		
79	Ochoa	Imelda	BuenaVida Care Services, INC.		(323) 424-2582		

80	Odom	Mary	New Beginnings Human Services	(323) 779-6495	(323) 779-3863		
81	Orgel	Irma	Penuel Missionary Baptist Church	(323) 757-8427	(562) 396-6998		
82	Owsley	John	Pomona Valley Youth Employment Services	(909) 397-5782	(909) 469-0595		
83	Parker	Sabrina	Dare U To Care Drug Treatment Program	(310) 515-5039	(310) 515-5039		
84	Pedersen	Tina	Westside Children's Center	(310) 846-4112	(310) 846-4100 x6122		
85	Peel	John	Concept "7"	(323) 838-9572	(714) 221-8657		
86	Porter	LaCheryl	Skid Row Housing Trust	(213) 683-0781	(213) 683-0522 x131		
87	Provost	Jackie	UMMA Community Clinic	(323) 759-8662	(323) 967-0375 x1409		
88	Robins	Ferroll	Loved Ones Victims Services	(310) 337-7060	(310) 337-7006		
89	Rojas	Dan	Value Care Pharmacy	(714) 210-1950	(714) 420-9256		
90	Romero	Alan	Esperanza Services		(626) 457-5242		
91	Romero	Evie	Esperanza Services	(626) 457-1402	(626) 457-5242		
92	Rosales	Lupe	Northeast Commnunity Clinic		(213) 743-9000		
93	Rowe	Beverly	CurtisCare Prevention Early Intervention		(310) 629-5929		
94	Rubio	Iris	Childrens Alliance, INC.	(310) 943-2504	(800) 292-6120 x702		
95	Rubio	Alfonso	Childrens Alliance, INC.	(310) 943-2504	(800) 292-6120 x701		
96	Rueda	Lisa	Junior Blind of America	(323) 296-0424	(323) 290-6283		
97	Ruiz	Miriam	AADAP, INC.	(323) 295-4075	(323) 293-6284		
98	Ruiz	Myrna	CurtisCare Prevention Early Intervention		(310) 629-5929		
99	Salazar	Jessie	Pathways LA	(213) 427-2701	(213) 427-2700 x748		
100	Sapozhnikov	Zhanna	Pyschological Wellness Center of S. California	(310) 772-0640	(310) 592-1758		
101	Scarpaci	Chuck	Links Sign Language & Interperting	(562) 436-5559	(888) 742-0070		
102	Schlenker	Brenda	National Medical Registry DBA SOLVERE	(949) 276-7717	(949) 276-7617		
103	Scott	Van	American Indian Changing Spirits	(310)679-2920	(310) 679-9126 x1214		
104	Shafer	Melodie	The Chicago School of Professional Psychology				
105	Shakir	Kathy	Pride Health Services	(310) 677-9401	(310) 677-9019		
106	Shook	Denise	American Indian Changing Spirits	(310) 679-7124	(310) 679-9126		
107	Sillett	Tera	East Whittier City School District	(562) 789-7505	(562) 789-7130		
108	Simpson	Shirley	Louis C. Simpson, Jr. M.D.	(323) 299-1273	(323) 299-1262		
109	Solano	Veronica	The Jefferey Foundation	(323) 939-2348	(323) 965-7536 x12		
110	Sorensen	Stan	The Catalyst Foundation	(661) 949-0235	(661) 948-8559 x133		

111	Summers	Shirley	American Indian Changing Spirits	(310) 679-7124	(310) 679-9126		
112	Sune	Pablo	Los Angeles Music	(323) 298-3012	(562) 335-3049		
113	Tenney	Lisa	New Haven Youth & Family Center	(760) 630-4067	(760) 415-6918		
114	Travieso	Pedro	Ninos Latinos Unidos	(562) 925-5039	(562) 925-7473		
115	Trefflick	Kirsten	Cambodian Association of America	(562) 988-1475	(562) 988-1863 x279		
116	Trostler	Robert	San Fernando Valley Adult Day Health Care	(818) 832-1420	(818) 807-4670		
117	Vega	Sam	Arroyo Vista Family Health Center	(323) 254-4618	(323) 987-2000 x2027		
118	Villacorta	Michelle	Childrens Homes of S. California	(818) 592-2961	(818) 744-1210		
119	Vongsack	Sarah	Pomona Valley Youth Employment Services	(909) 397-5782	(909) 469-0595		
120	Walker	Cherlyn	Walker's Residential Care		(323) 732-2416		
121	Washington	Walter	A-W Friendship Homes, INC.	(310) 219-0607	(310) 863-3596		
122	Weaver	Mary	Friends Outside in Los Angeles	(626) 795-1476	(626) 795-7653		
123	Webb	Marsha	Mercedes Diaz Homes, INC.	(562) 945-5432	(562) 945-4576		
124	Wilcher	Mark	Onyx Global HR LLC	(714) 663-9703	(818) 679-4372		
125	Wilson	Ingrid	Intergrated Treatment Services	(877) 207-3820	(877) 2007-3820		
126	Winston	Alyce	The Jefferey Foundation	(323) 939-2348	(323) 965-7536 x23		
127	Yeranossian	Maral	International Parent	(818) 849-5901	(818) 903-0351		

COUNTY OF LOS ANGELES

DEPARTMENT OF MENTAL HEALTH

Incubation Training Academy Basic Course

Thursday – February 11, 2010 / 2nd Floor

Welcome	Katrin Aslanian-Vartan	9:00-9:05	**5**
Performance Based Contracting	Urmi N. Patel	9:05-9:20	**15**
Provider Reimbursement			
Contractor Payment Claim Timeline	Bernard Latham David Pang	9:20-9:50	**30**
Break		**9:50-10:05**	**15**
Financial Reporting/Provider Relations			
Cost Report Settlement	Winnie Suen Vilma Virtusio	10:05-10:50	**45**
Reimbursement Rates Maximum Contract Amount (MCA)	Gurubanda Singh Khalsa	10:50-11:20	**30**
Financial Screening Benefits of Clients Monitoring Contracts for Payment Billing	Phyllis Griddine	11:20-11:35	**15**
			2.58

INCUBATION ACADEMY
FINAL ATTENDANCE LIST BASIC SESSION
FEBRUARY 8-11, 2010

Last Name	First Name	Agency Name	Phone Number	Agency Address	City	State	Zip
SARMIENTO	CYNTHIA	BAYFRONT YOUTH FAMILY SERVICES	562 981-9392	850 EAST WARDLOW ROAD	LONG BEACH	CA	90807
HERNANDEZ	CRYSTAL	BAYFRONT YOUTH FAMILY SERVICES	562 591-8149	490 WEST 14TH STREET	LONG BEACH	CA	90813
SANGSTER	OSBEE	BLACK LOS ANGELES COUNTY CLIENT COALITION	323 684-4390	90 WEST LAS FLORES DRIVE	ALTADENA	CA	91001
LEGERE	WILLIAM	BLACK LOS ANGELES COUNTY CLIENT COALITION	213 368-1888	2120 WEST 8TH STREET, # 210	LOS ANGELES	CA	90057
BUONORA	MARTIN	BUONORA CHILD DEVELOPMENT CENTERS	818 885-6200	19325 SHERMAN WAY	RESEDA	CA	91335
BUFFINGTON	MICHAEL	BUONORA CHILD DEVELOPMENT CENTERS	818 885-6200	19325 SHERMAN WAY	RESEDA	CA	91335
KUOCH	KIMTHAL	CAMBODIAN ASSOCIATION OF AMERICA	562 988-1863	2390 PACIFIC AVENUE	LONG BEACH	CA	90806
MIYABE	JOHN	CAMBODIAN ASSOCIATION OF AMERICA	562 988-1863	2390 PACIFIC AVENUE	LONG BEACH	CA	90806
KEMMERLING	BEVERLY	COLLEGE OF THE CANYONS	661 362-3259	26455 ROCKWELL CANYON ROAD	SANTA CLARITA	CA	91355
KEMMERLING	ROBERT	COLLEGE OF THE CANYONS	805 405-9868	3270 VALEWOOD CIRCLE	THOUSAND OAKS	CA	91360
COSCOLLUELA	JOSEFINA	COMMUNITIES ACTIVELY LIVING INDEPENDENTLY & FREE	213 627-0477	634 SOUTH SPRING STREET, 2ND FLOOR	LOS ANGELES	CA	90014
COLE	PATRICIA J.	DANGERFIELD INSTITUTE OF URBAN PROBLEMS	323 290-5058	4738 11TH AVENUE	LOS ANGELES	CA	90043
OKORIE	BENNETH	DIVINE HEALTH CARE SERVICES, INC.	310 672-3820	405 WEST MANCHESTER BOULEVARD, SUITE A	INGLEWOOD	CA	90301
LASICKA	STEPHEN	DOMESTIC VIOLENCE INTERVENTION	323 638-7080	8939 MCLENNAN AVENUE	NORTH HILLS	CA	91343
JEFFERSON-FREEMAN	CECILIA	FRED JEFFERSON MEMORIAL HOMES	310 763-1660	1330 SOUTH LONG BEACH BOULEVARD	COMPTON	CA	90221
ODWONG	KENNETH	HOPE COMMUNITY CENTER FOR COUNSELING	310 930-0467	P.O. BOX 2519	PALOS VERDES PENINSULA	CA	90274
HECHT	BARBARA	JOHN TRACY CLINIC	213 748-5481 234	806 WEST ADAMS BOULEVARD	LOS ANGELES	CA	90007
MATTHEWS	KEVIN	JOHN TRACY CLINIC	213 748-5481	806 WEST ADAMS BOULEVARD	LOS ANGELES	CA	90007
GORING	MARY BETH	JOHN TRACY CLINIC	213 748-5481	806 WEST ADAMS BOULEVARD	LOS ANGELES	CA	90007
TAN	MARIA	LACCC GENESIS SERVICE EXTENDER/OLDER ADULT	31 476-3767	695 SOUTH VERMONT AVENUE, 8th Floor	LOS ANGELES	CA	90005

INCUBATION ACADEMY
FINAL ATTENDANCE LIST BASIC SESSION
FEBRUARY 8-11, 2010

Last Name	First Name	Agency Name	Phone Number	Agency Address	City	State	Zip
JONES	BRENDA	PACIFIC CLINICS, CRC	562 949-8455	11721 TELEGRAPH ROAD, BUILDING #N	SANTA FE SPRINGS	CA	90670
EASTLUND	ELIZABETH	RAINBOW SERVICES	310 548-5450	453 WEST 7TH STREET	SAN PEDRO	CA	90731
ROBINSON	BEAUTINA	TEENS HAPPY HOMES	323 371-9050	6801 SOUTH WESTERN AVENUE	LOS ANGELES	CA	90047
MILANI	NIKI	TEENS HAPPY HOMES	323 371-9050	6801 SOUTH WESTERN AVENUE	LOS ANGELES	CA	90047
MONCITO	RENEE	WINGS OF REFUGE, INC.	310 670-6767	5777 WEST CENTURY BOULEVARD, SUITE 910	LOS ANGELES	CA	90045
STARLING	JOSIE	WINGS OF REFUGE, INC.	310 670-6767	5777 WEST CENTURY BOULEVARD, SUITE 910	LOS ANGELES	CA	90045
SMYLIE	TULYNN	WOMEN SHELTER OF LONG BEACH	562 437-7233	930 PACIFIC AVENUE	LONG BEACH	CA	90813
MASTERTON	HEATHER	WOMEN SHELTER OF LONG BEACH	562 437-7233 x28	930 PACIFIC AVENUE	LONG BEACH	CA	90813
DUCK	PATRICIA	XAVIER PSYCHOLOGICAL TESTING & TREATMENT CENTER	310 419-1948	327 EAST FLORENCE AVENUE	INGLEWOOD	CA	90301
MULDREW	BALENCIAGA	YOUR SPECIAL MEDIA	323 752-7703	695 SOUTH VERMONT AVENUE, 8th Floor	LOS ANGELES	CA	90005

County of Los Angeles – Department of Mental Health
Incubation Academy Workshop
155 N. Occidental Blvd
December 6, 2010

Agenda

Welcome	Dennis Murata	9:00 – 9:10
Overview	Angel Baker	9:10 – 9:20
Mental Health Commission	Terry Lewis-Nwachie	9:20 – 9:40
Mental Health Services Act (MHSA)101	Phyllis Griddine-Tate	9:40 – 10:00
Workforce Education and Training (WET)	Angelita Diaz-Akahori	10:00 – 10:20
Question and Answer		10:20 – 10:25
Prevention and Early Intervention (PEI)	Lillian Bando	10:25 – 10:45
Question and Answer		10:45 – 10:50
Innovation (INN)	Gladys Lee	10:50 – 11:10
Question and Answer		11:10 – 11:15
Break		11:15 – 11:30
MHSA Proposal Process	Alice Wong	
Getting Started-Request for Statement of Qualifications (RFSQ)		11:30 – 11:50
Question and Answer		11:50 – 11:55
How to Respond to a Request for Services (RFS) and a Statement of Work (SOW)		11:55 – 12:15
Question and Answer		12:15 – 12:20
Break		12:20 – 12:35
The Negotiation Package - How To Complete It	Gurubanda Singh Khalsa	12:35 – 1:30
Question and Answer		1:30 – 2:00

CRITERION 1

Cal State Long Beach Leadership Training

(Attachment 9)

Leadership Development & Organizational Capacity Building Course for Spanish-Speaking Immigrant Leaders
Cal State University Long Beach Leadership Training
Curriculum Description

The leadership (copy title again) is a year-long fellowship whereby participants go through three training components of 30 hours each as follows:

Component One

1. The first course focuses on (a) strengthening individual leadership skills (e.g., values clarification & prioritization; active listening; small group facilitation, theories of individual behavior change, etc.); (b) understanding core concepts of group dynamics (e.g., group formation processes, labeling processes, aggressive, passive and assertive personalities in small groups, etc.); and (c) developing greater awareness of the purpose and structure of voluntary organization (e.g., key components of an organization, power in voluntary organizations; assessing your organization, etc.).

2. The second course is a skill building opportunity focused on organizing and implementing a community project, where participants learn: (a) how to identify and prioritize problems and opportunities in a community, using interviews, focus groups and community forums; (b) how to design a community project, including a budget; (c) how to develop an action plan to implement the project; and, (d) techniques to evaluate, modify, and sustain a project vital to improving community conditions.

3. The third course engages participants in issues of public policy and systems change, and covers three areas: (a) understanding and analyzing power relations and political institutions as it relates to the organization's self-identified issues; (b) targeting key policies and systems; and, (c) building and mobilizing multi-sectoral coalitions to address community issues.

Component Two

Will focus on provision and/or facilitation of other supplemental supports for Spanish-speaking leaders and their organizations, such as workshops Ongoing workshops that focus on skills and/or content: these workshops, typically through a 4- or 8-hour training, focus on one skill set pertaining to voluntary groups (i.e., public speaking, conflict resolution, small group facilitation, grassroots fundraising, interpersonal communication, media communication, etc.) or a content area affecting their members (i.e., the latest on immigrant laws and policies, the latest on education reform, and the latest on mental health policies .

Component Three

Technical Assistance (or *acompanamiento tecnico*)— Specific technical assistance and coaching for organizations completing the course around specific areas such as organizational by - laws, preparation of grant proposals, program design, media communications, conflict resolution, and strategic planning .

CALIFORNIA STATE UNIVERSITY, LONG BEACH

COMMUNITY SCHOLARS PROGRAM

Program Focus: Fall 2010

GOALS

1. To examine key issues in educational policies and practices that impact the academic engagement and success of Latino/a students in K-12.

2. To explore promising policies and practices that can close the achievement/opportunity gap for Latino/a students.

3. To develop advocacy strategies and skills to promote effective policies and practices that can close the achievement gap for Latino/a students.

APPROACH

A "school climate" approach is the basis of this training. School climate suggests that Latino/a student success, as for all students, is largely a function of how they experience the school environment (in and out of classrooms), the role of school culture vis-à-vis Latino/a students and families, and the role of school staff and leadership in sustaining high academic expectations and strong academic outcomes for Latino/a youth. From this angle, it is critical to focus on decision makers and decision processes within school systems, not simply continue to focusing on parent deficits as the primary cause of Latino/a educational achievement.

FOCUS

The training will focus on three policies and systems that significantly shape outcomes for Latino academic engagement and success. The following are guiding questions for each area:

1. English Learners

a. What is "English Learner" status? How are students classified? How are they reclassified? What explains differential rates of classification across districts?

b. What is the demography of English Learners (i.e., average number of years in EL; ethnic composition of EL students; % of Latinos that are ELs; geographic concentration)?

c. What are curricular practices to support English Learners? What policies hurt English Learners?

2. University/College Pathways

a. How and when do students get on college preparation track (e.g. middle school course placement; high school course placement; what information gets used to place students and by whom)?

b. What is the demography of college prepared students (i.e., A-G completers and college participation)?

CALIFORNIA STATE UNIVERSITY, LONG BEACH

COMMUNITY SCHOLARS PROGRAM

Program Focus: Fall 2010

c. What is the role of non-academic issues (i.e., financial aid, lack of information in timely and relevant manner, etc.)?

d. What is the community college transfer process?

3. School Discipline

a. What are school discipline policies as stipulated by the California State Educational Code? How are school discipline policies and systems structured at the school district and school level?

b. Who implements them these policies? What protocols are used to implement these policies?

c. What is the demography of discipline (e.g. # and % suspensions/expulsions, differential rates across districts)?

d. What is leading to the disproportional application of school discipline with regards to Latino/a students?

ABOUT THE TRAINING

While the training focuses on three specific systems and policies, the overall goal of the training is to develop the ability of participants to engage in systems and policy change in their schools to improve academic achievement. Participants will gain a deeper understanding of the following areas:

- Disparity information on Latino/a educational achievement across numerous indicators.
- State Educational Codes and Regulations pertaining to English Learners, School Discipline and University Pathways.
- Formal and informal role and authority of school districts, school site administrators, parents and students.
- Crafting and implementing advocacy strategies for the policies and systems discussed in the training.

The training will be held on Saturday October 9, 23 and November 13, 2010 from 8:30-5:30 PM. Participants must commit to attending all three sessions and have a strong interest in advocating for policy and systems change in their local school district to improve Latino/a academic achievement. A CSULB Certificate of Completion will be awarded to those who participate in the whole training.

For more information, please email Carmen Arreola at marreol3@csulb.edu or call the Center for Community Engagement at 562.985.7369.

CRITERION 1

EMT Member Roster List

(Attachment 10)

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
EXECUTIVE MANAGEMENT TEAM

Marvin J. Southard, D.S.W.
Director of Mental Health
550 S. Vermont Avenue, 12th Floor
Los Angeles, California 90020
(213) 738-4601, (213) 386-1297 Fax
msouthard@dmh.lacounty.gov
Secretary: Thao Do

Roderick Shaner, M.D.
Medical Director
550 S. Vermont Avenue, 12th Floor
Los Angeles, California 90020
(213) 738-4603, (213) 386-1297 Fax
rshaner@dmh.lacounty.gov
Secretary: Olivia Cadena

Tony Beliz, Ph.D., Deputy Director
Emergency Outreach Bureau; SA 4; Countywide Resource Management; Field Response Operations; Disaster Services
550 S. Vermont Avenue, 12th Floor
Los Angeles, California 90020
(213) 738-4924, (213) 386-5282 Fax
tbeliz@dmh.lacounty.gov
Secretary: Vacant

Kimberly Nall, Chief Finance Officer
Financial Services Bureau
550 S. Vermont Avenue, 11th Floor
Los Angeles, California 90020
(213) 738-4625, (213) 639-6773 Fax
KNall@dmh.lacounty.gov
Secretary: Maria Ponce

Carlotta Childs Seagle, Deputy Director
Older Adult Programs Administration; SA 1, 2 & 5
550 S. Vermont Avenue, 12th Floor
Los Angeles, California 90020
(213) 738-4851, (213) 386-1297 Fax
cchildsseagle@dmh.lacounty.gov
Secretary: Sharon DeFrank

Karl S. Burgoyne, MD.
Critical Care
Harbor-UCLA Medical Center
1000 W. Carson Street
Torrance, California 90509
(310) 222-3101, (310) 320-6973 Fax
kburgoyne@dmh.lacounty.gov
Secretary: Dorina Orozco

Connie Draxler, Deputy Director
Office of the Public Guardian
320 West Temple Street
Hall of Records, 15th Floor
Los Angeles, California 90012
(213) 974-0407, (213) 687-4539 Fax
cdraxler@dmh.lacounty.gov
Secretary: Ellen Adams

Eduardo Vega
Director, Consumer Affairs
695 S. Vermont Avenue, 7th Floor
Los Angeles, California 90005
(213) 251-6580, (213) 351-2762
evega@dmh.lacounty.gov
Secretary: Anahid Markarian-Aghaniantz

Robin Kay, Ph.D.
Chief Deputy Director
550 S. Vermont Avenue, 12th Floor
Los Angeles, California 90020
(213) 738-4108, (213) 386-1297 Fax
rkay@dmh.lacounty.gov
Secretary: Vacant

Cathy Warner, Deputy Director
Adult Systems of Care; SA 7 & 8; CalWORKS Program
550 S. Vermont Avenue, 3rd Floor
Los Angeles, California 90020
(213) 738-2756, (213) 737-5802 Fax
cwarner@dmh.lacounty.gov
Secretary: Sylvia Martinez

Margo Morales, Administrative Deputy
Office of Administrative Deputy
550 S. Vermont Avenue, 12th Floor
Los Angeles, California 90020
(213) 738-2891, (213) 386-5282 Fax
MaMorales@dmh.lacounty.gov
Secretary: Camille Mehaffie

Olivia Celis-Karim, Deputy Director
Specialized Foster Care Division; SA 3
550 South Vermont Avenue, 12th Floor
Los Angeles, California 90005
(213) 738-2147, (213) 386-5282 Fax
ocelis@dmh.lacounty.gov
Secretary: Araceli Gonzalez

Dennis Murata, Deputy Director
Program Support Bureau
550 S. Vermont Avenue, 12th Floor
Los Angeles, California 90020
(213) 738-4978, (213) 738-6455 Fax
dmurata@dmh.lacounty.gov
Secretary: Lupe Withers

Sandra Thomas, Deputy Director
Specialized Children and Youth Services Bureau (includes Juvenile Justice and Transitional Age Youth); SA 6
550 South Vermont Avenue, 4th Floor
Los Angeles, California 90020
(213) 738-4644, (213) 639-1804 Fax
sthomas@dmh.lacounty.gov
Secretary: Cherilyn Cody

Robert Greenless, Ph.D., Chief Information Officer
Chief Information Office Bureau
695 S. Vermont Avenue, 7th Floor
Los Angeles, California 90005
(213) 251-6481, (213) 736-9360 Fax
rgreenless@dmh.lacounty.gov
Secretary: Judy Huynh

Kathleen A. Daly, M.D., M.P.H.
Director, Jail Mental Health Services (also Mental Health Court Program and Housing Development Division)
(213) 974-9083 (Jail), (213) 637-2336 Fax
kdaly@dmh.lacounty.gov
Secretary: Alicia Renteria (695)
Nina Ford (Jail MHS)

Revised 9/20/10 mv

CRITERION 1

WET Action Plan

(Attachment 11)

EXHIBIT 4: WORK DETAIL – page 7 **REVISED 12/16/08**
B. TRAINING AND TECHNICAL ASSISTANCE

Action #7
Title: Training for Community Partners

Description: Training will be developed and implemented with community partners including law enforcement, probation department, child protective services department, and community agencies (e.g., regional centers, schools, faith-based organizations, Katie A., health clinics, and day care centers). Curriculum would train the staff of these organizations on recognizing basic mental health symptomatology, how to access mental health services, how to work with monolingual and/or LEP (limited English proficient) individuals, and provide an overview of the MHSA recovery and resiliency philosophies. Training will be culturally sensitive to the communities where these presentations will be held and will include consumer, family member, and parent advocate presenters familiar with these communities. These trainings also will help community partners understand the MHSA elements that guide mental health workforce development in Los Angeles County.

Objectives:
1. To introduce principles of hope, recovery/resilience and wellness through examples from presenters' experiences and teach staff from community partner agencies to explore the application of these principles in their own work.
2. To train community partners to recognize the signs of mental illness and how to access care for the individual in a culturally appropriate manner.
3. To train people who work in community partner agencies about new developments in the public mental health system, including consumer support programs and Wellness/Client-Run Centers and how individuals could be linked to such services.
4. To increase the knowledge of how staff at these agencies can utilize public mental health services, specifically in communities where these innovative services are now becoming available through MHSA.
5. To identify issues of concern to community partners and develop training specific to these concerns through systematic outreach.

Budget Justification:
Funds are to be allocated for the development and implementation of the training. Such training would incorporate relevant cultural and linguistic issues specific to local communities and 8 service areas for the staff, consumers, family members, and parent advocates who would provide outreach services to community agencies and other County Departments.
Proposed components of this action include:
Design of Training:
Delivery of Training Services - Up to 10 Trainings with 40 Participants each training
The total is inclusive of training materials.
TOTAL: $100,000

BUDGETED AMOUNT:	**FY 2006-2007**	**FY 2007-2008**	**FY 2008-2009** $100,000

CRITERION 2

(No Attachments)

CRITERION 3

O & E Team Orientation PowerPoint

(Attachment 1)

Outreach & Engagement Team Orientation

LAC-DMH

Planning Division

Outreach and Engagement Unit

Overview

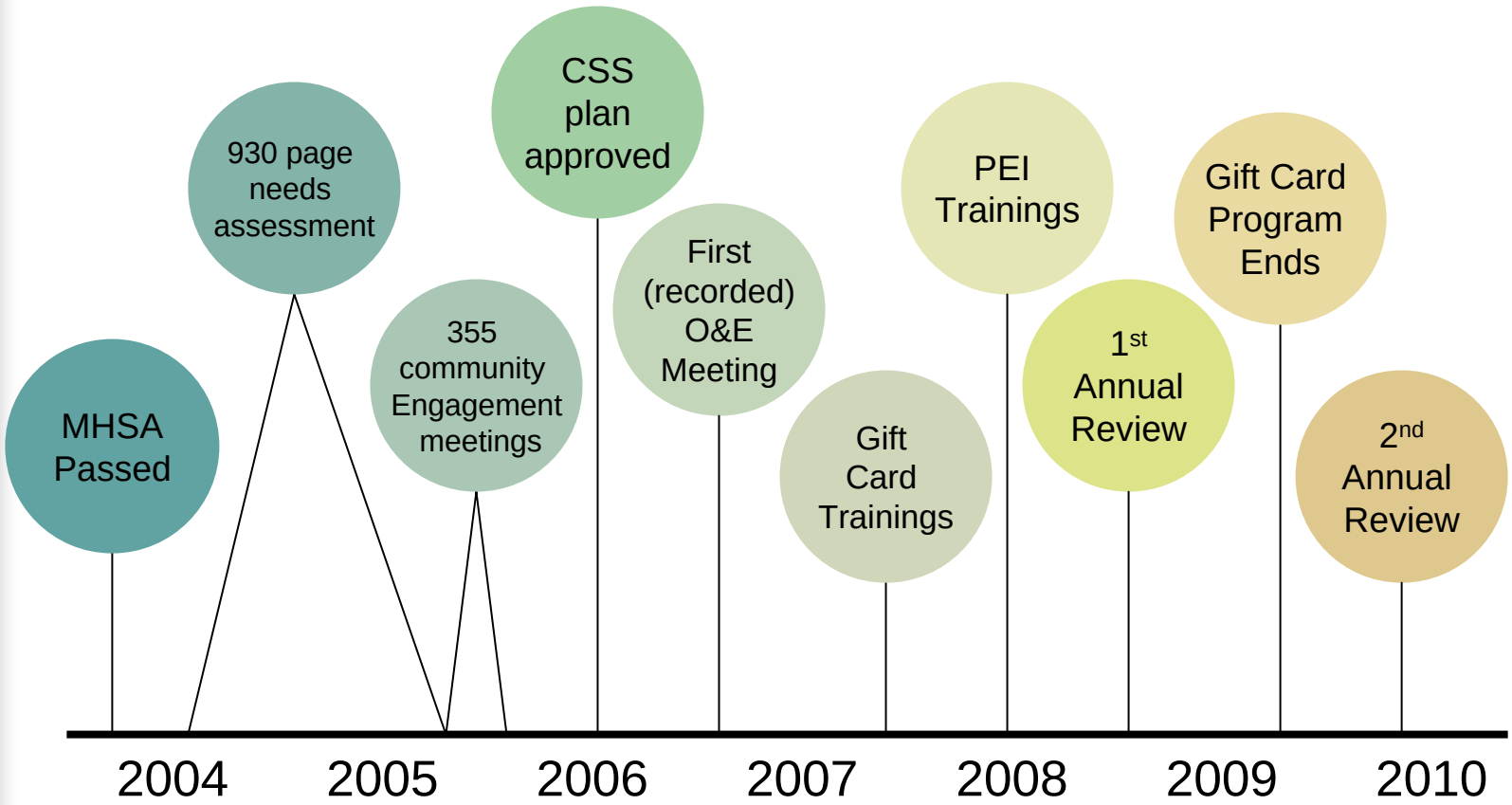
- Overview and history of O&E
- O&E Structure
- Staff Responsibilities
- Knowing Your Service Area
- Networking
- Resources
- Planning and Strategizing
- Documentation
- Annual Report

Outreach and Engagement

- An activity that focuses on outreaching to and organizing the multiple communities of Los Angeles County to include perspectives and voices essential for achieving the transformation of the mental health system. As stated in the Community Program Planning, strong emphasis will be placed on outreach and engagement to **underserved, unserved, inappropriately served, and hard-to-reach ethnic populations**.

- The goal is to create an infrastructure that supports the commitment to forming partnerships with historically disenfranchised communities, faith-based organizations, schools, community-based organizations, and other County Departments to achieve the promise of the Mental Health Services Act.

MHSA Planning Timeline



O&E Structure

District Chief Responsibilities

Provide Supervision to O&E Staff and implement O&E goals as outlined by CSS

Work with O&E staff to align O&E activities to needs of the service area

SA 1 **SA 2** **SA 3** **SA 4** **SA 5** **SA 6** **SA 7** **SA 8**

Planning Division Responsibilities

Collect outreach numbers to report to State

Conduct countywide O&E monthly staff meeting to update staff about program and policy changes

O&E Staff Responsibilities

- Educate community about MHSA, get input from community, and integrate their feedback back into the planning process
- Ensure participation of consumers, family members, advocates and members of underserved communities in MHSA planning and implementation
- Provide community support, community consumer and family outreach, and staff support for SAACs
- Link consumers, family members and advocates to support services such as transportation, stipend claim filing, childcare, and the like in order to maximize participation of all groups at all community levels
- Reach community-based organizations including those that are ethnically/racially based or tribal, faith-based, health-related, homeless and consumer related

Knowing your Service Area

- O&E staff should be experts on the demographics, available services, and community resources in each service area
  - What are the main immigrant enclaves?
  - What clinical services are available?
  - What non-DMH community resources are available?

Knowing Your Service Area

O&E staff are the “on the ground” and are the first to come in contact with those in need of services. You are the “face” of DMH.

1. What is the linguistic capacity of your clinical services? If you meet an Ethiopian, do you have Amharic-speaking clinicians or services in your SA?
2. Know the different types of services, both MHSA and non-MHSA, that can help communities
3. Know what kind of consumers DMH serves (i.e. if someone already has health insurance and needs help, how would you direct them?)
4. Have readily available resources and brochures with DMH contact information to pass out

Knowing Your Service Area

Identifying “underserved, unserved, inappropriately served, and hard-to-reach ethnic populations”

- Consult PEI “Vulnerable Communities in Los Angeles” that has service area profiles
- Consult “Healthy City”: http://dmh.lacounty.gov, which was made specifically for DMH Outreach and Engagement
- Some of the largest immigrant diasporas are in LA County but do not register large percentages in the Census
  - Bangladeshis in Service Area 4
  - African immigrant communities
  - Eastern European/Middle Eastern communities

Knowing Your Service Area

Previous Outreach Attempts

- Know where previous O&E staff have outreached in your service area (create a map)
- Do not want to duplicate information at agencies or communities
- Identify what areas or communities need outreach

Networking

- Networking with other non-profit orgs and community-based organizations
- Networking with other agencies clients come in contact with: DCFS, DPSS, LAUSD, LAPD, DPH, Children's Council
- Networking with faith-based
- Developing letters of introduction

Networking with SA staff

- Networking with O&E staff in other service areas
- Monthly meetings: First Wednesday of every month from 10 am to 12 pm
- Coordinate with staff and Public Information Officer to work at large countywide events
- Pool resources and tag team

Creating Resources

- Developing an O&E database
- Specialized brochures & marketing materials
- Monthly checklist
- Sign-in Sheets
- Evaluation Forms
- Ordering O&E literature materials
- Promotional Items

Developing an Outreach Strategy

- Examine your SA client data (i.e. clients served by ethnicity) and identify disparities
- Know your SA demographics & characteristics
- Regularly communicate with your supervisor/District Chief
- Develop a timeline and goals
- Know what areas have already been outreached

Planning An Event

- Network
- Identify existing meetings and join them
- Coordinate a planned meeting from scratch
- Secure location, time, presentation, audience, materials, and resources

Documentation

- COS: Community Outreach Services
  - Completed in your Service Area
- Tracking Forms
  - Monthly Summary Sheet
  - Event Tracking
  - Due the first Friday of every month
  - Can email or submit in person
  - Live submissions must be signed off
  - Attach sign-in sheets and fliers or materials made for the event

Planned vs. Joined Meetings

Planned Meetings

- Meeting planned “from scratch”
- Meeting is the primary event
- You are presenting for at least 30 minutes
- Events are very planning intensive
  - Gathering all the faith-based leaders from a specific community
  - Coordinating and planning a resource fair from scratch for your service area

Joined Meetings

- Your event is joining an existing meeting
- You provide a presentation where the audience is naturally gathered
  - Faith-based meeting
  - Children’s Council
  - Parenting Group
  - Agency staff meeting
  - Meeting with school officials or law enforcement
  - Giving a presentation at a conference

Event Logistics

- Equipment: Laptops and projector requests are to be submitted through Tammi Robles AT LEAST two weeks prior to your event and must be returned within three days of your event
- Sign-in sheets should be available at all planned events and most joined events, where applicable
- The Planning Division cannot currently provide translation or interpretation services.

O&E Annual Report

- Annual Report of all submitted tracking
- Provides information about tracking statistics by service area
- Reports should be utilized to guide future outreach efforts
  - See what audiences need more outreach
  - Examine trends in event size, type, and “planned vs. joined” meetings

Resources

NAMI Outreach Planning Guides:
http://www.nami.org/Template.cfm?Section=Resources&Template=/ContentManagement/ContentDisplay.cfm&ContentID=55813

NAMI Faithnet: www.nami.org/namifaithnet

Mental Health Ministries: http://www.mentalhealthministries.net/

Illinois Mental Health Outreach Toolkit:
http://mentalhealthillinois.org/media/cms/toolkits/outreach_kit_0309/Community_Engagement_Kit_031009.pdf

SAMHSA Stigma Reduction Initiative:
http://download.ncadi.samhsa.gov/ken/pdf/SMA06-4176/Developing_a_Stigma_Reduction.pdf

CRITERION 4

CCC Roles & Responsibilities

(Attachment 1)

Los Angeles County
Department of Mental Health

Cultural Competency Committee
Roles & Responsibilities
2010

Cultural Competency Committee

Roles & Responsibilities

2010

Table of Contents

Addendum

I. PURPOSE

To establish a Cultural Competency Committee (CCC) to serve as an advisory group for the implementation of the Los Angeles County Department of Mental Health (LACDMH) Cultural Competency Plan (CCP). The committee will ensure the integration of cultural competency as a critical part of policy and strategy in the planning and delivery of mental health services to children, transitional age youth, adults, and older adults. Furthermore, the CCC will provide overall direction, focus, and organization in the planning and implementation of the CCP. All plans and recommendations developed by the CCC will be forwarded to the LACDMH Executive Management Team for their review, approval and implementation.

a. Definition of Cultural Competency

> "Culture" is the integrated pattern of human behavior that includes thought, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. Culture defines the preferred ways for meeting needs Culture may include parameters such as ethnicity, race, language, age, country of origin, acculturation, gender, socioeconomic class, disability, religious and spiritual beliefs, and sexual orientation.
> "Competence" implies having the capacity to function effectively within the context of culturally integrated patterns of human behavior as defined by each cultural group. (California Department of Mental Health 2002)

II. BACKGROUND

Each Mental Health Plan (MHP) is required to develop and implement a CCP consistent with the standards and requirements established by the State Department of Mental Health. The LACDMH's CCP is developed in line with the California Mental Health Planning Council's Master Plan. LACDMH fully embraces TITLE VI OF THE 1964 CIVIL RIGHTS ACT 42 U.S.C. §§ 2000d – 2000d-7, which provides that, "no person in the United States shall on the grounds of race, color, or national origin, be excluded from participating in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance." The LACDMH enjoys diversity. We are proud of our commitment to cultural competency – our acceptance and valuing of people from all ethnic, cultural, racial and linguistic backgrounds. The department's development and implementation of cultural competency will enable our employees to meet the needs of our culturally diverse populations.

III. OBJECTIVES

a. Update the LACDMH CCP and develop CCP Implementation Activities.

b. Acknowledge the CCC's obligation to enhance cultural diversity within our system.

c. Promote cultural competency, understanding, respect, and acceptance of diverse cultural groups and their belief system. Promotes knowledge, awareness, and sensitivity to sociocultural diversities, deaf and hearing impaired, visual impaired, gender, age, sexual orientation/identities, socio economical status (SES), disabilities, religion, spirituality, ethnic/ racial identities, language, including sign language, etc.

d. Develop approaches that would engage the participation of racial, ethnic and cultural groups in all aspects of service system development and enhancement.

e. Develop a Cultural Competency Policy & Procedures.

f. Participates in overall planning and implementation of services at the county

g. Develop a plan for implementation of cultural competency mandatory training for all levels of staff.

h. Provide training recommendations regarding cultural competency practices and evidence-based approaches in working with diverse racial, ethnic, and cultural community groups

i. Collect data on racial, ethnic and cultural population.

j. Define target populations based upon comprehensive demographic data in service areas.

k. Identify approaches/strategies and develop outreach approaches that would increase client access to and retention in services through consideration of compatibility of belief systems, geographic proximity of service, flexible hours, etc.

l. Identify strategies to create opportunities to improve cultural competent services for underserved populations.

m.. Provides reports/updates to Quality Improvement Council meetings

n. Assist in the implementation and adherence of Los Angeles County cultural competency policies, and the practice of State and Federal laws, as they apply to cultural competency.

o. Develop mechanisms to ensure that all clients and family members have access to appropriate linguistic services. Provide recommendations as they relate to utilization of language aids, such as interpretations (including sign language) and translation, TDD Systems, etc.

p. Develop mechanisms to ensure that all informational materials, forms and any other key written documents are translated into the threshold languages identified by the Department of Mental Health are based on the demographic information of the population in the county.

q. Recommend implementation of policies related to cultural competency, and review written policies and procedures to assure that they adhere to cultural competency.

r. Reviews of all services/programs/cc plans with respect to cc issues at the at the county including; MHSA planning process, MHSA stakeholder process, and MHSA plans for all MHSA components

IV. CCC MEMBERSHIP

To the extent feasible, the ethnic and demographic representation of the CCC should reflect the ethnic diversity of Los Angeles County clients and population. The CCC will be comprised of representatives of the LACDMH's programs, management and line staff, clients and family members from ethnic, racial, and cultural groups, providers, community partners, contractors, and other members as necessary. The CCC will reflect the organization and community.

V. RESIGNATION AND REMOVAL OF MEMBERS

Any member of the committee may resign at any time by giving a written notice to the Chair or Secretary. Such resignation shall take effect at the time specified therein. A good faith effort shall be made by the individual to name a successor

VI. ROLES AND RESPONSIBILITIES

Elections: The Chairperson and Vice Chairperson shall be elected annually by the CCC members at the January meeting by a majority of those members present.

a. Chairperson

1. Chairperson will serve for a term of (1) year with option of re-election;
2. Lead all meetings;
3. Appoint all subcommittees;
4. Call special meetings as necessary;
5. Determine the agenda for all meetings;
6. Consult with the Department's Cultural Competency Unit;
7. Submit an annual report at the January meeting;
8. Maintain a list of active staff members.

b. Vice Chairperson

1. Vice Chairperson will serve for a term of (1) year with option of reelection;
2. In the absence of the Chairperson, assume all of his/her responsibilities.
3. Assume responsibilities as designated by the Chairperson.
4. Participate on determining agenda for all meetings

c. Secretary

1. Record minutes for all meetings;
2. Provide minutes to all members for review and approval;
3. Oversee all correspondences authorized by the CCC;
4. Distribute approved minutes as appropriate;
5. Maintain communication among assignments and upcoming meetings;
6. Follow up on action items and their completion.

d. CCC Members

1. Attend all the monthly meetings.
2. Participate in all assigned sub-committees.
3. Assume tasks and responsibilities as requested by the Chairperson.
4. Participate in activities designed to move forward CCC's objectives described in this document.

VII. OPERATING PROTOCOL

a. Serve as an advisory group to LACDMH administration.

b. Be located within the structure of the Cultural Competency Unit.

c. Meet monthly.

d. Prepare a "Cultural Competency Plan".

e. Prepare and present at the Executive Management Team meeting written quarterly report on its activities and progress to date in meeting goals and objectives of its "Cultural Competency Plan".

f. Participate in activities that are necessary to accomplish the committee functions.

VIII. MEETINGS

The CCC shall hold regular monthly meetings. A notice of the meeting and the agenda shall be provided to CCC members one week before such meetings.

a. Special Meetings

1. Special meetings may be called by the Department's Cultural Competency Unit, the CCC Chairperson or Top Administration. Only the specified matter may be considered.

IX. SUB-COMMITTEES

The Chairperson or the CCC as a whole shall have the authority to appoint other standing subcommittees as needed. All subcommittees are advisory to the CCC and no subcommittee shall have the power to bind the CCC.

Task Groups: The CCC shall appoint special Task Groups, as necessary, to carry out the business of the committee.

X. APPROVAL/AMENDMENTS

The cultural competency roles and responsibilities may be amended as deemed necessary and final approval given by the CCC and the Cultural Competency Unit. After approval, the document will be submitted to be adopted by the Executive Management Team.

ADDENDUM

I. LEGAL MANDATES

a. Federal Statutes

1. Civil rights Act, 1964: U.S. Code Sec. 2000-d- (Code of Federal Regulations, Part 21: the std. TitleVI). “ No person in the United States shall on the grounds of race, color, or national origin be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity receiving Federal Financial assistance.”

2. Federal regulation Title 42 – Public Health, Part 438.10 Managed Care.

- Make available written information in each prevalent non-English language.
- Make oral interpretation services available and require to make those services available free of charge to each potential enrollee and enrollee. This applies to all non-English languages, not just those that the State identifies as prevalent.
- Notify enrollees and potential enrollees that oral interpretation is available for any language and written information is available in prevalent languages; and how to access those services.
- Written material must use easily understood language and format; and be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.

3. Executive Order 13166, 2000: Limited English Proficiency. “Each Federal agency shall examine the services it provides and develop an implement a system by which LEP person can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency. Each Federal agency shall also work to ensure that recipients of Federal financial assistance (recipients) provide meaningful access to their LEP applicants and beneficiaries.”

b. State Statutes

1. Dymally Alatorre Bilingual Service Act, 1973: CA. Government Code

- 7290: “Every state agency directly involved in the furnishing of information or the rendering of services to the public whereby contact is made with a substantial number or non-English speaking people, shall employ a sufficient number of qualifier bilingual persons in public contract positions to ensure provision of information and services to the public, in the language of the non- English speaking person.”

- 7295: “Any materials explaining services available shall be translated into any non-English language spoken by a substantial number of public served by the agency.”

- 7296.2: “Substantial number of non-English speaking people are members of a group who either do not speak English, or who are unable to effectively communicate in English because it is not their native language, and who

comprise 5% or more of the people served by any local office or facility of a state agency."

- 7299: "The provision of this act shall be implemented to the extent that local, state or federal funds are available, and to the extent permissible under federal law and the provision of civil service law governing the state and local agencies."
- 7299.1 "State agencies may, utilizing existing funds, contract for telephone based interpretation services in addition to employing bilingual persons in public contact positions."

2. State regulation SB 853 2006, also known as CA Health & Safety Code, Section 1367-1374.19, stipulates that health plans must implement standards to ensure the quality and accuracy of the written translations and that a translated document meets the same standards required for the English language version of the document.

3. Title IX, CA Code of regulations, Chapter 11, Medi-Cal Specialty MHS, Article 4, 1810,410 (c): " Each Mental Health Plan (MHP) shall submit an annual CCP update consistent with the requirements of the revised CCP document, consistent with the plan reporting requirements, including the population assessment and organizational and service provider assessment."

4. Welfare & Institutions Codes (WIC)

- 14684 (h): "Each plan shall provide for the culturally competent and age-appropriate services, to the extent feasible. The plan shall assess the cultural competency needs of the program. The plan shall include a process to accommodate the significant needs with reasonable timelines. The Department shall provide demographic data and technical assistance. Performance outcome measures shall include a reliable method of measuring and reporting the extent to which services are culturally competent and age appropriate."
- 4341: "Specific attention shall be given to ensuring the development of a mental health work force with the necessary bilingual and bicultural skills to deliver effective services to the diverse population of the state."
- 5600.2: "To the extent resources are available, public mental health services in this state should be provided to priority target populations in systems of care that are beneficiary-centered, culturally competent, and fully accountable to factors noted in WIC 5600.2(g)."
- 5600.9(a): "Services to the target population described in Section 5600.3 should be planned and delivered to the extent practicable so that persons in all ethnic groups are served with programs that meet their cultural needs."
- 5802(a)(4): "Systems of Care services which ensure culturally competent care for persons with severe mental illness in the most appropriate, least restrictive level of care are necessary to achieve the desired performance outcomes."

- 5865(b): “A method to screen and identify children in the target population…including persons from ethnic minority cultures which may require outreach identification. (e) “A defined mechanism to ensure that services are culturally competent.”
- 5880(b) (6): “To provide culturally competent programs that recognize and address unique needs of ethnic populations in relation to equal access, program design and operations, and program evaluation.”

c. DMH Regulations

1. DMH Information Notice 10-02: “The 2010 Cultural Competency Plan Requirements.”

2. California Mental Health Master Plan: A Vision for California, March 2003

CRITERION 4

CCC Minutes & Agendas 09/10

(Attachment 2)

QIC Cultural Competency Subcommittee
Meeting Schedule 2009

Dates				Times	Location
January	14			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
February	11			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
March	11			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
April	8			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
May	13			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
June	10			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
July	8			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
August	12			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
September	9			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
October	14			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
November	18			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
December	16			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020

Co-Chair	Rebecca Hall	213 251-6834
Co-Chair	Sandra Chang-Ptasinski	213 251-6815
Secretary	Tammi Robles	213 251-6820

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 1/14/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Purpose & Goals
   - Definition of Cultural Competency

4. Materials
   - State DMH CC Definition

5. Review Action Items
   - Work Plan - Role of CC Sub Committee – CC Plan State Requirements

6. Future Direction of the CC Sub COmmittee

7. Meeting time and date
   - Wed. January 14th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: January 14, 2009

Present: Tara Yaralian, Rebecca Hall, Danny Redmond, Sylvia Guerrero, Ann Lee, Nilsa Gallardo, James Randall, Kimberly Spears, Rose Lopez, Leticia Ximenez, Roger Kelly, Alby Alvarenga, Tammi Robles

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	• Introduction of members • Reading, approval and seconding of previous meeting minutes
Purpose & Goals	• Definition of Cultural Competency drafted Abridged version of States' definition of Cultural Competency with "competence" added
Review of Action Items - Work Plan	• State's DMH requirement for following Cultural Competency Plan • Action Items are the work plan for meeting the State Department of Mental Health requirements for the Cultural Competency Committee to do/create/follow • Reviewed what is being done by Subcommittee to date 1 Part of plan is to have committee up and running and being involved in Countywide implementations and changes 2 Some parts are already being carried out in one form or another 3 Role of committee is getting input from all contracted facilities but need to wait until draft is finalized • Organizational Assessment – completed and will have report from Dr. Terry Wolfe by next week.
Future Direction of the CC Sub Committee	• Vision/Future Direction/Tasks group would like to follow 1 What is done for language/cultural needs in clinical settings a WET – Workforce Education Training – ask Program Head to come in and discuss how ethnic language needs will be operationalized through the plan b Recruitment of individuals to address specific cultural/language needs (ie gay/lesbian) in order to assure inclusiveness 2 Addressing the need/desire of family members' inclusion in treatment of client or education in mental illness and is it a 'cultural' need or a treatment need? 3 From Organizational Assessment, use as sounding board to where direction should be focused 4 Monthly bring a list of CC trainings (ie Interpreter Training)
Next Meeting	• Wednesday, February 11, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 2/11/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Materials
   - Definition of Cultural Competency
   - DMH CC Policies
   - Blank Contract
   - Blank Training & Conference Survey
   - Auditor Controller Reports - No CC elements

4. Speakers
   - SCHARP – Roger Kelley
   - WET – Angelita Diaz-Akahori

5. Action Items
   - CC Work Plan

6. CC Trainings
   - Interpreter Training National Conference Feb. 19th
   - Interpreter Training Feb. 27th
   - Interpreter Training March 6th

7. Additional Items

8. Meeting time and date
   - Wed. March 11th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

CORRECTED

	▪ Question: Under WET, would it be possible to obtain a stipend for a licensed professional to go back to school to learn 2nd language? ▪ Funding for Interpreter Training for people who want to do interpreting, those who need to use interpreters and consultation/support for interpreters. ▪ High School academies in Huntington Park there is a career track for youths interested in mental health careers that take them from high school to community college and onto Cal State Dominguez Hills ▪ Question: Would it be possible to start career track programs at other Los Angeles medical Magnet schools? c WET helps consumers enter mental health workforce ▪ Peer training for Spanish speakers-not just monolingual but also peer advocates in other languages as long as there is an ability to be employed d WET and current Employees who need Licensure ▪ WET able to provide funding/classes for psychologists and/or LCSW who need help with the pre-registration and written exam? ▪ Offer help to those who need to pass the exam? ▪ Offer consultations to those who have hours but have not taken exam? Moving workforce toward licensure • Roger Kelley, South Central Health and Rehabilitation Programs (SCHARP) Check his availability for next meeting
Materials	• Quickly reviewed, noted that: 1 Definition of Cultural Competency updated to reflect addition of definition of Competence in one place 2 Compiled Cultural Competency Policies handed out for review 3 Blank Contract (not in handouts therefore will be reviewed at next meeting) 4 Blank Training & Conference Survey – under Overview, question 2, Curriculum addressed Cultural Competency – question, as asked, does it meet our needs? a Question is subjective and not quantifiable b Make the question simpler and more easily understood (i.e, Did the presenter address issues related to other cultures?) c Does presenter get guidelines from County in general and more importantly specifically about Cultural Competency?

CORRECTED

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: February 11, 2009

Present: Tara Yaralian, Sylvia Guerrero, Ann Lee, James Randall, Kimberly Spears, Rose Lopez, Leticia Ximenez, Rosalie Casillas, Antonio Banuelos, Liz Echeverria, Scott Hanada, Fanny Dieppa, Tammi Robles

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	• Introduction of members • Minutes read, correction made. Moved and seconded with correction noted.
Speakers	• Angelita Diaz-Akahori – Coordinator for Workforce Education and Training (WET) 1 Focus Training/Education of Public Mental Health in Los Angeles County a Five funding Categories ▪ Work/Staffing Support ▪ Training/Technical Support ▪ Career Pathways ▪ Residency/Internship ▪ Financial Incentives ♦ Stipend and Funding for ➢ MFT & MSW ➢ MH Rehab Specialist ➢ Bachelors to Masters in MH field for those with no experience in public mental health b WET Reaches out to Ethnic/Under Served Populations ▪ 07/08 funded 83 MFT Stipends with approximately 38 being Spanish speaking bilingual with others speaking Tagalog, Thai, etc. ▪ 07/08 funded 52 MSW with 28 Spanish bilingual along with a few other (e.g Armenian) ▪ Survey of Staffing Patterns according to 13 threshold languages to determine needs and patterns for each SA

CORRECTED

	5 Three Auditor Controller reports pulled and no cultural competency elements in any of them a Stated that verbal feedback includes elements: staffing patterns, meeting threshold language need, meeting client cultural needs b Suggested to speak with Nina Johnson about what are criteria followed when audit is performed
Action Items	• Skipped Cultural Competency Work Plan review – Small counties have issues with new draft because it's so comprehensive they feel they need smaller draft suitable for them
CC Trainings	• February 19th CLC Community of Practice Teleconference on Building Linguistic Competence using Mental Health Interpreters a) Similar topic to Interpreter Training DMH offers b) Noted Eastern Standard Time vs Pacific Standard Time (3 hours ahead) • How to Be an Interpreter in a Mental Health Setting a) February 13th session has many opening b) March 16th session filling quickly • How to Use Interpreters • March 6th geared towards individuals who will be using interpreter services
Next Meeting	• Wednesday, March 11, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 3/11/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Materials
   - Blank Contract
   - Auditor Controller Reports - No CC elements

4. Speaker
   - Roger Kelley & Alby Alvarenga – SCHARP

5. Action Items
   - Follow up to WET Plan Presentation
   - Training Surveys – CC Question Update

6. CC Trainings
   - Interpreter Training March 16th
   - WRAP Spanish March 23rd

7. Additional Items

8. Meeting time and date
   - Wed. April 8th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: March 11, 2009

Present: Tara Yaralian, Rebecca Hall, Rose Lopez, Ann Lee, James Randall, Roger Kelley, Alby Alvarenga, Ana Hernandez, Trivill Colley, Kimberly Spears, Albert Thompson, Tammi Robles

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	• Introduction of members • Minutes read, correction made. Moved and seconded with correction noted.
Speaker	• Roger Kelley, SCHARP/OASIS, Latino Milestones Program & Alby Alvarenga, SCHARP/OASIS 1 Community-based mental health program a Drop in center for homeless and dually diagnosed persons and b Socialization and community gathering location where members can integrate ▪ Daily activities ▪ Meals served twice daily ▪ Outside racial differences not brought into facility; might be because members see how staff can relate and get along. c Community Service for non mental ill people ▪ Referral source for services beyond mental health ▪ Place for people who have problems and need someplace to go 2 Wellness Center empowers members and help them cope with their illness but in a non-illness way. Members may work/live on their own and perform in regular everyday activities and that illness cannot stop them a Most members are on their own, come in for 'tune-up' with doctor b Provide support that they can't get outside. 3 Educate staff/members of cultural background and stigma attached to mental health issues example of Hispanic people think that by admitting mental issues means one needs to be committed in hospital; don't see as something they can live or cope with. 4 Recognition that even among Hispanic culture there are differences. Just because you speak Spanish doesn't mean you're Mexican, there's Central and South American and Spaniards and acknowledging differences helps provide services and makes services easily accepted. 5 Instituting a type of ESL class approximately 10 weeks in length assisting people with their English so they can enter agencies and have better command of language and understanding of what is said and what they are saying. 6 Billing for directly-operated Wellness Center same as DMH, can't refuse undocumented/uninsured

	7 Language need is predominately Spanish
Materials	• Blank DMH contract has no mention of cultural competency, only reference is in preamble: Define your program capabilities to respond to the cultural and linguistic needs of the target population. 1 FSP has specific target focal populations – LA County specific, no other county has that specificity 2 Contract almost doesn't matter because contractors have to abide by what CA state requires • Three random Auditor Controller Reports pulled from online have no CC elements 1 County Auditor Controller offers aide/suggestions/help, can't sanction for compliance issues 2 Chart review tool developed by DMH presented by Pacific Clinics a Has specific cultural review issues b In current CC Plan removed 'cultural/linguistic, co-occurring and or health issues impacting presenting problems/symptoms **(if applicable)**:' was removed. Reason may be to write less and depend on assessment c Chart review should be done monthly in a directly operated site d Chart Review Tool pulled from Medi-Cal Audit provided by State
Action Items	• WET Plan Presentation 1 Per request from Angelita, will offer suggestions for making WET Plan culturally competent 2 Will obtain action items and go through and push items that are meaningful to CC subcommittee 3 Some type of tracking/monitoring system to mark progress in regards to language/cultural needs? 4 Could be another required step in CC Plan for putting input into every level of MHSA planning and development 5 Is committee's best interest to give opinions on where monies should be spent to make more culturally competent • Training surveys 1 Trainers are not given any guidelines as to what needs to be covered to hit key points 2 Survey is very fluid, can be changed easily a Presentation was presented in a way that was culturally sensitive (Ann Lee) b Did presentation incorporate cultural differences into training? (Ann Lee) c How was diversity addressed? (Rose Lopez)
CC Trainings	• Update on Interpreter Training on March 16th and WRAP Spanish to be held on March 23rd
Additional Items	• Organizational Assessment Dr. Terry Wolfe given final revisions and awaiting final copy.
Next Meeting	• Wednesday, April 8, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 4/8/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Materials
   - Organizational Assessment
   - Draft CC Plan

4 Action Items
   - Draft recommendations to WET Plan
   - Training Surveys – CC item results

5. CC Trainings
   - None for April

6. Additional Items

7. Meeting time and date
   - Wed. May 13th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: April 8, 2009

Present: Tara Yaralian, Rebecca Hall, Rose Lopez, Ann Lee, James Randall, Albert Thompson, Leticia Ximenez, Nilsa Gallardo, Scott Hanada, Danny Redmond, Kumar Menon, Christina Dedeaux, Naga Kasarabada, Tammi Robles

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	• Introduction of members
Review of Minutes	• Minutes read, corrections made to include 'directly-operated' to Item 6 under SPEAKER. Also under MATERIALS, changed item 2 to read "Chart review tool developed by DMH presented by Pacific Clinics." Minutes approval moved and seconded with correction noted.
Materials	• Organizational Assessment completed but can not be distributed yet. Needs some minor corrections by Dr. Wolfe, the consultant, then to go to EMT for approval. This is a longitudinal study started in 2003, followed up in 2005 and revisited in 2008. It examined the changes, improvements and developments for the department's level of cultural competency as an organization. Six of the areas show statistically significant improvements. Two areas remain the same. There are recommendations which can be something the committee can look at for follow-up and exploration. • CC Draft Plan from state shown to CC committee. As far as CC Plan status, state committee has made recommendations and now waiting on state to balance needs of smaller and larger counties to arrive at a compromise.
Action Items	• Open floor to discuss recommendations to WET Planning: 1 Making child care funds available for weekends or weeknights for parents who have concerns/family obligations 2 Setting funds aside for WRAP (Wellness Recovery Action Plan) Training for consumers in different languages. 3 Reviewing staffing patterns and filling the positions that need threshold languages in the service areas that need them more. 4 Clarifying policy on what is required of bilingual bonus receivers for clinical vs. non-clinical staff and some type of tracking method by HR for those proficient in oral and written threshold languages 5 Considering language classes for the advancement of clinical skills i.e. a receptionist who has a

	basic understanding of language and currently works with the target population, they might benefit IF NEED IS THERE from taking in depth language courses and translator classes so they could translate for clinicians or when needed in their clinic. 6 Increase number of Interpreter trainings; How to be an Interpreter and How to use an Interpreter 7 Look into outcomes of Huntington Park academies with mental health track, if outcomes are positive then help develop similar programs at other magnet schools 8 Consumers of other 13 threshold languages (other than Spanish) trained to be Peer Advocates 9 Look into assisting licensure process for psychologists and LCSWs (e.g.: trainings, seminars, etc.) 10 Fostering mental health interest in new hires (who have language skills) and encouraging/promoting degree and licensure. 11 Mental health and spirituality training for clinicians and line staff in how to approach consumers culturally and addressing the spiritually/diversity in a formalized setting. • Training Survey - Add category for Cultural Competency with 3 questions that address multicultural issues. 1 Cultural Competency items very hard to find in surveys. 2 CiMH training on How to Be a Trainer asked one question, "I will be more comfortable addressing cultural competency issues when I train others." Change to something like "I am more comfortable addressing cultural and diversity issues with clients/consumers." 3 Depending on training, there is a chance that all the questions for the CC category would be 'N/A' 4 Include on the survey some mode and then tracking for 'Race/Ethnicity' and create database at least for CC trainings.
CC Trainings	• None for April
Additional Items	• CiMH Consumer and Family survey – before suggestions on how to distribute the survey are made; committee will look it over and then brainstorm distribution ideas.
Next Meeting	• Wednesday, May 13, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 5/13/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Draft recommendations to WET Plan
   - Training Surveys – CC item results
   - MLSD – Open to contracted agencies?

4. CC Trainings
   - May 26 – Increasing Knowledge & Empathic Awareness for Black & Latino Homeless Families
   - June 4 & 5 - Mental Health & Spirituality: The Journey to Wholeness
   - June 8 – Culture & Personality Disorder

5. Additional Items

6. Meeting time and date
   - Wed. June 10th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: May 13, 2009

Present: Keren Goldberg, Sylvia Guerrero, Rebecca Hall, Martin Jones, Naga Kasarabada James Randall, Danny Redmond, Tammi Robles, Kimberly Spears, Albert Thompson, Leticia Ximenez, Tara Yaralian

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	• Introduction of members
Review of Minutes	• Minutes read, moved and seconded for approval as is.
Action Items	• WET Plan Recommendation – list drafted and open for review by committee: 1 Implement a tracking mechanism so actions (outcomes) can be monitored 2 Include Sign Language as a specialty language - WET plan to provide additional dollars for trilingual or multilingual pay 3 Amend bullet point reading "Fund and provide Peer Advocate training in all the threshold languages, except Spanish" to read "in addition to Spanish" 4 Review trainings for cultural competency that were provided by Training division 5 Diversify workforce by developing collaborative relationship with historically black universities and African-American student centers of other universities. Provide funding of programs, internships and stipends to foster diversity within department. 6 Ask Jeff G. to speak about the Stipend program and answer questions, for ex., What happens when someone refuses to work in a service area determined to have a greater need that has been designated by the Stipend contract? • Training Surveys – Review of CC questions 1 Discussion on changing questions, questions should be more open ended and since the surveys are used for BROAD range of training, leave the questions general. If cultural competency is at least touched on a score may be assigned. If CC is not talked about, score of 0 – NA can be assigned. 2 Change point 3 under Overview to read: I am more confident interacting with individuals from diverse cultural backgrounds as a result of this training. 3 Discussion on possibility of including gender, ethnicity, etc. of training attendees. What will data be used for? Have to consider that as generations' progress there are more people who identify as multiracial and not one specific race.

	• Opening Multi Linguistic Staff Directory to contract agencies 1 Since names are not included in the directory, would it be viable to open list so agencies can search for therapist/help in needed language if own agency does not have language capacity to accommodate need. Discussion on if directory is opened to contract agencies, would the contract providers stop hiring needed staff and continue referring to other agencies and not realizing there is a language need in their service area. 2 Should we send a letter to ask if ok to open up to all agencies? 3 Include a Disclaimer stating that information is as up to date as possible but information may change and although there is staff at another clinic, client may not be seen at that clinic. It is the referring agencies to follow up to make sure services are still provided. 4 Require to include reporting on staff/language to be done bi-yearly. 5 Is there a way to run reports from the MLSD through CIOB? 6 Request item control from contract monitor(s) bi-yearly..
CC Trainings	• Three Culturally competency training to be held in May and June
Additional Items	• Org Assessment to be presented to EMT when PowerPoint presentation is completed. • May 26 there will be a Farsi language event in SA 2 for families dealing with emotional problems within family.
Next Meeting	• Wednesday, June 10, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 6/10/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Stipend Program
   - Training Surveys – Follow up
   - MLSD – Open to contracted agencies?

4. CC Trainings
   - June 19 – Asian/Pacific Islander Hope & Recovery Conference
   - June 29 – Diversity & Unlearning Prejudice
   - Oct. 16 – 15th Annual Asian American MH Training Conference
     Facing Reality in the Golden Years

5. Additional Items
   - CC Plan

6. Meeting time and date
   - Wed. July 8th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: June 10, 2009

Present: Sylvia Guerrero, Rebecca Hall, Scott Hanada, Julie Ho, Naga Kasarabada, Kumar Menon, James Randall, Tammi Robles, Kimberly Spears

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	• Introduction of members
Review of Minutes	• Minutes read, moved and seconded for approval as is.
Action Items	• Jeff Gorsuch, Training, discussed Stipend and Tuition Reimbursement 1 Tuition Reimbursement a Current employee program who want Masters degree in social work, Doctorate in psychology or a graduate degree in psychiatric nursing. Under WET may expand to more degrees that would benefit DMH b Requirements for program ▪ Accredited college/university ▪ Proof of Registration/Attendance ▪ Performance Evaluations ▪ Personal Statement about what hope of degree and how it will be used in county system ▪ Passing grade of C ▪ Proof of payment c Amount for reimbursement is $5000/year, up to 2 courses/semester or quarter based on school and course fee amounts not for books or ancillary fees but there is talk under WET to expand to these expenses as well d 20/20 or 30/10 program may be incorporated under WET so based on school schedule could work 20 or 30 and leave the other 20 or 10 for school and be covered under full pay e Commitment to work for County DMH for specified amount of time f Cap on slots is the total budget for Reimbursement; once funding runs out, not offered g Immediate Supervisor and District Chief needs to sign off and okaying that they are good candidate to receive reimbursement 2 Stipend for non employees a Currently have 2 stipend offerings; will expand under WET to include psychologist, psych techs and psychiatric nurse practitioners ▪ MSW - graduating ▪ Marriage Family Therapist

	b Agreement is receive one time stipend of $18,000 for one year commitment to work for County DMH or contract agencies to be competitive with State stipend ▪ Commitment is in one of the high priority areas: defined as hard to fill or higher demand for need for employment. Criteria is met if employment is found in any of these areas, if not, either extension is asked for to find employment in these areas or stipend MUST be returned ♦ SA 1-hard for hiring in Antelope Valley ♦ SA 6-South Los Angeles ♦ SA 7-East Los Angeles/Skid Row/Downtown ♦ Any of the Forensic programs ➢ Jail Mental Health ➢ Juvenile Justice ♦ Higher needs areas ➢ Specialized Foster Care ➢ New MHSA programs c Partly selected by schools and heavily based on bilingual capacity and bicultural capacity, also would prefer some type of DMH or DMH contract experience so transition into workforce is easier. There is also an essay portion that is looked and weighed upon ▪ 52 slots for SW ▪ 72 for MFTs • WET Recommendations have been forwarded (additional items and changes that were sent also included) along with cover letter indicating process of how and why recommendations made • Training Surveys - Tara met with Elaine Powell, Training, and discussed recommendation to add questions to training survey and a workgroup has been started. Will be meeting to look not only at cultural competency items but also the tool itself. Group should be done with work and can implement new tool with new fall courses. • Multi Lingual Service Directory – Tara met with Martha Drinan, Training/Quality Improvement. There are 6 directories in the County and each has nothing to do with other and all coexist. In preparation for Medi-Cal Audit, delineated directories and still waiting to see if MLSD will be opened. For next meeting will try to bring all the directories and decision can be made at that time if Multi Lingual Service Provider directory will be opened to contracted agencies.
CC Trainings	• Three Culturally competency training to be held 1 June 19 – Asian/Pacific Islander Hope & Recovery Conference English Conference to be held June 11 at Downtown Sheraton Not sure on date for Spanish Hope & Recovery 2 June 29 – Diversity & Unlearning Prejudice 3 October 16 -15th – Annual Asian American Mental Health Training Conference

	• items before CC Subcommittee 1 Involve someone from training in CC committee so there will be a direct line when recommendations are made 2 In Conferences, have some type of incorporation of that cultures' relationship or interface/similarities/differences with other cultures it may or may not have contact 3 In basic training, give presenters a 'guide sheet' to help them incorporate culture into conversation and training 4 Encourage attendance to different conference 5 Have 2 volunteers from CC subcommittee on conference planning committees to ensure and promote recommendations for cultural competency and give our support
Additional Items	• Organization Assessment – PowerPoint Presentation that is 96 slides long. Goal is to cut to make shorter but maintain meaningfulness; one of areas that came out deficient was training 1 not enough culturally competent trainings 2 Not trained enough to be culturally competent • Cultural Competency Plan – Since state is taking so long, Gladys recommends drawing of document for each county stating what is being done that are in line with plan • Ann Lee found from website of Office of Medical Director found Parameters for Delivery of Culturally Competent Clinical Services to Clients. • Scott Hanada attends Program Head Meeting and Issues Expanded Management Meeting and wondering if group should make some type of recommendation to Executive Management Team ensuring that cultural competency doesn't get cut. Keren volunteered to draft a short blurb on why cultural competency/diversity is important. • James Randall, SA 2 is focusing on working with specific ethnic groups and encourage these short, fast and entertaining talks to expand to other SAAC. Put a notice in DMH ENews showing what is being done for different cultures. • Danny Redmond is leaving for Jail Services and this may be one of his last meetings. Will try to work something so can continue attending and being a vital member.
Next Meeting	• Wednesday, July 8, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 7/8/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Directories of Providers
   - Policy 609.5: Employee Training Minimum Standards, Section 4.1.1
   - Parameters for Delivery of CC Clinical Services
   - Letter to EMT discussion

4. CC Trainings
   - July 10th Hope & recovery Conference – Spanish Language
   - Oct. 16 – 15th Annual Asian American MH Training Conference
     Facing Reality in the Golden Years

5. Additional Items

6. Meeting time and date
   - Wed. August 12th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: July 8, 2009

Present: Sylvia Guerrero, Rebecca Hall, Scott Hanada, Julie Ho, Naga Kasarabada, Kumar Menon, James Randall, Tammi Robles, Kimberly Spears

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	• Introduction of members
Review of Minutes	• Minutes read, moved and seconded for approval as is.
Action Items	• Directories of Providers – Went through list of directories with a brief description of what is in each directory and where it could be found either internet or intranet. 1 Six (6) directories in system and because of State Audit looking at changing or consolidating a couple of the directories to address everything Audit would need. Issue is before changes can be made in any directory the chain of information needs to follow protocol procedures: CIOB, Contracts, District Chiefs, Q&A, Standards and QA all need provider information before Vandana can pull from CIOB data base to include in directory. 2 Things group would like in a directory are language capability, contact information, state requirements for directories, locations, hours of operation, insurance coverage, specialized programs/populations, services provided, age 3 Need a standardized process for ensuring new/updated PFAR information is disseminated to each group that maintains a directory • Policy 609.5: Employee Training Minimum Standards, Section 4.1.1 – Currently there is no tracking for this policy nor is this policy being enforced. Up to EMT to push compliance in units of cultural competency trainings. Talk with Gladys on how to approach EMT and how we can get cultural competency to be as important as sexual harassment and along with that, define more definite parameters. • Parameters of Delivery of CC Clinical Services – given by Ann Lee as an FYI. Came from Office of Medical Director. Group will review, take notes and will discuss at next meeting. • Letter to EMT discussion – Let EMT know of the importance of cultural competency to the organization. Combine the issue of cultural training with the importance thereby approaching EMT once not twice
CC Trainings	• July 10th Hope & Recovery Conference – Spanish Language • October 16th – The 15th Annual Asian American MH Training Conference: Facing Reality in the Golden Years
Addition Items	• Sylvia G. suggested getting more consumers into the committee and will see about inviting.
Next Meeting	• Wednesday, August 12, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 8/12/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Directories of Providers –Update/requirements
   - Training Division Evaluation Form - Update
   - Discussion of Parameters for Delivery of CC Clinical Services
   - Discussion of Letter to EMT & protocol

4. CC Trainings
   - Sep. 10th Diversity & Unlearning Prejudice
   - Sep. 23-25th LBHI COnference
   - Oct. 16 – 15th Annual Asian American MH Training Conference
     Facing Reality in the Golden Years

5. Additional Items
   - Cancelation of African American Conference

6. Meeting time and date
   - Wed. September 9th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: August 12, 2009

Present: Keren Goldberg, Rebecca Hall, Scott Hanada, Julie Ho, Martin Jones (via phone), Ann Lee, Tammi Robles, Kimberly Spears, Leticia Ximenez

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	
Review of Minutes	• Minutes read, moved and seconded for approval as is
Action Items	• **Directory of Providers Update** o Vandana asked to come in next month to give update as they have just started revamping the directory. o Typed list of suggested requirements including Title 9 requirements and Medi-Cal Audit requirements. o Under Title 9 requirements state determines threshold languages for each county but the county can then determine what areas are threshold languages. Directory looking at language needs in each SA o Add under suggested requirements –Services Provided; i.e. Meds o Would PFAR be used for standardized process to make changes to directory? • **Training Division Evaluation Form Update** - Added 2 pieces o Under Presenter section of evaluation added Provided information that was culturally competent o In Overview of actual training changed to read Curriculum addressed diversity and cultural competency o Change 'cultural competency/competent' to something easily understandable by all people. Looking for cultural sensitivity and ensuring sensitive terms used and that each trainer is sensitive to diversity. In ideal world each trainer would be given outline of what is expected of them including who they are training and what the training is for but because of amount of trainings being rolled out, training division cannot sit with each to go over guidelines and then critique presentation. Question about quality vs quantity arose. • **Discussion of Parameters for Delivery of CC Clinical Services** o Suggestion to maybe require each clinical personal spend 1 day a year in a culture they are not familiar with and spend day finding cultural center of neighborhood/eat foods/go to place of worship as an introduction to the community and to satisfy the CC minimal requirement component of training. Would need to be a program that has been set up in advance through Training? o Under I.3 diversity should include disability, faith, gender identity o Update to reflect the current direction of DMH o Keren to look at reformatting to make more appealing and user-friendly

	• Discussion of Letter to EMT & protocol – Will give to Gladys to give to Dennis Murata who will take it to EMT and this letter will piggyback presentation of Organizational Assessment at next EMT meeting. Put a more positive spin and be part of solution. Maybe end by saying 'We look forward to working with you to continuing working on these improvements in our services.'
CC Trainings	• September 10th - Diversity and Unlearning Prejudices • September 23-25th - LBHI Conference; DMH is not sponsor there is no discount for employees • October 16th - 15th Annual Asian American MH Training Conference
Addition Items	• African American Conference postponed -date TBD
Next Meeting	• Wednesday, September 9, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 9/9/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Follow up – Sylvia - Complaints to Patients Rights about CC?
   - Follow up -- Naga – ACCESS questions about CC?
   - Discussion of Parameters for Delivery of CC Clinical Services
   - Discussion of Letter to EMT & protocol
   - CC Plan – Criterion 4 Work plan

4. CC Trainings
   - Sep. 10th Diversity & Unlearning Prejudice
   - Sep. 23-25th LBHI Conference
   - Oct. 16 – 15th Annual Asian American MH Training Conference
     Facing Reality in the Golden Years

5. Additional Items
   - Postponement of African American Conference (Feb 2010)
   - Licensed MH Education Program – Loan Repayment Application

6. Meeting time and date
   - Wed. October 14th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: September 9, 2009

Present: Keren Goldberg, Rebecca Hall, Greg Hooker, Martin Jones (via phone), Ann Lee (via phone), Tammi Robles, Albert Thompson, Tara Yaralian

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	
Review of Minutes	• Minutes read, moved and seconded for approval as is
Action Items	• Discussion of Parameters for Delivery of CC Clinical Services 1 Definition used in Parameters vs committee's definitions of do not match 100% so question is should they match because both are good. Suggest changing 2nd definition to match current definition and expand 3rd definition to include diversity and present draft at next meeting. 2 Discussion on feedback from Client Coalition and other clients to make document more recovery focused. 3 Reformatting to make more user-friendly and readable 4 Under Managing Situations in which Requisite Competence is not available, use consistent word Translator or Interpreter. Translation refers to written and Interpretation is oral. • Discussion of Letter to EMT 1 Final Draft to piggy-back on Organizational Assessment presentation to EMT 2 Correction from County QIC to Department of QIC • CC Plan – Criterion 4 Work plan 1 MediCal Audit starts February 22, 2010 for outpatient 2 New components include attestation that needs to be signed by Dr. Southard. Simply put attestation is for issues that have been in compliance for years. 3 Cultural Competency plan has 8 criteria, Criterion 4 is directly related to Cultural Competency Subcommittee

	a Need input as to who/where we can obtain contact information for action items b Went through each item and suggestions/ideas offered 4 Question put forth to take a Criterion section each month and letting the Committee start developing answers for those
CC Trainings	• September 10th – Diversity and Unlearning Prejudices • September 23-25th - LBHI Conference; DMH is sponsor there is discount for employees • October 16th - 15th Annual Asian American MH Training Conference
Addition Items	• Link more with Training and work done towards cultural competency and add to agenda to have monthly updates. • Ways to track/monitor Mandatory Cultural Competency trainings of staff. Cultural Competency training is not monitored like Sexual Harassment Training. To increase quantity of classes, idea of having training coordinators give frequent CC trainings or put a web-based training on the Learning Net where it can be easily monitored and compliance reports can be generated. ADDENDUM: Conversation leading to this discussion questioned ways of tracking compliance to the mandatory diversity training and was suggested that a subsection be added to the Performance Evaluation in order for each supervisor to systematically evaluate his/her staff members' cultural competence. The point was raised that there might be conflict with the unions and between staff who has never had exposure to the multiple cultures of Los Angeles and someone who extensive interaction. • African American Conference postponed -date TBD
Next Meeting	• Wednesday, October 14, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 10/14/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Training Policy – CC Requirements
   - Training Updates - Julie Ho
   - Discussion of Parameters for Delivery of CC Clinical Services
   - Follow up – Sylvia - Complaints to Patients Rights about CC?
   - Follow up -- Naga – ACCESS questions about CC?
   - CC Plan – Criterion 1 & 2 Work plan

4. CC Trainings
   - Oct. 16 – 15th Annual Asian American MH Training Conference
     Facing Reality in the Golden Years

5. Additional Items
   - Representation on/at Conference Committees
   -

6. Meeting time and date
   - Wed. December 9th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: October 14, 2009

Present: Sylvia Guerrero, Rebecca Hall, Julie Ho, Martin Jones (via phone) Naga Kasarabada, Ann Lee (via phone), Rose Lopez, Gabriela Ramirez, Tammi Robles, Albert Thompson

Absent: James Randall, Sharon Watson, Anahid Assatourian, Leticia Ximenez, Nilsa Gallardo, Liz Echeverria, Kimberly Spears, Scott Hanada, Tara Yaralian, Kumar Menon, Mona Sparks, Fanny Dieppa, Adrienne Hament, Diane Guillory, Miguel Osorio, Lorna Pham, Roger Kelly, Christina Dedeaux, Keren Goldberg

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Announcement: Change of next meeting to Wednesday, November 18th (11th is a holiday) Introduction and welcome
Review of Minutes	• Note: Request to add Absent members to the minutes • Minutes reviewed and approved with corrections noted
Action Items	• Employee Training: Minimum Standards Policy – The Policy Review Committee has been dissolved. Policy can be created or updated by any unit in the department with expertise in the area. Compliance office oversees the process so once a policy has been drafted, it goes to them for final review and editing. Subcommittee to look into changing training frequency from once every 3 years to every 2 years. Will compile list of Culturally Competent trainings that would satisfy the 4 hour cultural diversity requirement and promote those trainings/conferences. Subcommittee will work with Training on drafting the policy to reflect these changes. • Training Updates –Luis is working on 3 additional Interpreter Trainings before December. Question on if the items for the training evaluation form and cultural competency has been finished. Training has the subcommittee's recommendations and is in the process of reformatting the evaluation form to include the suggestions and will share with subcommittee when finished. • Discussion of Parameters for Delivery of CC Clinical Services – will skip and include in next months meeting • Complaints to Patients Rights regarding CC - Follow-up with Sylvia – There is a database in Patients Rights where they can capture calls regarding cultural issues and what languages callers speak. Patients Rights is working on changing the Change of Provider form to capture the reasons why someone wants to change provider as it might be culturally motivated – language, ethnicity and gender, etc.

	• ACCESS questions about CC – Questions if ACCESS gets a lot of calls for different languages. They do have a Language Line Report that is sent to QI quarterly. Spanish is most requested and Spanish ACCESS handles those calls but if there is an overflow and they can't handle the amount of calls then the Interpreter Line is used. Other languages are requested but just not in the numbers of Spanish. Naga will email the last quarter report to Rebecca • CC Plan: Criterion 1 & 2 Work plan – brainstorming session on who to contact and where to go to fulfill items: Criterion 1 a. Action Item II, A: Description of practices/procedures that demonstrate community engagement… i Internet / Intranet / CC Unit ii NAMI iii UREP iv O&E v Translation of Consents and Informative brochures into other languages and MHSA brochures in draft form for EE/ME and African/African American vi Kathleen Piche, Public Information Officer vii Policy & Procedures b. Action Item II, B & C: Narrative – need to write up description, look at clergy and schools c. Action Item III – Management person would be Gladys d. Action Item IV – Dedicated budget, inclusive under MHSA but nothing dedicated specifically for Cultural Competency. Will have to play with other budgets from WET, UREP, MHSA programs, etc., to show that money is going to outreach and engagement, translation, trainings & conferences, and also for incentives for culturally and linguistically competent components, for example, the bilingual bonus, Parent Advocates and non-traditional providers. Criterion 2 is based on data and will be obtained from Vandana
CC Trainings	• October 16th will be the 15th Annual Asian American MH Training Conference – Facing Reality in the Golden Years
Next Meeting	• Wednesday, November 18, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 11/18/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - CC Plan – Criterion 3, 6 & 7
   - Training Policy – CC Requirements
   - Training Updates - Julie Ho
   - Follow up -- Naga – QI Quarterly Report
   -

4. CC Trainings
   - 11/30/09 Language Interpreting in Mental Health Settings
   - 12/2/09 HIV-AIDS: Assessment & Treatment
   - 12/9/09 Improving Access: Removing Language Barriers
   - 12/22/09 Improving Access: Removing Language Barriers

5. Additional Items
   - Representation on/at Conference Committees
   -

6. Meeting time and date
   - Wed. December 9th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: November 18, 2009

Present: Anahid Assatourian, Sylvia Guerrero, Rebecca Hall, Julie Ho, Martin Jones (via phone) Naga Kasarabada, James Randall, Tammi Robles, Kimberly Spears, Dennis Wood, Tara Yaralian

Absent: Christina Dedeaux, Fanny Dieppa, Liz Echeverria, Nilsa Gallardo, Scott Hanada, Keren Goldberg, Diane Guillory, Adrienne Hament, Roger Kelly, Ann Lee, Rose Lopez, Kumar Menon, Miguel Osorio, Lorna Pham, Mona Sparks, Albert Thompson, Sharon Watson, Leticia Ximenez

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Introduction of new member/guest
Review of Minutes	• Minutes reviewed and approved no corrections or additions
Action Items	• CC Plan: Criterion 3, 6 and 7 Work plan – brainstorming session on who to contact and where to go to fulfill items: <u>Criterion 3</u> a. Action Item I: Identify unserved/underserved target populations i Medi-Cal – All groups; whoever receives Medi-Cal ii CSS – age groups (Child/TAY/Adults/Older Adults) iii PEI – Deaf/HH; visually impaired; veterans; mentally challenged; EOB and START which targets high school students who are prone to violent/suicide iv WET – b. Action Item II: Identify target group disparities – EQRO data from Vandana c. Action Item III: Strategies/Objectives/Action i Activities of Planning Division, O&E, UREP; Implementation Unit; Faith-Based organizations to decrease disparities; training; Patients Rights wants to deliver presentations to clients ii Vandana data for 200% poverty d. Action Item IV: Additional Strategies – Public Information Office; public service announcements e. Action Item V: Planning and Monitoring i Status of implementation of above strategies – Debbie ii Discuss in detail the mechanism(s) to measure – Vandana Data; Martie, QI: Quality Assurance, Norma Fritsche

Criterion 6

a. Copy of MHSA workforce assessment – WET: HR; Jeff Gorsuch (internship program); Contracts
b. Compare WET assessment data with general population and 200% poverty – Vandana
c. Report specific actions taken in response to the cultural consultant technical assistance recommendations – Angelita and WET
d. Provide summary of targets reached to grow multicultural workforce in rolling out WET – HR and WET

Criterion 7

a. Action Item 1: Increase bilingual staff
    i Building bilingual staff evidenced by WET – copy of WET work plan and look at HR as well
    ii Updates from MHSA CSS or WET – HR; Debbie for MHSA
b. Action Item 2: Limited English Proficiency (LEP) and Interpreter Services
    i A 24-hour phone line – ACCESS
    ii Evidence that clients are informed in writing in primary language of rights to language assistance services – Patients' Rights
    iii Evidence that County/Agency accommodates persons who have LEP – Policy/Procedures; ACCESS; bilingual bonus (HR); call logs for requests in languages other than English
c. Action Item 3: Provides bilingual staff/interpreters for threshold languages at all points of contact
    i Evidence of availability of interpreter/bilingual staff for language spoken by community – clinical language logs; multilinguistic service provider directory (MLSPD)(question to Thelma about removal of clinics that are no longer providers);
    ii Documented evidence that interpreter services are offered – Logs and patients' chart/progress notes (clinic responsibility)
    iii Evidence of providing contract or agency staff who are linguistically proficient – MLSPD
    iv Evidence that interpreters are trained and monitored for language competence – HR bilingual test
d. Action Item 4: Services for LEP clients NOT MEETING threshold language
    i Policy/Procedures and Practices that include referrals, linkage and translations
    ii Written plan for how clients are assisted who do not meet language threshold are assisted – Policy and Procedure

	e. Action Item 5: Translated Documents, Forms, Signage and Client Informing Materials i Culturally and Linguistically appropriate written information: 1. member service handbooks/brochures – Beneficiary handbook from Patients' Rights 2. general correspondence – FSP 3. beneficiary problems, resolution, grievance – Patients Rights 4. beneficiary satisfaction surveys – Quality Assurance 5. informed consent for medications – Office of Medical Director 6. confidentiality and release – Compliance office, Veronica Jones 7. service orientation for clients – video orientation – ask Don Wells 8. mental health education materials – Public Information Office; O&E; NAMI 9. evidence of appropriate distribution and utilized translated materials – ii Documented evidence that communication is in clients language – client charts and assessment reports, etc iii Consumer satisfaction survey translated in threshold – QI, State Performance Service (Martie's group) iv Mechanism for ensuring accuracy of translated materials - v Mechanism for ensuring translating materials are at 5th grade level – • Training Policy – Updated policy with change to minimum standards 4.1.1 cultural diversity changed to cultural competency and from every 3 years to 2 years • Training Updates – change in Training Course evaluation. Changed #4 under presenter and added diversity under #2 in Overview. Rebecca has pulled out trainings and conferences that feel like they address cultural competency for review if they fulfill requirement for cultural competency. • Follow-up Naga on QI Quarterly Reports – will give more updated data and will send to Tara when ready. Will bring to next month's meeting.
CC Trainings	• Four trainings upcoming: HIV-AIDs and 3 language trainings
Next Meeting	• Wednesday, December 9, 2009 1:00pm to 3:00pm (time changed from 1:30 so there can be a potluck for the holidays) 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 12/16/09
1:00 PM – 3:00 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - CC Plan – Criterion 8
   - Follow up -- Naga – QI Quarterly Report

4. CC Trainings
   - 12/22/09 Improving Access: Removing Language Barriers
   - African American Conference – Rescheduled for June 2010 (Location TBD)
   - COD Conference- Cancelled for fiscal year 09-10, but will resume next fiscal year 10-11
   - The Department of Mental Health 50th Anniversary & MHSA 5th Anniversary – May 20, 2010 @ UCLA
   - California Conference on Mental Health & Spirituality Conference – June 10, 2010

5. Additional Items
   - Representation on/at Conference Committees
   - Medical Audit – February 22, 2010
   - EQRO Audit - April 12, 2010

6. Meeting time and date
   - Wed. January 13th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: December 16, 2009

Present: Sandra Chang-Ptasinski, Naga Kasarabada, Ann Lee, Tammi Robles, Maria N. Tan, Tara Yaralian

Absent: Anahid Assatourian, Martin Jones, Christina Dedeaux, Fanny Dieppa, Liz Echeverria, Nilsa Gallardo, Sylvia Guerrero, Keren Goldberg, Diane Guillory, Rebecca Hall, Adrienne Hament, Scott Hanada, Julie Ho, Roger Kelly, Rose Lopez, Kumar Menon, Miguel Osorio, Lorna Pham, James Randall, Mona Sparks, Kimberly Spears, Albert Thompson, Sharon Watson, Dennis Wood, Leticia Ximenez

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Introduction of new member/guest Introduction of Sandra Chang-Ptasinski as the co chair of the Cultural Competency Subcommittee as Tara is stepping down and taking on other duties.
Review of Minutes	• Minutes reviewed and approved with corrections
Action Items	• Follow-up Naga on QI Quarterly Reports – Language line report. 1. Provide data on quarterly basis to QI group (Martie's team) 2. Number of calls taken at ACCESS inquiring about services that needed translation help 3. Abandoned calls are those that after 30 seconds, the caller disconnects. Should be 5% but that goal has not been reached. Phone system is outdated; many outages that account for the calls dropping; each outage is documented. 4. All calls coming through the 800 number are tracked as phone and computer are integrated systems. • CC Plan: Criterion 8 1. Action Item 1 –Client driven/operated programs/racially, ethnically, linguistically and culturally specific: Wellness Centers – Kaylene Gilbert, Umi Patel, Empowerment/Advocacy 2. Item 2 – Responsiveness a. "Documented evidence that DO/Contractor has options that accommodate individual preference or cultural and linguistic…" i ACCESS Center has ability to have accommodations for linguistic preferences ii Linguistic preferences searchable by Multi-Lingual Service Provider Directory iii Asian Pacific, Coastal, American Indian – programs that are culture-specific iv Innovations Plan and use of non-traditional ethnic providers in conjunction with or adjacent to traditional providers. b. Evidence that County informs clients of availability of above services – Patients' Rights c. Policies, procedures and practices to inform all Medi-Cal beneficiaries – Patients' Rights; O&E Staff; Navigators; Peer and Parent Advocates; UREP

	d. Evidence that County has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services i Ann Lee remembered talking about how to make PEI services more accessible and not make settings so institutional during the PEI Steering Committee. Need to check with PEI plan for more information ii The Innovations Integrated Services Management Model has provisions for UREP communities by providing transportation, location of services within communities and referrals from the community based agencies iii Self Help Libraries and Wellness Centers are comfortable and inviting. Also Clergy Advisory has collaborative with Hollywood Presbyterian to provide service information in churches 3. Item 3 – Evidence of how a contractors' ability to provide cultural competent mental health services is taken into account in selection of contract providers – Contracts and Service Area Managers 4. Quality Assurance a. Outcome Measures – QI b. Staff Satisfaction – Organizational Assessment, Staff Satisfaction Survey c. Grievance and Complaints – Patients' Rights
CC Trainings	• Improving Access: Removing Language Barriers – 12/22/09 • African American Conference has been rescheduled for June 2010 (location TBD) • May 20, 2010 – Department of Mental Health 50th Anniversary and MHSA 5th Anniversary at UCLA • June 10, 2010 – California Conference on Mental Health & Spirituality Conference • COD Conference cancelled for fiscal year 2009-2010 but will resume fiscal year 10-11 • January 21, 2010 - Mental Health and Spiritual Healing, Palmdale CA
Additional Items	• Representation on/at Conference Committees – in January's meeting will revisit this item to have CC Subcommittee representation in the planning phase and attendance to conferences • MediCal Audit – February 22, 2010 • EQRO Audit – Week of April 12, 2010 • Question was asked regarding 'Skills Assessment for Professionals and Nonprofessionals' as a way of caring in a cultural competent manner. Clarified by group that what was being asked was beyond the scope of this subcommittee as it pertained to each individual employee. Our scope would entail working with Training to incorporate cultural competency into the offered trainings to our employees.
Next Meeting	• Wednesday, January 13, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

Cultural Competency Committee
Meeting Schedule 2010

Dates				Times	Location
January	13			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
February	10	Dark		130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
March	10			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
April	14	Dark		130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
May	12			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
June	9			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
July	14			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
August	11			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
September	8			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
October	13			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
November	10			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
December	8			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020

Co-Chair Rebecca Hall 213 251-6834
Co-Chair Sandra Chang-Ptasinski 213 251-6815
Secretary Tammi Robles 213 251-6820

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUBCOMMITTEE AGENDA

WED 1/13/10
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Translation of materials in threshold languages
   - Review of State System Review responses
   - CC representation in the planning and attendance to conferences

4. CC Trainings
   - **Promoting Hope, Recovery and Resiliency in the African American Community**, DMH Training, February 9, 2010 @ Palmdale Cultural Center
   - **2010 Refugee Summit**, save the date June 24th and 25th. Updates at http://www.dmh.ca.gov/Multicultural_Services/News_&_Updates.asp
   - **African American Conference** – Rescheduled for June 2010 (Location TBD)
   - COD Conference- Cancelled for fiscal year 09-10, but will resume next fiscal year 10-11
   - **The Department of Mental Health 50th Anniversary & MHSA 5th Anniversary** – May 20, 2010 @ UCLA
   - **California Conference on Mental Health & Spirituality Conference** – June 10, 2010

5. Additional Items
   - State System Review– February 22, 2010
   - EQRO Audit - April 12, 2010

6. Meeting time and date
   - February 10, 2010 @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: January 13, 2010

Present: Sandra Chang-Ptasinski, Ann Lee (via phone), Rose Lopez, Tammi Robles, Albert Thompson, Leticia Ximenez

Absent: Anahid Assatourian, Martin Jones, Christina Dedeaux, Fanny Dieppa, Liz Echeverria, Nilsa Gallardo, Sylvia Guerrero, Keren Goldberg, Diane Guillory, Rebecca Hall, Adrienne Hament, Scott Hanada, Julie Ho, Naga Kasarabada, Roger Kelly, Kumar Menon, Miguel Osorio, Lorna Pham, James Randall, Mona Sparks, Kimberly Spears, Maria N. Tan, Sharon Watson, Dennis Wood

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	
Review of Minutes	• Minutes reviewed and approved
Action Items	• Translation of material in threshold languages – Discussion on which forms should be translated. Included what has been translated into the threshold languages and which need or should be translated. It was suggested that anything the client signs should be translated with the exception of the treatment plan. Items to add to the translation list include Advanced Directives, Med Consents, Outcome Measures, and brochures for FCCS and Wellness Centers. Emphasis should be on consents and releases. • Review of State System Review responses (audit) – The question along with the skeletal answer was shared to gather feedback to expand answers. Question 3 - Tracking Mechanisms Monitor/operate a wide variety of cultural specific providers/services reflective of populations in Los Angeles County and each service area. The Los Angeles County Department of Mental Health (DMH) provides the Multi Linguistic Service Provider Directory, a listing of names/hours/locations/age groups/languages capabilities of LAC-DMH service providers. Credentialing application asks providers to indicate areas of competency in any foreign language(s) or sign language deemed sufficiently proficient to provide linguistically competent mental health service without assistance of an interpreter.

	General Directory of Network Providers lists names/locations/phone numbers/cultural capabilities and services. Covers all 8 DMH service areas and services are categorized from psychiatric inpatient hospitals to targeted case management and other specialty mental health services developed to meet specific linguistic needs of each service area. Inclusion of projects being worked on by the UREP (Under Represented Ethnic Populations) groups for the Innovations Plan since they target the 5 identified UREP communities (Latino, Eastern European/Middle Eastern, African/African-American, American Indian, and Asian Pacific Islander) Group suggests including conferences like the Latino, AAA, Asian Hope and Recovery; WRAP in Spanish and Chinese; the Spirituality & Mental Health Conference and specialty programs like FSP for Older Adults and 0-5. Service Area 4 is part of a federal grant called Project ABC with DCFS and DMH and a few providers. Materials designed include posters and social marketing materials for professionals in Spanish and English; and a coloring book in Chinese (being translated into Korean). Project ABC is service area based but information and work is county- and nationwide and materials are available to anyone in the country. Question 9a and b will be visited with the subcommittees that target these groups Question 8 – Evidence of outreach to the underserved populations Working with Implementation Unit as they oversee MHSA operations. Include copies of Stakeholders sign-in sheets and minutes; information on all work done by UREP groups (meetings and the projects; and incorporate work done by Outreach and Engagement and special projects done through them such as working with faith-based organizations Question 12 – Affirmation that MHP is following CC Plan requirements for free language assistance services Poster which unfortunately is difficult to read even at close distances; the Beneficiaries Handbook; and Policies in terms of language interpretation. Acknowledge that because of budget, these have not been promoted except for Stakeholders and Delegates meetings. Provide information on the Translator/Interpreter training and point out that LAC-DMH has the equipment available for use; even though there is no budget for hiring interpreters, a staff member can speak the language in need.

Question 14a – CC and HR evaluate cultural and linguistic competencies of staff. Question 14b - CC and Training describe process to assess training needs.

Employee training policy which calls for foundation course in cultural diversity as provided/recommended by LAC DMH. Clinical staff my substitute advanced courses in lieu of this requirement. Training Division provides some culture specific trainings, conferences, and the interpreter training program. Discussion on how to upgrade interpreter trainings to make more specific to MHS. Also listed the bilingual bonus policy and procedure as a way to assess linguistic competencies of staff. Prospective bonus recipients are tested and if they meet requirements, are issued certificate.

Question arose about how assessment of cultural competency could be an ongoing function. Recap of previous discussion of how to add to performance evaluations that employee is current with their cultural competency trainings.

In preparation to answering questions, Training Division will speak with District Chiefs to get sense of how they are individually assessing needs for trainings in their service areas and plan to incorporate that feedback into the answer to this question.

- Representation of CC Subcommittee in planning and attendance of DMH conferences – Currently there is planning for the African American conference. Sandra Chang left email and phone message asking to please notify when first meeting will occur to see if any CC Subcommittee members would like to be involved. Albert informed group that the Advocacy Conference is also in the planning stages. Ann Lee told us to "Save the Date" for the Asian American conference is October 15. Ann does not know if the planning has begun.

  History: Talked about why the CC Subcommittee needs representation at the conferences so there could be representation of different cultures/ethnicities and advocacy for cultural competency. Pointed out the need for conferences to be attended by different ethnic groups. Example given that currently ethnic conferences are mostly attended by members of that ethnic group. Need to encourage attendance of other cultures so everyone can benefit from these excellent learning opportunities. A lot of times these cultural conferences are more of a 'Celebration' of a given culture and many staff and consumers believe that a given ethnic conference is only for that group.

  Organize as a Subcommittee in terms of covering the planning of trainings and conferences. This can be done by area of interest and availability of schedule. A suggestion was made to invite the conference planners to the Subcommittee meetings so

	we can talk about cultural competency issues and get ideas of how planning is going and ask them to consider these topics to show effort that the CC Subcommittee is involved. Suggestions to invite conference planners during initial planning then after a few months invite back so show there is an ongoing concern and involvement.
CC Trainings	• Promoting Hope, Recovery and Resiliency in the African American Community – February 9, 2010 • 2010 Refugee Summit – Save the Date of June 24 and 25th • African American Conference – Rescheduled for June 2010 (Location TBD) • Department of Mental Health 50th Anniversary and MHSA 5th Anniversary – UCLA May 20, 2010 • California Conference on Mental Health & Spirituality Conference – June 10, 2010
Additional Items	• Preparing for MediCal Audit, February 8, 2010 • EQRO Audit week of April 12, 2010 • Look at ways to increase attendance: 1. At the beginning of 2009 it was asked of the District Chiefs to send 2 representatives from each service area so send out a meeting reminder. 2. Send out a meeting reminder a week in advance in addition to 2 or 3 day. 3. Send out the schedule of the meetings for the year so members can plan attendance in advance. 4. Invite others such SAAC members, O&E Coordinators, Consumers and service providers.
Next Meeting	• Wednesday, February 10, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 2/10/2010
1:30 PM – 3:30 PM

1. Welcome & Introductions
2. Review and approval of minutes
3. Purpose & Goals
4. Materials
5. Review Action Items
6. Meeting time and date
   - Wed. March 10th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUBCOMMITTEE AGENDA

WED 3/10/10
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - CAEQRO Audit
   - Results of the State System Review
   - CC Plan: Language Capacity Criterion

4. CC Trainings
   - **LBHI Professional Academy Workshops**:
     - Recognizing, treating and preventing interpersonal violence within the Latino community, April 14, 2010
     - Culturally sensitive practice of working with Latino adolescents using a developmental lens, April 21, 2010
   - **The California Mental Health Advocacy Conference**, April 15th and 16th
   - **Effective Clinical Assessment of Trauma Exposure for Veterans returning from Afghanistan and Iraq**, April 28, 2010
   - **Culture and Personality Disorder,** May 19, 2010
   - **2010 Refugee Summit**, save the date June 24th and 25th. Updates at http://www.dmh.ca.gov/Multicultural_Services/News_&_Updates.asp
   - **African American Conference** – Rescheduled for June 2010 (Location TBD)
   - COD Conference- Cancelled for fiscal year 09-10, but will resume next fiscal year 10-11
   - **The Department of Mental Health 50th Anniversary & MHSA 5th Anniversary** – May 20, 2010 @ UCLA
   - **California Conference on Mental Health & Spirituality Conference** – June 10, 2010

5. Meeting time and date: April 14th, 2010

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: March 10, 2010

Present: Sandra Chang-Ptasinski, Sylvia Guerrero, Julie Ho, Naga Kasarabada, Lorna Pham, Jim Randall, Tammi Robles, Kimberly Spears, Albert Thompson

Absent: Anahid Assatourian, Martin Jones, Christina Dedeaux, Fanny Dieppa, Liz Echeverria, Nilsa Gallardo, Keren Goldberg, Diane Guillory, Rebecca Hall, Adrienne Hament, Scott Hanada, Roger Kelly, Kumar Menon, Miguel Osorio, Mona Sparks, Maria N. Tan, Sharon Watson, Dennis Wood

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	
Review of Minutes	• Minutes reviewed and approved
Action Items	• CAEQRO Audit – scheduled for April 12. The 2 areas of focus will be last year's audit recommendations to: 1. Ensure recovery and welcoming principles – service delivery 2. Review of materials relevant to cultural competency EQRO requested the Service Area Representatives from Cultural Competency subcommittee attend Monday, April 12, 2010, 3-4:30pm, pending confirmation. • State Medi-Cal Review – Cultural Competency did fairly well. The state review looked at how The Department is assessing the linguistic and cultural competency of staff. We were able to give Policy and an HR report for the assessment of linguistic skill. However, we were not able to show assessment of cultural competency. Aside from CC Subcommittee recommendation to include CC assessment – staff's yearly performance evaluations. To correct need to devise procedure for assessment of cultural competency. Ideas for Policy: 1. If decide to initiate policy or change to PE, have to set up appointment with human resources, Susan Moser, to 1) increase manager involvement and 2) union involvement as there might be issues. Possibility of two (2) policies; one for clinical staff and another for administrative staff or should make one very general that would apply to all employees. 2. Suggestion to use existing policy: Patients Rights changed of Provider new policy which better captures changes for cultural reasons. CA State offers a 4-day, 32 hour

	training to self evaluate cultural competency however the program is very costly and prohibitive. Issues identified by Subcommittee • CC can not be easily measured across staff • Duty statements and class specifications might need to be changed to include CC related duties • Supervisors would need to be trained on how to assess cultural competency • A supervisor might not be culturally competent himself/ herself in general terms • A supervisor might not be culturally competent in the culture that he/she is assessing the supervisee in, especially if the supervisor does not speak the language of the target population • Expanding the quality section of the P. E. will add more work demands on the employee and become a deterrent to want to work for DMH. • The new policy would apply to bilingual staff, for the most part, whereas for non-bilingual staff, it would not apply. • There is already a plan for HR to change the P.E. The recommended addition might not fit in the new format. • Will such new policy apply only to directly operated or contract agencies as well? Discussion recap for ways to assess cultural competency: 1) Client Satisfaction Survey a Pilot study: Choose one clinic per SA, have them add a couple more questions targeting clients' input on whether clinic staff was sensitive to their culture, such as: ◦ Was the psychiatrist culturally competent? Yes_____ No_____ ◦ Was the clinician CC? Yes_____ No_____ ◦ Was your case manager CC? Yes_____ No_____ ◦ Was the receptionist CC? Yes ____ No_____ b Have data analyzed into a clinic report on CC c Clinic administrator to utilize data in making individual recommendations for each staff to attend CC trainings 2) look at policies that are currently in place and enforcing a. Revise the bilingual bonus policy to add specifically how DMH is expecting the certified bilingual staff to utilize his/her language skills. b. New policy to be soon released on clients' requests to change providers. This one will track request to change providers due to cultural issues 3) offer cultural competency trainings and track when person is in compliance 4) Do a survey at New Employee Orientation listing all cultural groups (ethnic, LBGTQ, developmentally disabled, homeless, incarcerated, etc).

	a. Have each new employee mark the groups he/she feels comfortable working with b. List CC trainings offered by DMH and have them mark those they consider they would need to take in order to become more CC. • CC Plan: Language Capacity – Criterion 7, section V. Review Part A required translated documents, forms, signage, and client informing material 1. Member service handbook or brochure – if the brochure in question is the MediCal handbook to Mental Health Service, have in all threshold languages 2. General correspondence – need mechanism for ways to assess 6th grade education. Does this refer to No Shows or Case Closed? 3. Beneficiary problems, resolution, grievance and fair hearing – Notice of Action forms not translated. Beneficiary Problem and Grievance forms available in threshold languages; State fair hearing in MediCal guide but not translated 4. Beneficiary satisfaction survey – State covers 5. Informed Consent – Have English and Spanish; Consent for Services is not listed as 'mandatory form to be translated 6. Confidentiality and Release – HIPAA is in English and Spanish 7. Service orientation for clients – English and Spanish. FSP and FCCS brochures available in all threshold languages 8. Mental health education material – Available in English and Spanish; can also obtain from SAMSHA 9. Evidence of appropriately distributed and utilized translated material – ensure that brochures are supplied in easily accessible location throughout the day Focus of this CC plan is to develop it as a guideline for CC service delivery by DMH not just gathering information of past activities that fit into the criteria. Need to prioritize language to decide which languages need to be translated first.
CC Trainings	**Listed on Agenda**
Next Meeting	• Wednesday, April 14, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUBCOMMITTEE AGENDA

WED 4/14/10
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - CAEQRO Audit
   - Organizational Assessment ~neutral questions
   - CC Plan: Requirements for the Cultural Competence Committee
   - Staff participation in cultural competence trainings ~ follow-up

4. CC Trainings
   - WET Save the Date:
     i. Three Day Mental Health Interpreter Training - 4 locations from 8:30 – 4:30 pm. Please see attached Flyer for Dates and Locations
     ii. One Day How to Use an Interpreter in Mental Health Setting – 4 locations from 8:30 – 4pm. Please see the attached Flyer for Dates and Locations.

   - Multicultural Communications: Appreciating Diversity & Building Skills, May 25, 2010, 9:30 Am - 3:30 pm, Superior Court Building, 600 S. Commonwealth Ave., 6th Floor, Room A, Los Angeles, CA 90006

   - Diversity And Unlearning Prejudice, June 29, 2010, 9:00 - 1:00 pm, 695 S. Vermont Ave., 7th Floor, Room 712

   - Clinical Treatment Of Children With Developmental Disabilities, March 15, 2010, 9:00 - 1:00pm, San Antonio Mental Health Center, 2629 Clarendon Ave., 2nd Floor Conference Room, Huntington Park, CA 90255

5. Meeting time and date: May 12th, 2010, 1:30-3:30pm, 15th Floor Conference Rm 695 S. Vermont Ave, Los Angeles CA 90005

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

May 12, 2010
1:30 – 3:30 p.m.

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - CC Plan: Requirements for the Cultural Competence Committee
   - Organizational Assessment: neutral questions
   - CC trainings for DMH staff ~ follow-up
   - DMH Information Notice No: 10-07 – Threshold Languages
   - Identify & select forms to be translated into threshold languages.

4. Upcoming CC Trainings
   - MH Interpreter Training May 17th,18th & 19th
   - Culture and Personality Disorder May 19th
   - Training Providers in the use of Interpreter Services in MH Settings May 25th
   - Diversity & Unlearning Prejudice June 29th
   - Pacific Clinics 13 Annual Latino Conference May 20th
   -

5. Meeting time and date: June 9th, 2010

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY COMMITTEE MEETING

Date: May 12, 2010

Present: Anahid Assatourian, Sandra Chang-Ptasinski, Sylvia Guerrero, Rebecca Hall, Julie Ho, Martin Jones (via phone), Ann Lee, Tammi Robles, Krista Scholton, Mary Silvestrini, Kimberly Spears, Albert Thompson

Absent: Christina Dedeaux, Fanny Dieppa, Liz Echeverria, Nilsa Gallardo, Keren Goldberg, Diane Guillory, Adrienne Hament, Scott Hanada, Roger Kelly, Kumar Menon, Miguel Osorio, Mona Sparks, Maria N. Tan, Sharon Watson, Dennis Wood

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Introduction and welcome back to Rebecca
Review of Minutes	• Minutes reviewed and approved with signature.
Action Items	• CC Plan: Requirements for the Cultural Competence Committee. Rebecca and Sandra attended the QIC Meeting and one of the update was that according to the Cultural Competency Plan there needs to be a Cultural Competency Committee as opposed to a subcommittee. Motion was moved and approved to elevate to Committee status. Goal of today's CC meeting is to go over Criterion 4 and looking at state requirements for membership and goals/functions of committee. I. Per State's requirement, the CC Subcommittee has been elevated to Cultural Competency Committee (CCC). This requirement was presented at the May QIC meeting. A. Brief description of CCC – organizational structure is done and meeting frequency is set. Rebecca will create a draft for the functions and role of committee for next meeting so group can review. B. Policies, procedures and practices need to be in place to ensure that members are reflective of the community. No policies or procedures are in place. Rebecca will again create a draft and send out for review. Look at inviting someone from Older Adults and for clients invite someone from the County Client Coalition. For the ethnic representations invite people from the UREP groups. Providers can be

invited thru QIC. Question about how high up in DMH management should we go? Plan has been presented to high administrators in key areas so they might be a contact for future representation or send a representative. Other programs/units that have responsibility for submitting information/data for plan need to be included: HR, QI/QA, Patient's Rights (have current representation), PEI, WET, MHSA/Implementation, Empowerment & Advocacy, and Training. Because of the amount of representation needed, the size of the committee could increase significantly. Strategic planning for membership will be practices to ensure CCC effectiveness

II. Requirement from State stating that the CCC, with responsibility for cultural competency, is integrated within the County Mental Health System:
   A. CCC is to be involved in the following activities
      1 Reviews all services/programs - Have had discussions and minor influence in some policies but need to involve committee into a larger role in DMH. Because the CC Plan is due by July 28th, some of the policies and procedures will not be in place. Therefore the CCC will need to show progression towards fulfillment of plan requirements and lay the groundwork for where we want to be once the plan is fully operational.
      2 Provides reports to QA/QI – Rebecca and Sandra are members of QIC and provide CC updates at meetings.
      3 Participates in overall planning and implementation - Discussion focused on how tracking of staff's cultural competency would be assessed. Previous CCC idea to include employee cultural competency in the annual performance evaluation was further discussed and dismissed.
      4 Reporting requirements include directly transmitting recommendations to executive level/Mental Health Director – Gladys would be able to satisfy this requirement as Sandra reports to Gladys, Gladys reports to Dennis Murata, Dr. Southard and EMT and Gladys is the Ethnic Services Manager.
      5 Participates in and reviews County MHSA planning – CCC is housed in Planning therefore there is Gladys
      6 Participates in and reviews Stakeholder process – LA County Stakeholders has been disbanded and will be absorbed into the System Leadership Team (SLT).
      7 Participates in reviews County MHSA plans for all MHSA components – If the CCC can get members from the different MHSA plans (WET, PEI, CSS, Innovation) they would be able to fulfill one or 2 of the member requirements.
      8 Participates in and reviews client developed programs – There are the Wellness

Centers, the Self-Help Libraries and the Self-Help Groups. For the Innovation Plan, there is a Peer Run component so the need to have a member from Empowerment & Advocacy is greatly needed.

9 Participated in revised CCPR (2010) development – this would be the CCC.

B. Evidence that the CCC participated in the above process – Minutes and agendas from the CCC meetings.

C. Annual report of the CCC activities

1 Detailed discussion of the goals and objectives – Plan on using the goals that were developed for QIC and rename as the Cultural Competency Committee Goals

2 Reviews and recommendations to county programs and services.

3 Goals of CC Plan –

4 Human resources report– need more information. State DMH will be contacted for clarification.

5 Organizational Assessment – completed

6 Training plans – Need State DMH clarification on this item. Held discussion on what constitutes a culturally competent training. Just because something is titled "Latino" or "African/African American" does not mean it is culturally competent, there needs to be a mechanism to judge or inform the instructors of trainings what encompasses cultural competency. Will invite Elaine Powell who is Supervisor of the Training Division and offer to include in future discussion.

Question: Now that we are the Cultural Competency Committee, will there be a chair and co-chair? Yes, before as a subcommittee there were 2 co-chairs. The committee can develop a mechanism for election/rotation of chairs. For now, since the CCC is getting revamped, Rebecca Hall and Sandra C. Ptasinski, will remain co-chairs for the CCC.

- Organizational Assessment: Neutral Questions

  Dr. Southard asked the consultant to factor out those questions/answered by many staff members as 'don't know'. Dr. Wolfe used a 70% cut-off on data which is the common industry standard.

  The questions staff marked not knowing/unsure are:

  a. whether or not the delivery of culturally competent services is done through consultation using demographic information/client satisfaction survey

  b. if there is ethno-cultural and sensitive support for culturally diverse staff including career path

	c. available funding for cultural competence trainings d. whether or not there is inclusion of cultural competency in the PE's e. lack of knowledge of bilingual bonus and Under Represented Ethnic Populations 1. These questions could be addressed in New Employee Orientation and Incubation Academy. Want to increase the CC knowledge so in the future we move forward as a more culturally competent organization. 2. Additional ways to disseminate cultural competency information could be via E-news. Having a regular entry as a "CC: Did You Know?" Another way could be to use the SAAC's and Providers' meetings which are attended by directly operated and contracted providers. • CC Training for DMH staff – Follow-up – will invite Elaine Powell and find out how trainings are selected and how they are assessed for cultural competency • DMH Informational Notice No: 10-07 – Threshold Languages – 2010 report on threshold languages has been released by the State. There are 13 threshold languages in Los Angeles County. • Identify & Select forms to be translated into threshold languages – Will table this discussion for next month.
CC Trainings	**Listed on Agenda**
Next Meeting	• Wednesday, June 9, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

June 9, 2010
1:30 – 3:30 p.m.

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Elaine Powell - Training
   - Roles & Responsibilities for the CCC - Feedback
   - Identify & select forms to be translated into threshold languages.
   - CCC Membership

4. Upcoming CC Trainings
   - WRAP Spanish June 28th
   - Diversity & Unlearning Prejudice June 29th

5. Meeting time and date: July 14th, 2010

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY COMMITTEE MEETING

Date: June 9, 2010

Present: Kelli Blanchfield, Sandra Chang-Ptasinski, Rebecca Hall, Julie Ho, Martin Jones (via phone), Naga Kasarabada, Ann Lee (via phone), Elaine Powell, James Randall, Tammi Robles, Kimberly Spears, Albert Thompson, Leticia Ximenez

Absent: Anahid Assatourian, Liz Echeverria, Nilsa Gallardo, Keren Goldberg, Sylvia Guerrero, Diane Guillory, Adrienne Hament, Scott Hanada, Rose Lopez, Kumar Menon, Sharon Watson,

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Introductions made. Kelli Blanchfield is representing Older Adults at this meeting but will be transferring to PEI, DMH-DHS collaboration program soon. Rebecca announced the Cultural Competency Plan Requirements (CCPR) deadline extended to August 31, 2010.
Review of Minutes	• Approved/seconded as written
Action Items	• Roles & Responsibilities for the CCC – Feedback: Group asked to review and to send feedback/comments to Rebecca who will update for next meeting. • Identify & Select forms to be translated into threshold languages: A list of forms deemed essential that need translation was provided. The group reviewed and added additional forms. Once the list is approved, Gladys will take and present to the EMT for their approval followed by implementation. Client Care/Coordination Plan (CCCP) was suggested as a form that should be translated but there have been many discussions in other groups/meeting that discourage translating this form. An argument against translating the CCCP is that it is too complex and to translate it would be very difficult. Another concern is with attaching the English version to the back of the translated CCCP form (as required by DMH Clinical Guidelines Policy). Some feel it would be problematic because the sheets often get lost or separated. Noted that the HIPAA forms are available online on LAC-DMH intranet and in the threshold languages, except for Arabic and Spanish. Spanish does have a link but it is non-functioning and Patients Rights is aware of this.

Per Title IX, DMH educational materials such as brochures need to be translated into the threshold languages. DMH currently has the FSP brochures in the threshold languages. FSP/WRAP Around Tier II is a new program; don't know if there is a brochure in English finished but there was one being worked on. Another program that should have brochures in threshold languages is Family Supportive Services. FSS is highly associated with FSP and FCCS but considered a completely different program with services for the family.

This list needs to be completed for presentation to EMT in July, for inclusion in the CCPR. CCC needs to prioritize the list by importance, consents etc. Forms and brochures can be added to the list yearly as the CCPR is updated.

Of the forms and brochures discussed, the priority is as follows:

1. Consent for Services
2. Privacy Practice & Clients Request for Release of Information (HIPAA Forms)
3. Confidentiality & Release of Information
4. Consent to Medication
5. Client Care/Coordination Plan
6. Change of Provider
7. Notice of Action
8. Advanced Health Care Directive
9. ACCESS Brochure
10. Educational Materials on Disorders: Depression, Bi-Polar, Anxiety, Schizophrenia, etc

- Training – Julie Ho updated:

I. In process of developing subcommittee which would assign ratings to all trainings to determine level of cultural competency. Julie developed a document that is currently being reviewed and will be given to all presenters to ensure incorporation of cultural competency into all trainings except computer trainings. Subcommittee will consist of other training coordinators and Rebecca and a possible other member of the CCC.

II. Training is considering lengthening New Employee Orientation to 3 days instead of 2 days and using that 3rd day for the mandatory Sexual Harassment Training and Cultural Competency Trainings. This would be a good way to track the new employees but the issue still remains for how to track compliance with current employees.

	III. Questions: A. Are there timelines for getting the committee in place and developing the point system and what the point range be? Training has not set a definitive timeline of development as there is still discussion on the point range system and committee membership. B. Tracking questions – Is there any tracking mechanism being developed? Not able to pull every name from a training to see who has attended; only able to pull trainings for a specific date. Even if someone enrolls in a training via Learning Net, someone still needs to enter attendance from the sign-in sheet into the system. Learning Net hasn't been fully realized/developed to its potential. C. Question about how trainings are chosen – Trainings are driven by requests from programs and budget. • CCC Membership: Under Represented Ethnic Population (UREP) membership was approached at a UREP Leadership meeting and they decided that the UREP Leadership would be willing to serve as an Advisory Board on issues that relate to underserved ethnic populations. If needed, CCC could attend their meetings and seek advice. Current membership is 15 and would want to expand to more than 30. Ideally would like Service Area representation, consumer/family/caretakers, UREP, age groups (child, TAY, adult, older adult), MHSA plans, contracted/directly operated providers, veterans associations, religion, and LGBTQ Need to start looking at current membership and seeing what type of representation is currently involved. From there can invite people who can fulfill the deficient categories required as by the state.
CC Trainings	**Listed on Agenda** Additional trainings – • Spirituality Conference - full • Hoarding Conference , June 17, 2010 • Housing Conference, June 14th & 15th
Next Meeting	• Wednesday, July 14, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

July 14, 2010
1:30 – 3:30 p.m.

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - CCPR – Criterion 4

4. Upcoming CC Trainings
   - Aging & Long-Term Care July 14th & 21st
   - Milestones of Recovery Scale (MORS) Training July 19th
   - Americans With Disabilities Act September 23rd
   - Diversity & Unlearning Prejudice October 28th

5. Meeting time and date: August 11th, 2010

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH – PLANNING DIVISION
CULTURAL COMPETENCY COMMITTEE MEETING

Date: July 14, 2010

Present: Sandra Chang-Ptasinski, Sylvia Guerrero, Rebecca Hall, Martin Jones (via phone), Ann Lee (via phone), Rose Lopez, Kumar Menon, Ruby Quintana, James Randall, Tammi Robles, Karen Sprague, Kimberly Spears, Albert Thompson, Esther Lee (in lieu of Leticia Ximenez)

Absent: Anahid Assatourian, Nilsa Gallardo, Keren Goldberg, Diane Guillory, Adrienne Hament, Scott Hanada, Julie Ho, Naga Kasarabada, Lorna Pham, Krista Scholton, Kelli Blanchfield

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Introductions made
Review of Minutes	Minutes approved and seconded as written
Action Items	CCPR – Criterion 4: Per Criterion 4: LACDMH must have a Cultural Competency Committee thus, the Cultural Competency subcommittee derived from QIC has been upgraded to an actual committee. This is the only change as the work will remain the same. The CCC Roles & Responsibilities have been created which makes the CCC more formal. The purpose of the Committee is to ensure the integration of Cultural Competency as a critical part of policy and strategy in the planning and delivery of mental health services to children, TAY, adults and older adults. Currently LACDMH does not nave a policy on Cultural Competency but that is on the list of agenda items/goals for the CCC. It has been suggested that the CCC look at MHSA and incorporate that write up into an action item. The CCC will use info written in MHSA and include that in the Reference section when the policy is written and will ask the consultant to incorporate into the CCP as she writes it. The CC Plan is going to include policies like Hearing Impaired Access and Language Accessibility and incorporate in the plan.

	Organizational Chart and Membership Roster are in the process of being updated. There is a new column added to the sign-in sheet. CCC members were asked to 'self identity' so when we report on the plan, we include demographics such as 'x' number of consumers, family members, LAC-DMH employees, and contractors and representatives from diverse ethnic groups. This will allow the CCC to provide its demographic makeup in relation to the demographic profile of LACDMH. Another chart that was created as a tracking mechanism to capture activities/meetings that CCC members might have participated in that might have tapped into Cultural Competency. For ex., Membership into SLT, Outreach and Engagement, Delegate/Alternate, anything to show that we have members who wear multiple hats, meaning someone might not represent CCC but can carry the voice of CC at diverse groups like Underserved Populations. CC Plan calls for review of all services and plans for cultural competency issues within the County. The Committee has already begun involvement by talking about the MHSA plans and CC issues (Angelita Diaz from WET, Lillian Bando for PEI, Debbie Innes-Gomberg for CSS and Tara Yaralian for Innovation). The CCC has been working with Training Division to revamp the Training Survey to better reflect the cultural competency content of trainings and in preparing a statement of CC requirements to be incorporated into the training to give to the trainers beforehand. Other practices that can be cited are the presentation done at New Employee Orientation and at The Incubation Academy; there are members of the committee that are involved with these activities and their involvement can be cited for the Plan. Additionally there are members who attend QIC meetings and those members can update and provide information regarding cultural competency. We also receive information regularly from Patients' Rights and Outreach & Engagement. One idea to expand CC into more areas of LACDMH is for members to attend SA QIC meetings and have talking points or items that we really want to implement as the CCC and be true agents of change. If there could be 2 or 3 items the CCC could agree upon, then those items can be taken back to the SA QIC thus opening communication between the CCC and the SA QIC. Will speak with Training Division District Chief, Martie Drinan, about adding a Cultural Competency agenda item; will need to create talking points for the information the CCC wants to convey to each SA QIC meetings

	There was a question about Contract Providers and their internal CC activities. Do those items need to be reported since some members represent contracted agencies? Since there are hundreds of contracted agencies, obtaining every form and piece of information from each would be very ambitious for the CC Plan time frame. Therefore we are looking at including a sampling of forms that have been translated and utilized. The CCC is also looking at obtaining information regarding specific programs like API programs in Pacific Clinics. There is currently a plan to incorporate contracted agencies into the CC Plan asking for samples of CC policies and MH treatment forms to be sent. There was a discussion on cultural demographics of staff at clinics and how, at times, the employees do not reflect the community they serve. For example, at the West Valley MH clinic, about half of the workforce was over 60 years of age and how would younger consumers relate or discuss MH issues with someone much older than themselves. In some cultures, age is seen as a beneficial aspect as there is respect towards elders and readiness to accept wisdom that comes with age. Sylvia Guerrero from Patients' Rights, brought the new Request for Change of Provider. The new form gathers information that taps into the cultural needs of consumers. The form includes reasons to request a change of provider specifically addressing the language, age and gender needs/concerns. It also includes a space available to write in any "other" reason not currently listed. Question was asked if there are any resources available for finding clinicians who speak a specific language. There are 2 sources available that list providers according to languages spoken, but getting actual assistance might be difficult. 1) The Multi-Linguistic Service Providers Directory available online on DMH intranet. This site lists agencies, discipline and languages spoken. It also lists the work hours of staff. 2) Human Resources report of staff who receives the bilingual bonus. There is no policy about how the language capabilities of employees on bilingual bonuses can be utilized by The Department. There is no policy stating how or when these employees are expected to use their language skills. A MAPP Goal of DMH is to create a translation unit. This would centralize translations and create a 'best practices'. Committee has identified items that need to be addressed. There are tasks that are more of an immediate goal while others are long term goals. Immediate concerns include finishing the CC Plan, updating the CCC membership, and gathering information on the

	activities/meetings/taskforces pertinent to CC where the CCC members have been involved. Items for future consideration include: 1) revisiting the Organization Assessment where gaps in knowledge of cultural competency practices of DMH were observed by creating a "CC Corner" or "Did you Know" for eNews; 2) working with SA QIC's for CC involvement and data collection; 3) looking at the bilingual bonus in terms of policy and accessing the assets represented in DMH workforce; 4) the need to figure out how to organize and make an impact as a committee; and 5) moving the discussion forward on translation of previously identified forms. Suggestion was made to look at other County agencies to learn how they accomplished translation of their forms into threshold languages. Health Services has had many of their forms translated and since they are a County agency, the committee can use connections at DHS to find out how it was done.
CC Trainings	**Listed on Agenda**
Next Meeting	• Wednesday, August 11, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

August 11, 2010
1:30 – 3:30 p.m.

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Review of CCC Roles & Responsibilities
   - CCC Goals & Priorities
   - Complete Activities list and Member List affiliations
   - SA QIC & SAAC meeting representation

4. Updates
   - CC Plan
   - MC Audit Corrections
   - EMT Translation approval

5. Upcoming CC Trainings
   - Americans With Disabilities Act September 23rd
   - Diversity & Unlearning Prejudice October 28th

6. Next meeting time and date: September 8th, 2010

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH – PLANNING DIVISION
CULTURAL COMPETENCY COMMITTEE MEETING

Date: August 11, 2010

Present: Ilda Aharonian, Diane Guillory, Rebecca Hall, Julie Ho, Martin Jones (via phone), Naga Kasarabada, Ann Lee (via phone), Rose Lopez, Ruby Quintana (for Anahid Assatourian and Leticia Ximenez), James Randall, Tammi Robles, John Sheehe, Kimberly Spears

Absent: Anahid Assatourian, Kelli Blanchfield, Sandra Chang-Ptasinski, Sylvia Guerrero, Keren Goldberg, Adrienne Hament, Kumar Menon, Krista Scholton, Karen Sprague, Albert Thompson, Leticia Ximenez

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Introductions made of new member, Ilda Aharonian
Review of Minutes	Minutes approved and seconded as written.
Action Items	• Review of CCC Roles & Responsibilities: The Rules & Responsibilities document is going to be the backbone of how the Committee functions. Noted that on the Roles and Responsibilities document there was a probable typographical error in the Addendum, Welfare & Institutions Codes; typed as 9 5600.9(a), might need to be 5600.9(a). Rebecca stated that if there were any other ideas or changes, please email to her. • Goals & Priorities: Two goals for the coming year are: (1) creation of the Cultural Competency Policy and Procedure and (2) translations of the prioritized list of forms. Update on that list – Gladys Lee has list and is waiting for return of Dennis Murata to present to EMT. Question asked if all of LA County had goals or if this was only a DMH project? The goals are very generic, something along lines of considering differences in the populations within service delivery. As a committee look at the Strategic Plan and work on making those goals and CC goals complimentary and compatible. Another goal is to get CC Plans and Issues onto the QIC

	and SAAC meetings. Could be used as recruitment for getting contracted providers and community members involved in the Cultural Competency Committee as the Plan requires. There is no Mission Statement for the Committee as should be same as DMH's statement. Currently have members who attend SA QIC and/or SAAC meetings. There is a committee working on PEI Guidelines and Carl McKnight, ASOC, had asked Ann Lee to write about cultural competency. Committee will invite Dr. McKnight to a meeting where input can be offered and submitted. This evidence can also be used for System Review that will occur in a few years. This would be similar to the evidence used when the CCC made recommendations to the WET plan. Discussion was held on possible activities the CCC could to to show/express the diversity of culture and language in DMH including creative ways to access people across the County. Not only just targeting health fairs and the like, but by attending different types of events like LA Marathon, Sunset Junction or hosting a cultural fair celebrating with food and music where consumers can also talk about DMH and their experiences. Ilda Arahonian informed the Committee about LA County's Productivity and Investment Funds. It is a Board of Supervisor fund for County departments who apply with innovative programs or projects to possibly obtain funds to sponsor a cultural event or media campaign outreaching to different cultural groups. Ilda will research and provide information at the next meeting. • MC Audit Corrections: Deficient in Assessing Cultural Competency of Staff. Met with Martie Drinan of the Training Division and Susan Moser from HR and Susan said will include in the Handbook and since already have the Sexual Harassment Training that needs to be done within so many days, add the foundation course of Diversity and Unlearning Prejudice. Susan also stated that HR is currently in the process of revamping the Performance Evaluation and add a little section asking if employee took the required trainings and list them. Need to work on the infrastructure before it can become fully enforceable. • General Discussion: There was a general discussion on the fund and how it could be used to create videos like the Profiles in Hope videos targeted to the underserved ethnic communities. Another

	possible use of fund would be to allow table rental for non-DMH events where mental health is not the focus. Discussion also on doing an eNews bulletin either weekly or monthly for CC; need to contact Kathleen Piché in the Public Information Office. • Activity List and Member List Affiliation: For the plan, request everyone to fill out the Activities List of events/Meetings attended where cultural competency was brought up and the Member List and Self-Identification that will show the demographics of the group.
CC Trainings	**Listed on Agenda**
Next Meeting	• Wednesday, September 8, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

September 8, 2010
1:30 – 3:30 p.m.

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Training discussion – Julie
     - Planning of Conferences
     - How topics selected?
     - How trainers selected?
   - PEI Guidelines – Carl McKnight
   - Kathleen Pichet – Media – Profiles In Hope
   - Ilda/Karen G. – Productivity & Investment Fund
   - Organizational Assessment
   - E News CC item
   -

4. Updates
   - CC Plan
   - MC Audit Corrections
   - EMT Translation approval

5. Upcoming CC Trainings
   - Diversity & Unlearning Prejudice October 28th

6. Next meeting time and date: October 13th, 2010

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

October 13, 2010
1:30 – 3:30 p.m.

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Training discussion – Julie
     - Planning of Conferences
     - How topics selected?
     - How trainers selected?
   - PEI Guidelines – Carl McKnight
   - Media – Kathleen Piché
   - E News Bulletin CC item
   - Productivity & Investment Fund - Ilda/Keren G.
   - Review of Strategic Plan
   -

4. Updates
   - CC Plan
   - MC Audit Corrections
   - EMT Translation approval

5. Upcoming CC Trainings
   - Diversity & Unlearning Prejudice October 28th
   - HIV AIDS Assessment Training – Nov. 17th
   -

6. Next meeting time and date: November 10th, 2010

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH – PLANNING DIVISION
CULTURAL COMPETENCY COMMITTEE MEETING

Date: October 13, 2010

Present: Ilda Aharonian, Sandra Chang-Ptasinski, Keren Goldberg, Julie Ho, Martin Jones (via phone), Naga Kasarabada, Ruby Quintana (for Anahid Assatourian and Leticia Ximenez), Tammi Robles, Krista Scholton (via phone), John Sheehe, Greg Hooker (for Kimberly Spears)

Absent: Anahid Assatourian, Kelli Blanchfield, Sylvia Guerrero, Diane Guillory, Rebecca Hall, Adrienne Hament, Ann Lee, Rose Lopez, Kumar Menon, James Randall, Kimberly Spears, Karen Sprague, Albert Thompson, Leticia Ximenez

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Attendee introductions Ruby Quintana announced that she might become the representative for SA 4 and replace Leticia Ximenez
Review of Minutes	August 11, 2010 minutes approved and seconded as written.
Action Items	• Training Discussion – Julie Ho a) Planning of Conferences – based on the different entities that put on the conferences and if there is funding available. b) Topic Selection for Trainings – driven by programs and age groups. Children programs do a Needs Assessment with their FSP and FCCS providers to get a sense of what trainings are needed. For Childrens', most trainings are for ages 0-5. Training selection is also dictated by the MHSA Stakeholder process within each of the Service Areas, making it very complex when trying to set up a system wide training when each SA/Age Group has its own agenda and training needs. Even scheduling dates and times is complicated since so many different entities are working independently as opposed to a centralized system.

	Question asked of Julie about WebX: What is the percentage of trainings being conducted over the web? Number is very small; it is a slow process and some of the Training Coordinators have been trained on how to put trainings online. Training materials need to get processed through the Board of Supervisors and the Executive Management Team before the materials can even be released for production onto the web. Luis Escalante is working on some mandatory trainings as is Office of Affirmative Action. Another question regarding trainings such as Non Violent Crisis Intervention, which are mandatory but recently been offered only twice a year, will they be offered at a higher frequency again? Can send in a Training Request for a specific training. The requester would need to fax the form to the Training Division, Attn Elaine Powell. She will review then assign to a training coordinator. The person who coordinated most of the mandatory trainings was out on sick leave but has now returned so those will be rolling out again. Discussion on incorporation of cultural competency into all the training. The Training Division has developed a handout for the trainers so before they sign the contract, they can see what is required in regards to cultural competency incorporation into the training curriculum to ensure cultural competency is addressed as a learning objective and integrated in the training. Discussion of additions to training: Are the trainings being selected on issues that affect certain cultural groups served by DMH? Example is High Risk Behavior Screenings such as the high rates of HIV infection among African Americans and meth use among Latinas. Is there adequate training to the clinicians to do high risk behavior screenings for those groups and filling a need within a cultural group? Ilda Aharonian stated that CIMH is developing Tool Kits for FSP programs and the latest kits are being developed around cultural competency for each age group (she is a member of the Childrens' Subcommittee.) She mentioned the California Brief Multicultural Competence Scale as a helpful tool as it assesses the cultural competency of staff. Attached to this assessment is a training based around African-American, Asian-American, Latino, and American Indian there was also talk about revision to include LGBTQ. The question was raised if DMH could adopt this training. Sandra Chang explained that it is being looked at by Training and Planning Division' administrators. The impeding factors in obtaining this tool are the cost of the program

	and the length of time, 32 hours over 4 days for the basic training. There is interest from CCC members to learn more about the CBMCS – this information will be obtained and scheduled for a future meeting. Ilda asked if the CCC would like to participate by providing feedback that she can forward to the other FSP Toolkit subcommittees. Her idea was well received as this would be a good way for Los Angeles County Department of Mental Health, Cultural Competency Committee to be involved in informing the process of a specific cultural competency process. Immediate feedback to CCC: Since each county in CA has a mental health department with a Cultural Competency Committee, not everyone can be a formal part of the State's committee. Each Ethnic Services Manager of each county is the representative, therefore he/she can inform the committee of news that might be of relevance and bring back the recommendations/suggestions. c) How can CCC play an active role in bringing the ideas forward to the Training Division? Training Coordinators meet weekly for a Policy/Procedure Meeting which Rebecca has attended in past. If recommendations want to be put together and presented, it can be done. This is not the committee that will evaluate trainings on a scale of 1-4 on cultural competency as Elaine Powell has not implemented that committee. • Media – Sandra Chang presented information received from Kathleen Piché stating that it would be easy for CCC to have a CC item placed in the eNews and will be sending Sandra Chang-Ptasinski the guidelines for submission. The paragraph or information that would be included in the eNews would need to be submitted one week before the eNews is posted, no later than Wednesday and 400 words or less. • eNews Bulletin CC Item – Can be used as a vehicle of dispersing information on several CC topics such as: a) CC – Did you Know; b) QI data on service utilization; c) announcement of trainins/conferences that are culturally competent; d) introduce the diversity of staff with DMH; e) provide information on the CC Organization Assessment; f) other topics as they develop – meetings; and g) link each quarter with some cultural news like Black History Month, Hispanic American Month, Asian American, etc, and give information regarding event or history.

	Need to organize and decide on items like who is taking charge, who will put item together, how soon will we begin, etc. Suggested launch January 2011 on a quarterly basis Suggested names – name suggestions will be emailed and voted on next month: • Cultural Corner or Cultural Competency Corner, except the position would need be in corner of eNews • Did You Know • Diversity Corner or something with Diversity in the name • Down with Diversity – positioned at the bottom of newsletter. • Talking About Culture Topics: • Should be tied to mental health, well-being and culture • A piece showing the diversity of cultures within DMH and how we want to serve the communities. • Making a game of something like Match Picture to Culture or Language Spoken • For future – allow feedback from readers like questions/comments or suggestions about what cultural competency is or what they want to read. • Productivity & Investment Fund (PIF) – Keren Goldberg gave a brief informative session. Money comes out of the Los Angeles County Commission on Quality and Productivity. This commission is not tied to any department but is countywide. Every fiscal year they are given a lump sum of money from the CEO's office and told to seek projects that are occurring in various county departments that will raise service to the citizens of Los Angeles County. By supporting these projects for one to three years, the Department is able to demonstrate to the Board of Supervisors how valuable these projects are and the Board can increase the regular budget so the project can continue. If, as a committee, we could find a project that we believe is valuable in terms of cultural competency create something that could be an example of a CC project that could drastically improve the Department. However, the Department could not be in the position to fund, especially under the current fiscal conditions. Keren will bring the description of the fund for next meeting. Ilda had a thought about launching a campaign on Anti-Bullying. Look at creating something from DMH stating that bullying may lead to suicide and how do we help victims

	but also how do we help intervene the bully's and get them to stop that destructive behavior. Look at something that would not only raise awareness but also lead to skills building. • Review of Strategic Plan – Goal 2: Eliminate disparities in mental health services, especially those due to race, ethnicity and culture. Goal 4: Create and enhance a culturally diverse, client- and family-driven, mental health workforce capable of meeting the needs of our diverse communities.
Updates	• CC Plan – Working on completing information needed for specifically Criterion 8, which is needed from the contractors like forms, policy/procedures, threshold languages represented in their workforce, who they serve, etc. A survey will be posted online and sent to 120 legal entities that bill to DMH. • MC Audit Corrections – When State did the audit, DMH did very well in assessing the linguistic capabilities of staff but not so well on assessing the cultural capabilities of staff. CC staff is working with HR and Training Division to generate a procedure that looks at CC-related mandatory trainings that can be phased in for new employees then see how the rest of staff can get in line for these trainings. • EMT Translation Approval – The list of the forms that need translations and Executive Management Team has made a recommendation to first focus on client signage forms.
CC Trainings	**Listed on Agenda**
Next Meeting	• Wednesday, November 10, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

November 10, 2010
1:30 – 3:30 p.m.

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - E News Bulletin CC item
   - Productivity & Investment Fund - Keren G. presenter

4. Updates
   - CC Plan
   - Translation approval

5. Upcoming CC Trainings
   - HIV AIDS Assessment Training – Nov. 18th
   -

6. Next meeting time and date: December 8th, 2010

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH – PLANNING DIVISION
CULTURAL COMPETENCY COMMITTEE MEETING

Date: November 10, 2010

Present: Sylvia Guerrero, Rebecca Hall, Martin Jones (via phone), Ann Lee (via phone), Ruby Quintana (for Anahid Assatourian and Leticia Ximenez), James Randall, Kimberly Spears, Tammi Robles

Absent: Ilda Aharonian, Anahid Assatourian, Kelli Blanchfield, Sandra Chang-Ptasinski, Keren Goldberg, Diane Guillory, Adrienne Hament, Julie Ho, Naga Kasarabada, Rose Lopez, Kumar Menon, Krista Scholton), John Sheehe, Karen Sprague, Albert Thompson, Leticia Ximenez

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Attendee introductions
Review of Minutes	October 13, 2010 minutes approved and seconded as written.
Announcement	Translation of Form list submitted to EMT has been approved. Money has been allocated to have all the forms translated into all 10 (Chinese/Mandarin/Cantonese are translated into Common Chinese) threshold languages. The request will be going out to bid to three (3) agencies and once the bid is approved, the work will begin. There is no definite completion date since there needs to have a 2 tier review done by consumers/family members. Suggestion that if there is any money available if it would be possible to hire professional reviewer to minimize effort in locating consumer/family member volunteers. Translated material will also be done at a 6th grade reading level.
Action Items	• eNews Bulletin CC Item – First piece should be an introduction to Culture, what is Cultural Competency and what the Cultural Competency Committee is and what the Committee is trying to accomplish. Maybe do upcoming topics to be discussed. Tie in events/activities in each Service Area that is cultural in nature. This can be a tool to show there is more to culture; it is not just race and language. Question if Veterans could be considered a culture and yes, they are as are a few other

	overlooked categories like Migrant populations and Incarcerated person. Need to make people aware that culture relates to age, gender, socio-economic status, etc. Martin Jones suggested extracting information from the CC Plan that covers the role of culture in the department and what the committee is trying to do. He also stated that every year SA 1 does an event around Black History Month but tailor towards working with African-American families and consumers and they are in the midst of planning the event now and as soon as more details are available, Martin will inform when more information is available so that it can be included in the January bulletin. Another good idea is to mention what else is out there like Hispanic Heritage Month. • Productivity & Investment Fund – Keren Goldberg was not available for presentation
Updates	• CC Plan – about 75% finished; sent out a District Chief's survey and received the preliminary results, mostly looking at what is the County's written plan for linkage or referral of Limited English Proficiency clients that walk through the door. Sent a survey to 130+ legal entities and 91 responded and completed. This survey is to see if they have any programs that are tailored for ethnic or minority populations. DMH has been struggling to find these programs that might be limited to one clinic but would address targeting disparities in these populations. Consultant is beginning write up. Discussion followed as currently SA 6 is struggling with a case with a TAY FSP client who is hearing impaired. Went through ACCESS but will only provide interpretive services for medication appointment and therapy appointments. The issue is this client wants to attend groups and outings but no interpretive services can be found to assist the agency and the client refuses not to go even when notified of the challenges of not having interpreter available. Even for crisis, there are no interpretive services for deaf/hard of hearing. • Talking Points for QIC – Jim Randall asked about the status of creating talking points for presentation at the monthly SA QIC meetings. Kimberly, being the SA 6 QIC Chair, breaks up her meetings into 3 parts: QI, QA and Cultural Competency. Anything that is discussed in the committee as far as training or what is being done like the moving forward with the translation of forms; she makes it separate from QI and QA. Survey of who on the committee attend the QIC: Anahid Assatourian is the SA 4 QIC Liaison; Ann Lee attends SA 8 and what she does is whatever is covered at the monthly QI Division meeting (usually have a Cultural Competency Item on agenda) and uses that and

	puts that information on the SA 8 agenda as well; James Randall attends SA 2; Sylvia Guerrero attends SA 7; SA 1 is attended at times by Martin Jones and if he can not attend, he sends someone in his place to ensure the information is passed along. Rebecca will make talking points that can be very general just so that Cultural Competency and the work being done is in the forefront which can also be a springboard in conversation for Cultural Competency needs at SA QIC level. This might also encourage SA participation at CCC meetings. • New Census Data – Rebecca read recent articles that state the multiracial category is the fastest growing category on the new census and make up 5% of the population which is a 3.5% raise from 10 years ago.
CC Trainings	**Listed on Agenda**
Next Meeting	• Wednesday, December 8, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

December 8th, 2010
1:30 – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - E-news
     a) Name of spot
     b) Review of first entry

   - CCC Terms of office
     a) Calendar vs. fiscal year
     b) Nominations

4. Updates
   - Annual report
   - CC Plan
   - Translation of forms

5. CC Trainings
   - Supported Employment and Housing First Harm Reduction for Supervisors, January 5th, 2011, 9:00 AM to 4:00 PM
   - Applied Suicide Intervention Skills Training (ASIST), January 5th & 6th, or 11th & 12th, 2011, 8:30 AM to 4:30 PM
   - Crisis and Suicidal Intervention with Incarcerated Youth, January 27th, 2011, 9:00 AM to 4:00 PM

6. Meeting time and date
   - January 12th, 2011 @ 695 S. Vermont Avenue, 15th Floor, 1:30-3:30 PM

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH – PLANNING DIVISION
CULTURAL COMPETENCY COMMITTEE MEETING

Date: December 8, 2010

Present: Anahid Assatourian, Sandra Chang Ptasinski, Diane Guillory, Kia Hayes, Patricia Lopez White, Kimberly Spears

Absent: Ilda Aharonian, Kelli Blanchfield, Keren Goldberg, Sylvia Guerrero, Adrienne Hament, Julie Ho, Martin Jones, Naga Kasarabada, Ann Lee, Rose Lopez, Kumar Menon, Ruby Quintana, James Randall, Tammi Robles, Krista Scholton, John Sheehe, Karen Sprague, Albert Thompson, Leticia Ximenez

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Attendee introductions Welcomed new CCC members: Patricia Lopez White representing the Training Division, and Kia Hayes from the Planning Division-CC Unit.
Review of Minutes	November 10, 2010 minutes reviewed and approved.
Action Items	❖ The CC Unit presented a draft form of the CC glossary as agreed in the November 10th meeting. ❖ Most of the meeting was used as a work group for the first eNews entry. ➢ The members were informed that each entry has a limitation of 400 words. • Members edited the definition for CCC in efforts to reduce the word count. o Extracted definition of competent and CCC meeting times ➢ Name of eNews column discussed, resulting in the selection of "CC Did You Know?" as the first choice for the column's name. Second choice was identified as "Cultural Corner." ➢ Discussed logo/symbol for the eNews column • One of our members thought of a pair of eyeglasses with arms and legs, which would represent seeing the world through cultural competence lenses. • Another member thought of different colored eyeglasses sitting around a table, as if attending a meeting. • Also discussed was the idea of having quotes related to cultural competence included with each entry.

	• Discussed possibility of working with an artist for this project o Agreed to consult Kathleen Piche regarding the protocol of soliciting an artist within DMH ❖ Briefly discussed CC Terms of Office ➢ Discussed fiscal year vs. calendar year terms • Agreed on adopting the QIC fiscal year, beginning in February and ending in January ➢ Agreed on self-nominations for co-chairs • Nominations can be e-mailed or submitted at next meeting • CCC members will be sent the roles and responsibilities of co-chairs
Updates	❖ Annual Report ➢ Cultural Competency accomplishments for the Department during the calendar year 2010-2011 • Medi-Cal audit in February 2010 • EQRO audit in April 2010 • Brainstorming on Medi-Cal audit correction plan to assess the cultural competence of DMH staff • Review of the CCP Requirements and identification of key DMH programs and projects for inclusion • eNews project planned and developed • CCC elevated to full committee status in May 2010 ❖ CC Plan ➢ Reviewing the CC Plan draft, paying close attention to details in describing how the department served diverse ethnic and other cultural groups. ➢ 90% completed ➢ An analysis was conducted on the responses received from both the District Chief survey and the survey sent to 130 legal entities in the department. ❖ Translation of Forms ➢ Provided an update ➢ Due to the projected cost of translating the forms, the CC unit is working with ISB and Procurement to solicit vendors. ➢ The members were informed that the date of completion will be available once the process of working with ISB and Procurement is finalized. ❖ Back Translation of Forms ➢ The CCC recommended the creation of focus groups (as conducted at time of EQRO audit) to involve a mixture of providers, consumers and family members/caretakers in

	the process of back translation. Executive providers could be contacted to identify consumers for involvement in the focus groups. ➢ Suggested contacting program heads for the same purpose (after the recommendation is presented and approved by the Service Area District Chiefs) ➢ Another State requirement is ensuring that the forms are created at a six grade reading level.
Next Meeting	Wednesday, January 12, 2011, 1:30pm to 3:30pm, @ 695 S. Vermont Ave., 15th Floor Glass Conference Room

CRITERION 4

CCC Annual Report 2010

(Attachment 3)

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

CULTURAL COMPETENCY UNIT

CULTURAL COMPETENCY COMMITTEE

ANNUAL REPORT 2010

County of Los Angeles Department of Mental Health
Cultural Competency Unit
Cultural Competency Committee

Annual Report 2010

The LACDMH Cultural Competency Committee (CCC) originated as an offshoot subcommittee of the Quality Improvement Council (QIC). It was formed by individuals who were interested in starting a forum to dialogue on matters related to cultural competency. The first meeting was held in July 2008 with four members. Since, the CCC has grown both in numbers and strength. At present, the CCC has twenty-five including LACDMH staff, contracted providers, consumers and family members who enrich the Committee with experiences and perspectives stemming from different walks of life. Within the current CCC membership, there are eight ethnic groups and 11 languages represented. In addition to linguistic, racial/ bi-racial and ethnic diversity, the CCC enjoys representation from other cultural groups such as faith-based, physical disability, and LBGTQ. The CCC also embraces diverse LACDMH programs, Service Areas and positions. The combination of all these elements is essential to the internal balance of the Committee and the impact it seeks to make within The Department. The original subcommittee was elevated to its own governing body within the Planning, Outreach and Engagement Division in May 2010.

As such, the CCC has become a formal, centralized and collaborative mechanism that supports the exploration and expansion of cultural competency within LAC-DMH. The main tenet of the CCC is that cultural competency transcends linguistic and cultural knowledge and that, to be effective mental health providers, we must first and foremost pursue and foment understanding, appreciation, respect, and acceptance for all cultural groups. All roles, functions and activities of the CCC are based on the commitment to furthering The Department's progress in the provision of culturally and linguistically competent services. Thus, the CCC serves as an advisory group for the infusion of cultural competency in diverse aspects of LACDMH operations and service delivery. It also functions as a vehicle for the achievement of the Cultural Competency Unit goals.

In addition to the CCC collective work, the CCC's mission is pursued outside of the boundaries of the Committee as each member serves as a cultural competency ambassador in his/her particular work functions and applications. This natural flow allows for cultural competency representation in a plethora of Departmental projects and activities. The CCC members share in the belief that cultural competency is a fluid process and that the Committee's functions and each member's daily work duties make a difference in terms of (1) promoting cross-cultural awareness and understanding within our system, (2) highlighting the intricate role of culture in the lives of providers and consumers alike and (3) having a real and valued effect in the lives of everyone who is served by LAC-DMH.

I. Goals and objectives of the Cultural Competency Committee

The overarching goal of the CCC is to promote cultural awareness and sensitivity in the Department's response to the needs of diverse and underserved populations.

❖ **Objectives:**

1. Increase the CCC's role in enhancing cultural diversity within LACDMH
2. Participate in targeted planning and implementation of services at the county
3. Develop cultural competency policy(ies) and procedure(s) to guide cultural competency projects and practices
4. Increase the systemwide knowledge of LACDMH cultural competency policies as well as relevant State and Federal regulations
5. Serve as advisory group for the completion and implementation of the LACDMH CCPR as well as Medi-Cal System Review and CAEQRO audit
6. Identify LACDMH forms and other key written documents to be translated into the threshold languages
7. Gather and review data on racial, ethnic and cultural populations currently served and seeking to receive LACDMH services
8. Collaborate with the Training Division regarding cultural competency trainings
9. Collaborate with the Quality Improvement and Quality Assurance Divisions
10. Maintain close communication and consultation with the Ethnic Services Manager

The following section describes the specific CCC activities carried out during CY 2010 under each of the objectives listed above.

1. **Increase the CCC's role in enhancement of cultural diversity within LACDMH.**
   The CCC is committed to the integration of cultural competency as a critical part of policy and strategy in the planning, implementation and delivery of mental health services.
   - Members of the CCC continuously collaborate with a variety of LAC-DMH programs to promote cultural diversity and cultural competent services. Some examples include: Outreach and Engagement Unit, Under-represented Ethnic Populations Unit, Implementation Unit, Training Division, Quality Improvement Division, Quality Assurance Division, and Patients' Rights Office among many others. Specific descriptions of these collaborations are presented through out this document.

     - Please refer to attachment 1: CCC Meeting Agendas and Minutes

- The CCC decided to develop an on-going internal mechanism to provide practical information on cultural competency to our LAC-DMH family through the e-news project. Programmed to be launched in February 2011, the E-news column will be titled “CC: did you know?”. The CCC plans on utilizing this column as a vehicle to disseminate information on diverse aspects of definitions, information on the CCC, and diverse cultural competency projects.

2. Participate in targeted planning and implementation of services.

The CCC supports Departmental approaches that engage the participation of racial, ethnic and cultural groups in service planning and delivery. As such, members of the CCC have been proudly involved in diverse MHSA activities such as the Stakeholders process, delegate meetings, MHSA PEI, WET and Innovation Plans, and the UREP leadership team.

- Members of the CCC are involved in a plethora of meetings and taskforces in which they actively represent both cultural competency and the committee.

- One of the most salient CCC collaboration has been with the UREP Unit to develop and implement one-time capacity building projects specifically designed to meet the mental health service accessibility for the African/ African American, American Indian, Asian/ Pacific Islander, Eastern European/Middle Eastern and Latino UREP Subcommittees. Fully described in the CCPR, Criterion 3, the projects are as follows:
    - <u>American Indian</u>
      Development of a learning collaborative that explores integration of Native American healing practices into western service methodologies
    - <u>African/ African American</u>
      Resource Mapping Project with web capability and development of mental health brochures in African languages: Amharic, Somali, Swahili, Ibo and Yoruba
    - <u>Asian/ Pacific Islander</u>
      Training of API limited English proficiency and monolingual consumers on leadership and advocacy; and development of an API consumer council
    - <u>Eastern European/ Middle Easterner</u>
      Development of mental health brochures in four different languages: Arabic, Armenian, Farsi and Russian
    - <u>Latino</u>
      Mental health training and supervision of 18 Promotores de Salud (Health Promoters) to conduct outreach, engagement, linkage and self-help groups within the Latino community.

- CCC members have also collaborated with the UREP Unit in the development of the Community-designed Integrated Service Management Model (ISM).
    - Please refer to CCPR, Criterion 3 for additional information on the ISM

- The CCC has provided feedback to the Data Geographical Information Systems Unit on the Provider Directory in terms of essential areas of information to include in the directory. As a result of the CCC's feedback, the Provider Directory includes language, hours, location and a link to public transportation. The internet link to access the directory on line is: http: //dmh.lacounty.gov/ProviderLocator/documents/2010_Provider_Directory.pdf

- Table 1 below displays examples of CCC members' group affiliations and brief descriptions of how they represent cultural competency.

Table 1: Additional group affiliation and activities of CCC members

Activities/ Group Affiliations	Cultural Competency Representation
Outreach & Engagement Team	Development of O & E activities or underserved populations
NAMI	On-going collaboration between LACDMH and NAMI events
Under-represented Ethnic Populations (UREP) Team	Advocacy for mental health services access by underserved populations, development and implementation of capacity building projects for each of the five UREP Subcommittees
Innovation Team	Development of projects to serve UREP with a model that is defined by the community and promotes integration of formal and non-traditional service providers
Northeast LA Faith-Based	Discuss mental health services accessibility by faith-based organizations and areas of unmet need
DCFS Community Meeting	Discuss mental health services needs in Boyle Heights and El Sereno area
DMH Clergy Advisory Committee	Discuss mental health services accessibility with faith communities
Patients Rights	Address issues regarding client's right to request cultural appropriate services at the clinic
DMH Web Governance Council	Ensure the DMH approach to publishing content online addresses needs of various cultural groups
Stakeholder Process	Advocate for inclusion of ethnic and other cultural groups in MHSA processes
Service Area based Quality Improvement Council (QIC)	Address cultural competency issues and CCC activities, roles and responsibilities

Table 1 - Continuation	
Training Division Policy & Procedure Meetings	• Training evaluations reviewed and modified to incorporate two CC items (1) "Provided information that was culturally competent" (2) "Curriculum addresses diversity and cultural competency" (July 22, 2009) • Group reviewed the presenters' guidelines on the integration of Cultural Competence in the curriculum of LACDMH trainings offered (June 22, 2010) • Group reviewed Protocol and Procedures and made revisions to the Cultural Competence Section (July 13, 2010)
Gangs, Youth Trauma, Domestic/Family Violence, & Field Safety	Development of a one-day experimental workshop on gangs, youth trauma, domestic and family violence. Part of the curriculum will include guest speakers from Homeboy Industries who will describe his/her experience with domestic and family violence. Cross cultural differences and how these factors affect diagnoses and treatment will also be discussed.
Integrated COD screening assessment and TX forms trainings	Participation in discussions pertinent to drug use as influenced by race, gender and or sexual orientation in clinic staff trainings on integration of COD services.
Crystal Meth Taskforce	Ongoing interdepartmental and community discussion of the need for demographics on the use of meth by gender and sexual orientation.

3. Develop a Cultural Competency Policy(ies) & Procedure(s) to guide cultural competency projects and practices

- The CCC has reviewed LACDMH policies with the goal of identifying those that pertain to cultural competency. The following policies have been identified:
  - Policy No. 104.8 – Clinical Records Guidelines
  - Policy No. 111.1 – Accessibility
  - Policy No. 111.8 – Health, Safety, and Rights
  - Policy No. 202.1 – Crisis & Emergency Evaluation by Outpatient Mental Health Facilities
  - Policy No. 202.17 – Hearing Impaired MH Access
  - Policy No. 202.21 – Language Interpreters
  - Policy No. 301.1 – Service Area Advisory Committees
  - Policy No. 602.1 – Bilingual Bonus
  - Policy No. 609.5 – Employee Trainings Minimum Standards

  - Please see Attachment 2 – Cultural Competency-Related Policies

- The Cultural Competency Unit and the CCC have agreed that development of cultural competency policies, such as a translation policy is essential. At present, the Cultural Competency Unit in collaboration with the CCC is in the

process of developing a translation policy using best practice methods. This translation policy that will inform, organize and standardize all of The Department's translation efforts.

- Please see Attachment 3: Translation Policy Statement of Work

4. Increase systemwide knowledge of cultural competency policies as well as relevant State and Federal laws.

- In conjunction with the CC Unit, members of the CCC are delivering a presentation titled "Integration of Cultural Competency In the Mental Health System of Care" at New Employee Orientation (NEO). The main purpose of the presentation is to raise awareness and sensitivity to LACDMH's definition of culture, cultural competency, L.A. County demographical information, ethnic groups represented in LACDMH clientele, threshold languages, diversity within our own workforce, and policies that tap into cultural competence.
  - Please see Attachment 4: NEO PowerPoint Presentation

- Presentations on cultural competency have also been made during Incubation Academy. This Academy is intended for community organizations that have never contracted with the LACDMH and have an interest in providing mental health services to a wide range of populations in a wide range of settings. The Incubation Academy was created in 2008 to establish a program that would address 'capacity development' of mental health service providers for both new and existing traditional and non-traditional services.
  - Please see Attachment 5: Incubation Academy PowerPoint Presentation

- The CCC is also actively involved in the Medi-Cal and CAEQRO audits. (Please see objective 5. below).

5. Serve as advisory group for the completion and implementation of the LAC-DMH CCPR as well as Medi-Cal and CAEQRO audits

One of the CCC's functions is to serve as an advisory group for the implementation of the LAC-DMH CCPR. To this end, the CCC

- Reviewed the eight criteria for the CCPR and made recommendations on content to be included in the actual plan.

- Held CCPR-specific brainstorming sessions to identify these programs and contact key players through CCC members.

- Worked closely with Cultural Competency Unit in the development of the CCPR draft by providing information such as LAC-DMH Program specific descriptions, utilization data, language capability data, procedures and practices.

- Actively participated in providing demographical and cultural competency work-related activities necessary for inclusion in the Criterion 4 of the CCPR.

- Reviewed the State protocol for the 2010 System Review to identify cultural competency related questions.

- Provided recommendations on materials to be featured in both the 2010 System Review and CAEQRO audits

- The CCC also brainstormed and provided recommendations on how LACDMH could respond to the Medi-Cal System Review result that we are out of compliance in assessing the cultural competency of staff. The CCC recommendations were presented to the Ethnic Services Manager and were reviewed and discussed in post Medi-Cal System Review meetings with the Human Resources and Quality Improvement Divisions.
  - Please refer to Attachment 6: Medi-Cal System Review Corrective Plan

II. Reviews and recommendations to county programs and services

- The CCC has collaborated with the Patients Rights Office by reviewing the most recent version of the "Change of Provider Request Form". The CCC recommended that the new form includes items that inquire whether the change of provider is being requested for cultural competency issues involving language, age, and gender. The Patients Rights Office updated the form accordingly, thereby allowing for tracking and evaluation of cultural competency issues when consumers request a change of provider.
  - Please refer to Attachment 7: Change of Provider Form

- The CCC has provided input into the update of the Training Division's Instructor-led Training Evaluation Form. Hence, items that assess the participants' evaluation of cultural competency content in the training has been added: 1) The training attended "provided information that was culturally competent" and (2) "Curriculum addresses diversity and cultural competency".
  - Please refer to Attachment 8: Training Evaluation Form

6. Identify LACDMH forms and other key written documents to be translated into the threshold languages

The CC Unit along with the CCC has placed this item as high priority:

- The CCC in collaboration with the CC Unit researched which LACDMH forms have been translated in all or some of the threshold languages.

- With this information, the CCC identified and prioritized documents that ought to be translated.

- The CCC has compiled a list of key LAC-DMH forms to be translated into the threshold languages.

- The CC Unit and CCC will follow on this recommendation as one of its goals for FY 2011-2012.

7. Gather and review data on racial, ethnic and cultural populations currently served or seeking to receive LACDMH services.

- The CCC has an on-going relationship with the Data - Geographical Information System Unit which allows the committee, CC Unit and Ethnic Services Manager to examine L.A. County diverse sets of data including demographics, Full Service Partnership (FSP) for children, TAY, adults and older adults; Medi-Cal; 200% below federal poverty level and disparities within the LACDMH.

- The practice of examining LAC-DMH utilization data has been an effective means to track service utilization and changes in aspects of population such as age groups, gender, ethnicity and language.

- The CCC also reviewed quarterly reports from ACCESS Center on language requests on the language interpreter line.

- To assist the CCC, the CC Unit maintains a database on the Initial Requests & Referrals Log for Language and Culture Specific Mental Health Services. This log and database tracks and collects requests for linguistic and cultural needs of individuals requesting mental health services. This information allows us to see emerging population trends in our Service Areas.

- The CC Unit also collects information on the linguistic capabilities of LAC-DMH directly operated and contracted providers. This information is utilized to update and maintain the Multi Linguistic Mental Health Service Providers Directory (MSLD). The collected information is placed in a database that tracks the linguistic and cultural capacities of the staff working in the directly operated and contracted clinics. The link to this searchable database available on the intranet is: http: //dmh.lacounty.gov/ appASPNET/MLMHSPSearch/MLMHSP_Providers/ProvidersLanguage. aspx
  - Please see Attachment 9: Sample Pages of the MSLD

III. Goals of CC Plan

- Assess LACDMH's progress toward becoming a more culturally competent system of care.
- Establish a baseline for the current status of cultural competency within LACDMH Increase utilization of disparity data to inform the planning, implementation and evaluation of programs and services
- Document the many strategies and efforts to serve the culturally diverse LACDMH clientele
- Inspire our Department to continue striving for excellence in cultural competency

IV. Human Resources Report

The CCC acknowledges the importance and necessity for LACDMH to continue building and retaining a culturally and linguistically competent workforce.

- The Committee met with the Workforce, Education and Training (WET) to provide recommendations on the WET Plan on how to make the WET Plan more culturally competent. The following is a summary of CCC recommendations provided:
    - Address ethnic language needs in the WET Plan
    - Recruit individuals to address specific cultural/language needs in LAC-DMH workforce
    - Implement a tracking system to monitor progress in regards to language/cultural needs
    - Review staffing patterns and fill positions that need threshold languages
    - Increase the number of interpreter trainings
    - Consider starting trainings for clinicians to learn how to integrate spirituality in their clinical practice
    - Set funds aside for the Wellness Recovery Action Plan (WRAP) Training for consumers in different languages.

V. County Organizational Assessment

- The CCC in collaboration with the Cultural Competency Unit participated in the 2008 Cultural Competency Organizational Assessment. The purpose of the study was to assess organizational cultural competency within the LAC-DMH System of Care. The 2008 Organizational Assessment contained seven focus areas: Structure, Policy, Funding, Human Resources, System of Care, Treatment Outcome Measurement, Training and MHSA. Once the results of the study became available in 2009, the CCC reviewed the Organizational Assessment results and brainstormed on priorities for disseminating information in areas that received a high number of "do not know" responses from the participants.
    - Please see Attachment 10: Cultural Competency Organizational Assessment Results PowerPoint presentation

VI. Training Plans

The CCC has worked closely with the Training Division to ensure that cultural competency is addressed in all trainings, with the exception of technical trainings.

- The CC Unit and CCC members reviewed the description and syllabus for each of the Training Division's courses related to cultural diversity to determine their inclusion of cultural formulation, multicultural knowledge, cultural sensitivity, cultural awareness, and social/cultural diversity, as required by the State.

- A cultural competency content mapping for trainings was developed to identify inclusion of cultural formulation, multicultural knowledge, cultural sensitivity, cultural awareness, and social/cultural diversity in trainings. The mapping was provided to Training Division for inclusion in the CCPR, Criterion 5.

8. Provide training recommendations regarding cultural competency practices in working with diverse racial, ethnic, and other cultural groups

- The CCC has a representative from the Training Division in all meetings in order to keep an on-going dialogue on trainings.

- A set item on the CCC meeting agenda has routinely been set aside for the Training Division's representative to inform the group of all planned and upcoming trainings related to cultural competency.

- The CCC has representation in the planning and attendance of diverse conferences sponsored or co-sponsored by LACDMH.

- The CCC is working closely with the Training Division on how to make trainings more Culturally Competent and what topics need to be addressed. For instance, the CCC has made the recommendation for cultural competency trainings to include a segment on skill development for direct service providers to have the opportunity to put theory and research into practice during the training.

    - Please refer to objective 4 for additional information on trainings

VII. Other activities

9. Collaborate with the Quality Improvement and Quality Assurance Divisions

The CCC and CC Unit work closely with the Quality Improvement (QI) Division on several activities such as completion of QI annual report, CAEQRO audit.

- The CCC Chairs have been providing reports and updates on the CCC and CC Unit at the monthly Quality Improvement Council meetings. This information includes goals, new projects, current status of projects and next meeting date among others.
    - Please refer to Attachment 11: QIC Meeting Agenda and Minutes

- The CC Unit and CCC members also collaborated with Quality Assurance at the time of the Medi-Cal audit. The CCC reviewed the State protocol and made recommendations on content to be included in addressing audit questions.

10. Maintain close communication and consultation with the Ethnic Service Manager.

- The CCC, through the CC Unit, engages in close and frequent communication and consultation with the LACDMH Ethnic Services Manager on diverse CCC goals, activities, and progress.

- The Ethnic Services Manager in turn connects the CCC to the Executive Management Team and the UREP Leadership Team for future steps on diverse projects.

CCC 2010 Annual Report Attachments:

Attachment 1: CCC Meeting Agendas and Minutes
Attachment 2: Cultural Competency-Related Policies
Attachment 3: Translation Policy Statement of Work
Attachment 4: NEO PowerPoint Presentation
Attachment 5: Incubation Academy PowerPoint Presentation
Attachment 6: Medi-Cal System Review Corrective Plan
Attachment 7: Change of Provider Form
Attachment 8: Training Evaluation Form
Attachment 9: Sample Pages of the MSLD
Attachment 10: Cultural Competency Organizational Assessment Results PowerPoint presentation
Attachment 11: QIC Meeting Agenda and Minutes

CCC 2010 Annual Report

CCC Meeting Agendas and Minutes

(Attachment 1)

QIC Cultural Competency Subcommittee
Meeting Schedule 2009

Dates				Times	Location
January	14			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
February	11			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
March	11			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
April	8			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
May	13			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
June	10			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
July	8			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
August	12			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
September	9			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
October	14			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
November	18			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
December	16			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020

Co-Chair	Rebecca Hall	213 251-6834
Co-Chair	Sandra Chang-Ptasinski	213 251-6815
Secretary	Tammi Robles	213 251-6820

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 1/14/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Purpose & Goals
   - Definition of Cultural Competency

4. Materials
   - State DMH CC Definition

5. Review Action Items
   - Work Plan - Role of CC Sub Committee – CC Plan State Requirements

6. Future Direction of the CC Sub COmmittee

7. Meeting time and date
   - Wed. January 14th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: January 14, 2009

Present: Tara Yaralian, Rebecca Hall, Danny Redmond, Sylvia Guerrero, Ann Lee, Nilsa Gallardo, James Randall, Kimberly Spears, Rose Lopez, Leticia Ximenez, Roger Kelly, Alby Alvarenga, Tammi Robles

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	• Introduction of members • Reading, approval and seconding of previous meeting minutes
Purpose & Goals	• Definition of Cultural Competency drafted Abridged version of States' definition of Cultural Competency with "competence" added
Review of Action Items - Work Plan	• State's DMH requirement for following Cultural Competency Plan • Action Items are the work plan for meeting the State Department of Mental Health requirements for the Cultural Competency Committee to do/create/follow • Reviewed what is being done by Subcommittee to date 1 Part of plan is to have committee up and running and being involved in Countywide implementations and changes 2 Some parts are already being carried out in one form or another 3 Role of committee is getting input from all contracted facilities but need to wait until draft is finalized • Organizational Assessment – completed and will have report from Dr. Terry Wolfe by next week.
Future Direction of the CC Sub Committee	• Vision/Future Direction/Tasks group would like to follow 1 What is done for language/cultural needs in clinical settings a WET – Workforce Education Training – ask Program Head to come in and discuss how ethnic language needs will be operationalized through the plan b Recruitment of individuals to address specific cultural/language needs (ie gay/lesbian) in order to assure inclusiveness 2 Addressing the need/desire of family members' inclusion in treatment of client or education in mental illness and is it a 'cultural' need or a treatment need? 3 From Organizational Assessment, use as sounding board to where direction should be focused 4 Monthly bring a list of CC trainings (ie Interpreter Training)
Next Meeting	• Wednesday, February 11, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 2/11/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Materials
   - Definition of Cultural Competency
   - DMH CC Policies
   - Blank Contract
   - Blank Training & Conference Survey
   - Auditor Controller Reports - No CC elements

4. Speakers
   - SCHARP – Roger Kelley
   - WET – Angelita Diaz-Akahori

5. Action Items
   - CC Work Plan

6. CC Trainings
   - Interpreter Training National Conference Feb. 19th
   - Interpreter Training Feb. 27th
   - Interpreter Training March 6th

7. Additional Items

8. Meeting time and date
   - Wed. March 11th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

CORRECTED

	▪ Question: Under WET, would it be possible to obtain a stipend for a licensed professional to go back to school to learn 2nd language? ▪ Funding for Interpreter Training for people who want to do interpreting, those who need to use interpreters and consultation/support for interpreters. ▪ High School academies in Huntington Park there is a career track for youths interested in mental health careers that take them from high school to community college and onto Cal State Dominguez Hills ▪ Question: Would it be possible to start career track programs at other Los Angeles medical Magnet schools? c WET helps consumers enter mental health workforce ▪ Peer training for Spanish speakers-not just monolingual but also peer advocates in other languages as long as there is an ability to be employed d WET and current Employees who need Licensure ▪ WET able to provide funding/classes for psychologists and/or LCSW who need help with the pre-registration and written exam? ▪ Offer help to those who need to pass the exam? ▪ Offer consultations to those who have hours but have not taken exam? Moving workforce toward licensure • Roger Kelley, South Central Health and Rehabilitation Programs (SCHARP) Check his availability for next meeting
Materials	• Quickly reviewed, noted that: 1 Definition of Cultural Competency updated to reflect addition of definition of Competence in one place 2 Compiled Cultural Competency Policies handed out for review 3 Blank Contract (not in handouts therefore will be reviewed at next meeting) 4 Blank Training & Conference Survey – under Overview, question 2, Curriculum addressed Cultural Competency – question, as asked, does it meet our needs? a Question is subjective and not quantifiable b Make the question simpler and more easily understood (i.e, Did the presenter address issues related to other cultures?) c Does presenter get guidelines from County in general and more importantly specifically about Cultural Competency?

CORRECTED

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: February 11, 2009

Present: Tara Yaralian, Sylvia Guerrero, Ann Lee, James Randall, Kimberly Spears, Rose Lopez, Leticia Ximenez, Rosalie Casillas, Antonio Banuelos, Liz Echeverria, Scott Hanada, Fanny Dieppa, Tammi Robles

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	• Introduction of members • Minutes read, correction made. Moved and seconded with correction noted.
Speakers	• Angelita Diaz-Akahori – Coordinator for Workforce Education and Training (WET) 1 Focus Training/Education of Public Mental Health in Los Angeles County a Five funding Categories ▪ Work/Staffing Support ▪ Training/Technical Support ▪ Career Pathways ▪ Residency/Internship ▪ Financial Incentives ♦ Stipend and Funding for ➢ MFT & MSW ➢ MH Rehab Specialist ➢ Bachelors to Masters in MH field for those with no experience in public mental health b WET Reaches out to Ethnic/Under Served Populations ▪ 07/08 funded 83 MFT Stipends with approximately 38 being Spanish speaking bilingual with others speaking Tagalog, Thai, etc. ▪ 07/08 funded 52 MSW with 28 Spanish bilingual along with a few other (e.g Armenian) ▪ Survey of Staffing Patterns according to 13 threshold languages to determine needs and patterns for each SA

CORRECTED

	5 Three Auditor Controller reports pulled and no cultural competency elements in any of them a Stated that verbal feedback includes elements: staffing patterns, meeting threshold language need, meeting client cultural needs b Suggested to speak with Nina Johnson about what are criteria followed when audit is performed
Action Items	• Skipped Cultural Competency Work Plan review – Small counties have issues with new draft because it's so comprehensive they feel they need smaller draft suitable for them
CC Trainings	• February 19th CLC Community of Practice Teleconference on Building Linguistic Competence using Mental Health Interpreters a) Similar topic to Interpreter Training DMH offers b) Noted Eastern Standard Time vs Pacific Standard Time (3 hours ahead) • How to Be an Interpreter in a Mental Health Setting a) February 13th session has many opening b) March 16th session filling quickly • How to Use Interpreters • March 6th geared towards individuals who will be using interpreter services
Next Meeting	• Wednesday, March 11, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 3/11/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Materials
   - Blank Contract
   - Auditor Controller Reports - No CC elements

4. Speaker
   - Roger Kelley & Alby Alvarenga – SCHARP

5. Action Items
   - Follow up to WET Plan Presentation
   - Training Surveys – CC Question Update

6. CC Trainings
   - Interpreter Training March 16th
   - WRAP Spanish March 23rd

7. Additional Items

8. Meeting time and date
   - Wed. April 8th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: March 11, 2009

Present: Tara Yaralian, Rebecca Hall, Rose Lopez, Ann Lee, James Randall, Roger Kelley, Alby Alvarenga, Ana Hernandez, Trivill Colley, Kimberly Spears, Albert Thompson, Tammi Robles

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	• Introduction of members • Minutes read, correction made. Moved and seconded with correction noted.
Speaker	• Roger Kelley, SCHARP/OASIS, Latino Milestones Program & Alby Alvarenga, SCHARP/OASIS 1 Community-based mental health program a Drop in center for homeless and dually diagnosed persons and b Socialization and community gathering location where members can integrate ▪ Daily activities ▪ Meals served twice daily ▪ Outside racial differences not brought into facility; might be because members see how staff can relate and get along. c Community Service for non mental ill people ▪ Referral source for services beyond mental health ▪ Place for people who have problems and need someplace to go 2 Wellness Center empowers members and help them cope with their illness but in a non-illness way. Members may work/live on their own and perform in regular everyday activities and that illness cannot stop them a Most members are on their own, come in for 'tune-up' with doctor b Provide support that they can't get outside. 3 Educate staff/members of cultural background and stigma attached to mental health issues example of Hispanic people think that by admitting mental issues means one needs to be committed in hospital; don't see as something they can live or cope with. 4 Recognition that even among Hispanic culture there are differences. Just because you speak Spanish doesn't mean you're Mexican, there's Central and South American and Spaniards and acknowledging differences helps provide services and makes services easily accepted. 5 Instituting a type of ESL class approximately 10 weeks in length assisting people with their English so they can enter agencies and have better command of language and understanding of what is said and what they are saying. 6 Billing for directly-operated Wellness Center same as DMH, can't refuse undocumented/uninsured

	7 Language need is predominately Spanish
Materials	• Blank DMH contract has no mention of cultural competency, only reference is in preamble: Define your program capabilities to respond to the cultural and linguistic needs of the target population. 1 FSP has specific target focal populations – LA County specific, no other county has that specificity 2 Contract almost doesn't matter because contractors have to abide by what CA state requires • Three random Auditor Controller Reports pulled from online have no CC elements 1 County Auditor Controller offers aide/suggestions/help, can't sanction for compliance issues 2 Chart review tool developed by DMH presented by Pacific Clinics a Has specific cultural review issues b In current CC Plan removed 'cultural/linguistic, co-occurring and or health issues impacting presenting problems/symptoms **(if applicable)**:' was removed. Reason may be to write less and depend on assessment c Chart review should be done monthly in a directly operated site d Chart Review Tool pulled from Medi-Cal Audit provided by State
Action Items	• WET Plan Presentation 1 Per request from Angelita, will offer suggestions for making WET Plan culturally competent 2 Will obtain action items and go through and push items that are meaningful to CC subcommittee 3 Some type of tracking/monitoring system to mark progress in regards to language/cultural needs? 4 Could be another required step in CC Plan for putting input into every level of MHSA planning and development 5 Is committee's best interest to give opinions on where monies should be spent to make more culturally competent • Training surveys 1 Trainers are not given any guidelines as to what needs to be covered to hit key points 2 Survey is very fluid, can be changed easily a Presentation was presented in a way that was culturally sensitive (Ann Lee) b Did presentation incorporate cultural differences into training? (Ann Lee) c How was diversity addressed? (Rose Lopez)
CC Trainings	• Update on Interpreter Training on March 16th and WRAP Spanish to be held on March 23rd
Additional Items	• Organizational Assessment Dr. Terry Wolfe given final revisions and awaiting final copy.
Next Meeting	• Wednesday, April 8, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 4/8/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Materials
   - Organizational Assessment
   - Draft CC Plan

4 Action Items
   - Draft recommendations to WET Plan
   - Training Surveys – CC item results

5. CC Trainings
   - None for April

6. Additional Items

7. Meeting time and date
   - Wed. May 13th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: April 8, 2009

Present: Tara Yaralian, Rebecca Hall, Rose Lopez, Ann Lee, James Randall, Albert Thompson, Leticia Ximenez, Nilsa Gallardo, Scott Hanada, Danny Redmond, Kumar Menon, Christina Dedeaux, Naga Kasarabada, Tammi Robles

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	• Introduction of members
Review of Minutes	• Minutes read, corrections made to include 'directly-operated' to Item 6 under SPEAKER. Also under MATERIALS, changed item 2 to read "Chart review tool developed by DMH presented by Pacific Clinics." Minutes approval moved and seconded with correction noted.
Materials	• Organizational Assessment completed but can not be distributed yet. Needs some minor corrections by Dr. Wolfe, the consultant, then to go to EMT for approval. This is a longitudinal study started in 2003, followed up in 2005 and revisited in 2008. It examined the changes, improvements and developments for the department's level of cultural competency as an organization. Six of the areas show statistically significant improvements. Two areas remain the same. There are recommendations which can be something the committee can look at for follow-up and exploration. • CC Draft Plan from state shown to CC committee. As far as CC Plan status, state committee has made recommendations and now waiting on state to balance needs of smaller and larger counties to arrive at a compromise.
Action Items	• Open floor to discuss recommendations to WET Planning: 1 Making child care funds available for weekends or weeknights for parents who have concerns/family obligations 2 Setting funds aside for WRAP (Wellness Recovery Action Plan) Training for consumers in different languages. 3 Reviewing staffing patterns and filling the positions that need threshold languages in the service areas that need them more. 4 Clarifying policy on what is required of bilingual bonus receivers for clinical vs. non-clinical staff and some type of tracking method by HR for those proficient in oral and written threshold languages 5 Considering language classes for the advancement of clinical skills i.e. a receptionist who has a

	basic understanding of language and currently works with the target population, they might benefit IF NEED IS THERE from taking in depth language courses and translator classes so they could translate for clinicians or when needed in their clinic. 6 Increase number of Interpreter trainings; How to be an Interpreter and How to use an Interpreter 7 Look into outcomes of Huntington Park academies with mental health track, if outcomes are positive then help develop similar programs at other magnet schools 8 Consumers of other 13 threshold languages (other than Spanish) trained to be Peer Advocates 9 Look into assisting licensure process for psychologists and LCSWs (e.g.: trainings, seminars, etc.) 10 Fostering mental health interest in new hires (who have language skills) and encouraging/promoting degree and licensure. 11 Mental health and spirituality training for clinicians and line staff in how to approach consumers culturally and addressing the spiritually/diversity in a formalized setting. • Training Survey - Add category for Cultural Competency with 3 questions that address multicultural issues. 1 Cultural Competency items very hard to find in surveys. 2 CiMH training on How to Be a Trainer asked one question, "I will be more comfortable addressing cultural competency issues when I train others." Change to something like "I am more comfortable addressing cultural and diversity issues with clients/consumers." 3 Depending on training, there is a chance that all the questions for the CC category would be 'N/A' 4 Include on the survey some mode and then tracking for 'Race/Ethnicity' and create database at least for CC trainings.
CC Trainings	• None for April
Additional Items	• CiMH Consumer and Family survey – before suggestions on how to distribute the survey are made; committee will look it over and then brainstorm distribution ideas.
Next Meeting	• Wednesday, May 13, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 5/13/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Draft recommendations to WET Plan
   - Training Surveys – CC item results
   - MLSD – Open to contracted agencies?

4. CC Trainings
   - May 26 – Increasing Knowledge & Empathic Awareness for Black & Latino Homeless Families
   - June 4 & 5 - Mental Health & Spirituality: The Journey to Wholeness
   - June 8 – Culture & Personality Disorder

5. Additional Items

6. Meeting time and date
   - Wed. June 10th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: May 13, 2009

Present: Keren Goldberg, Sylvia Guerrero, Rebecca Hall, Martin Jones, Naga Kasarabada James Randall, Danny Redmond, Tammi Robles, Kimberly Spears, Albert Thompson, Leticia Ximenez, Tara Yaralian

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	• Introduction of members
Review of Minutes	• Minutes read, moved and seconded for approval as is.
Action Items	• WET Plan Recommendation – list drafted and open for review by committee: 1 Implement a tracking mechanism so actions (outcomes) can be monitored 2 Include Sign Language as a specialty language - WET plan to provide additional dollars for trilingual or multilingual pay 3 Amend bullet point reading "Fund and provide Peer Advocate training in all the threshold languages, except Spanish" to read "in addition to Spanish" 4 Review trainings for cultural competency that were provided by Training division 5 Diversify workforce by developing collaborative relationship with historically black universities and African-American student centers of other universities. Provide funding of programs, internships and stipends to foster diversity within department. 6 Ask Jeff G. to speak about the Stipend program and answer questions, for ex., What happens when someone refuses to work in a service area determined to have a greater need that has been designated by the Stipend contract? • Training Surveys – Review of CC questions 1 Discussion on changing questions, questions should be more open ended and since the surveys are used for BROAD range of training, leave the questions general. If cultural competency is at least touched on a score may be assigned. If CC is not talked about, score of 0 – NA can be assigned. 2 Change point 3 under Overview to read: I am more confident interacting with individuals from diverse cultural backgrounds as a result of this training. 3 Discussion on possibility of including gender, ethnicity, etc. of training attendees. What will data be used for? Have to consider that as generations' progress there are more people who identify as multiracial and not one specific race.

	• Opening Multi Linguistic Staff Directory to contract agencies 1 Since names are not included in the directory, would it be viable to open list so agencies can search for therapist/help in needed language if own agency does not have language capacity to accommodate need. Discussion on if directory is opened to contract agencies, would the contract providers stop hiring needed staff and continue referring to other agencies and not realizing there is a language need in their service area. 2 Should we send a letter to ask if ok to open up to all agencies? 3 Include a Disclaimer stating that information is as up to date as possible but information may change and although there is staff at another clinic, client may not be seen at that clinic. It is the referring agencies to follow up to make sure services are still provided. 4 Require to include reporting on staff/language to be done bi-yearly. 5 Is there a way to run reports from the MLSD through CIOB? 6 Request item control from contract monitor(s) bi-yearly..
CC Trainings	• Three Culturally competency training to be held in May and June
Additional Items	• Org Assessment to be presented to EMT when PowerPoint presentation is completed. • May 26 there will be a Farsi language event in SA 2 for families dealing with emotional problems within family.
Next Meeting	• Wednesday, June 10, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 6/10/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Stipend Program
   - Training Surveys – Follow up
   - MLSD – Open to contracted agencies?

4. CC Trainings
   - June 19 – Asian/Pacific Islander Hope & Recovery Conference
   - June 29 – Diversity & Unlearning Prejudice
   - Oct. 16 – 15th Annual Asian American MH Training Conference
     Facing Reality in the Golden Years

5. Additional Items
   - CC Plan

6. Meeting time and date
   - Wed. July 8th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: June 10, 2009

Present: Sylvia Guerrero, Rebecca Hall, Scott Hanada, Julie Ho, Naga Kasarabada, Kumar Menon, James Randall, Tammi Robles, Kimberly Spears

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	• Introduction of members
Review of Minutes	• Minutes read, moved and seconded for approval as is.
Action Items	• Jeff Gorsuch, Training, discussed Stipend and Tuition Reimbursement 1 Tuition Reimbursement a Current employee program who want Masters degree in social work, Doctorate in psychology or a graduate degree in psychiatric nursing. Under WET may expand to more degrees that would benefit DMH b Requirements for program ▪ Accredited college/university ▪ Proof of Registration/Attendance ▪ Performance Evaluations ▪ Personal Statement about what hope of degree and how it will be used in county system ▪ Passing grade of C ▪ Proof of payment c Amount for reimbursement is $5000/year, up to 2 courses/semester or quarter based on school and course fee amounts not for books or ancillary fees but there is talk under WET to expand to these expenses as well d 20/20 or 30/10 program may be incorporated under WET so based on school schedule could work 20 or 30 and leave the other 20 or 10 for school and be covered under full pay e Commitment to work for County DMH for specified amount of time f Cap on slots is the total budget for Reimbursement; once funding runs out, not offered g Immediate Supervisor and District Chief needs to sign off and okaying that they are good candidate to receive reimbursement 2 Stipend for non employees a Currently have 2 stipend offerings; will expand under WET to include psychologist, psych techs and psychiatric nurse practitioners ▪ MSW - graduating ▪ Marriage Family Therapist

	b Agreement is receive one time stipend of $18,000 for one year commitment to work for County DMH or contract agencies to be competitive with State stipend ▪ Commitment is in one of the high priority areas: defined as hard to fill or higher demand for need for employment. Criteria is met if employment is found in any of these areas, if not, either extension is asked for to find employment in these areas or stipend MUST be returned ♦ SA 1-hard for hiring in Antelope Valley ♦ SA 6-South Los Angeles ♦ SA 7-East Los Angeles/Skid Row/Downtown ♦ Any of the Forensic programs ➢ Jail Mental Health ➢ Juvenile Justice ♦ Higher needs areas ➢ Specialized Foster Care ➢ New MHSA programs c Partly selected by schools and heavily based on bilingual capacity and bicultural capacity, also would prefer some type of DMH or DMH contract experience so transition into workforce is easier. There is also an essay portion that is looked and weighed upon ▪ 52 slots for SW ▪ 72 for MFTs • WET Recommendations have been forwarded (additional items and changes that were sent also included) along with cover letter indicating process of how and why recommendations made • Training Surveys - Tara met with Elaine Powell, Training, and discussed recommendation to add questions to training survey and a workgroup has been started. Will be meeting to look not only at cultural competency items but also the tool itself. Group should be done with work and can implement new tool with new fall courses. • Multi Lingual Service Directory – Tara met with Martha Drinan, Training/Quality Improvement. There are 6 directories in the County and each has nothing to do with other and all coexist. In preparation for Medi-Cal Audit, delineated directories and still waiting to see if MLSD will be opened. For next meeting will try to bring all the directories and decision can be made at that time if Multi Lingual Service Provider directory will be opened to contracted agencies.
CC Trainings	• Three Culturally competency training to be held 1 June 19 – Asian/Pacific Islander Hope & Recovery Conference English Conference to be held June 11 at Downtown Sheraton Not sure on date for Spanish Hope & Recovery 2 June 29 – Diversity & Unlearning Prejudice 3 October 16 -15th – Annual Asian American Mental Health Training Conference

	• items before CC Subcommittee 1 Involve someone from training in CC committee so there will be a direct line when recommendations are made 2 In Conferences, have some type of incorporation of that cultures' relationship or interface/similarities/differences with other cultures it may or may not have contact 3 In basic training, give presenters a 'guide sheet' to help them incorporate culture into conversation and training 4 Encourage attendance to different conference 5 Have 2 volunteers from CC subcommittee on conference planning committees to ensure and promote recommendations for cultural competency and give our support
Additional Items	• Organization Assessment – PowerPoint Presentation that is 96 slides long. Goal is to cut to make shorter but maintain meaningfulness; one of areas that came out deficient was training 1 not enough culturally competent trainings 2 Not trained enough to be culturally competent • Cultural Competency Plan – Since state is taking so long, Gladys recommends drawing of document for each county stating what is being done that are in line with plan • Ann Lee found from website of Office of Medical Director found Parameters for Delivery of Culturally Competent Clinical Services to Clients. • Scott Hanada attends Program Head Meeting and Issues Expanded Management Meeting and wondering if group should make some type of recommendation to Executive Management Team ensuring that cultural competency doesn't get cut. Keren volunteered to draft a short blurb on why cultural competency/diversity is important. • James Randall, SA 2 is focusing on working with specific ethnic groups and encourage these short, fast and entertaining talks to expand to other SAAC. Put a notice in DMH ENews showing what is being done for different cultures. • Danny Redmond is leaving for Jail Services and this may be one of his last meetings. Will try to work something so can continue attending and being a vital member.
Next Meeting	• Wednesday, July 8, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 7/8/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Directories of Providers
   - Policy 609.5: Employee Training Minimum Standards, Section 4.1.1
   - Parameters for Delivery of CC Clinical Services
   - Letter to EMT discussion

4. CC Trainings
   - July 10th Hope & recovery Conference – Spanish Language
   - Oct. 16 – 15th Annual Asian American MH Training Conference
     Facing Reality in the Golden Years

5. Additional Items

6. Meeting time and date
   - Wed. August 12th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: July 8, 2009

Present: Sylvia Guerrero, Rebecca Hall, Scott Hanada, Julie Ho, Naga Kasarabada, Kumar Menon, James Randall, Tammi Robles, Kimberly Spears

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	• Introduction of members
Review of Minutes	• Minutes read, moved and seconded for approval as is.
Action Items	• Directories of Providers – Went through list of directories with a brief description of what is in each directory and where it could be found either internet or intranet. 1 Six (6) directories in system and because of State Audit looking at changing or consolidating a couple of the directories to address everything Audit would need. Issue is before changes can be made in any directory the chain of information needs to follow protocol procedures: CIOB, Contracts, District Chiefs, Q&A, Standards and QA all need provider information before Vandana can pull from CIOB data base to include in directory. 2 Things group would like in a directory are language capability, contact information, state requirements for directories, locations, hours of operation, insurance coverage, specialized programs/populations, services provided, age 3 Need a standardized process for ensuring new/updated PFAR information is disseminated to each group that maintains a directory • Policy 609.5: Employee Training Minimum Standards, Section 4.1.1 – Currently there is no tracking for this policy nor is this policy being enforced. Up to EMT to push compliance in units of cultural competency trainings. Talk with Gladys on how to approach EMT and how we can get cultural competency to be as important as sexual harassment and along with that, define more definite parameters. • Parameters of Delivery of CC Clinical Services – given by Ann Lee as an FYI. Came from Office of Medical Director. Group will review, take notes and will discuss at next meeting. • Letter to EMT discussion – Let EMT know of the importance of cultural competency to the organization. Combine the issue of cultural training with the importance thereby approaching EMT once not twice
CC Trainings	• July 10th Hope & Recovery Conference – Spanish Language • October 16th – The 15th Annual Asian American MH Training Conference: Facing Reality in the Golden Years
Addition Items	• Sylvia G. suggested getting more consumers into the committee and will see about inviting.
Next Meeting	• Wednesday, August 12, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 8/12/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Directories of Providers –Update/requirements
   - Training Division Evaluation Form - Update
   - Discussion of Parameters for Delivery of CC Clinical Services
   - Discussion of Letter to EMT & protocol

4. CC Trainings
   - Sep. 10th Diversity & Unlearning Prejudice
   - Sep. 23-25th LBHI COnference
   - Oct. 16 – 15th Annual Asian American MH Training Conference
     Facing Reality in the Golden Years

5. Additional Items
   - Cancelation of African American Conference

6. Meeting time and date
   - Wed. September 9th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: August 12, 2009

Present: Keren Goldberg, Rebecca Hall, Scott Hanada, Julie Ho, Martin Jones (via phone), Ann Lee, Tammi Robles, Kimberly Spears, Leticia Ximenez

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	
Review of Minutes	• Minutes read, moved and seconded for approval as is
Action Items	• **Directory of Providers Update** o Vandana asked to come in next month to give update as they have just started revamping the directory. o Typed list of suggested requirements including Title 9 requirements and Medi-Cal Audit requirements. o Under Title 9 requirements state determines threshold languages for each county but the county can then determine what areas are threshold languages. Directory looking at language needs in each SA o Add under suggested requirements –Services Provided; i.e. Meds o Would PFAR be used for standardized process to make changes to directory? • **Training Division Evaluation Form Update** - Added 2 pieces o Under Presenter section of evaluation added Provided information that was culturally competent o In Overview of actual training changed to read Curriculum addressed diversity and cultural competency o Change 'cultural competency/competent' to something easily understandable by all people. Looking for cultural sensitivity and ensuring sensitive terms used and that each trainer is sensitive to diversity. In ideal world each trainer would be given outline of what is expected of them including who they are training and what the training is for but because of amount of trainings being rolled out, training division cannot sit with each to go over guidelines and then critique presentation. Question about quality vs quantity arose. • **Discussion of Parameters for Delivery of CC Clinical Services** o Suggestion to maybe require each clinical personal spend 1 day a year in a culture they are not familiar with and spend day finding cultural center of neighborhood/eat foods/go to place of worship as an introduction to the community and to satisfy the CC minimal requirement component of training. Would need to be a program that has been set up in advance through Training? o Under I.3 diversity should include disability, faith, gender identity o Update to reflect the current direction of DMH o Keren to look at reformatting to make more appealing and user-friendly

	• Discussion of Letter to EMT & protocol – Will give to Gladys to give to Dennis Murata who will take it to EMT and this letter will piggyback presentation of Organizational Assessment at next EMT meeting. Put a more positive spin and be part of solution. Maybe end by saying 'We look forward to working with you to continuing working on these improvements in our services.'
CC Trainings	• September 10th - Diversity and Unlearning Prejudices • September 23-25th - LBHI Conference; DMH is not sponsor there is no discount for employees • October 16th - 15th Annual Asian American MH Training Conference
Addition Items	• African American Conference postponed -date TBD
Next Meeting	• Wednesday, September 9, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 9/9/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Follow up – Sylvia - Complaints to Patients Rights about CC?
   - Follow up -- Naga – ACCESS questions about CC?
   - Discussion of Parameters for Delivery of CC Clinical Services
   - Discussion of Letter to EMT & protocol
   - CC Plan – Criterion 4 Work plan

4. CC Trainings
   - Sep. 10th Diversity & Unlearning Prejudice
   - Sep. 23-25th LBHI Conference
   - Oct. 16 – 15th Annual Asian American MH Training Conference
     Facing Reality in the Golden Years

5. Additional Items
   - Postponement of African American Conference (Feb 2010)
   - Licensed MH Education Program – Loan Repayment Application

6. Meeting time and date
   - Wed. October 14th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: September 9, 2009

Present: Keren Goldberg, Rebecca Hall, Greg Hooker, Martin Jones (via phone), Ann Lee (via phone), Tammi Robles, Albert Thompson, Tara Yaralian

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	
Review of Minutes	• Minutes read, moved and seconded for approval as is
Action Items	• Discussion of Parameters for Delivery of CC Clinical Services 1 Definition used in Parameters vs committee's definitions of do not match 100% so question is should they match because both are good. Suggest changing 2nd definition to match current definition and expand 3rd definition to include diversity and present draft at next meeting. 2 Discussion on feedback from Client Coalition and other clients to make document more recovery focused. 3 Reformatting to make more user-friendly and readable 4 Under Managing Situations in which Requisite Competence is not available, use consistent word Translator or Interpreter. Translation refers to written and Interpretation is oral. • Discussion of Letter to EMT 1 Final Draft to piggy-back on Organizational Assessment presentation to EMT 2 Correction from County QIC to Department of QIC • CC Plan – Criterion 4 Work plan 1 MediCal Audit starts February 22, 2010 for outpatient 2 New components include attestation that needs to be signed by Dr. Southard. Simply put attestation is for issues that have been in compliance for years. 3 Cultural Competency plan has 8 criteria, Criterion 4 is directly related to Cultural Competency Subcommittee

	a Need input as to who/where we can obtain contact information for action items b Went through each item and suggestions/ideas offered 4 Question put forth to take a Criterion section each month and letting the Committee start developing answers for those
CC Trainings	• September 10th – Diversity and Unlearning Prejudices • September 23-25th - LBHI Conference; DMH is sponsor there is discount for employees • October 16th - 15th Annual Asian American MH Training Conference
Addition Items	• Link more with Training and work done towards cultural competency and add to agenda to have monthly updates. • Ways to track/monitor Mandatory Cultural Competency trainings of staff. Cultural Competency training is not monitored like Sexual Harassment Training. To increase quantity of classes, idea of having training coordinators give frequent CC trainings or put a web-based training on the Learning Net where it can be easily monitored and compliance reports can be generated. ADDENDUM: Conversation leading to this discussion questioned ways of tracking compliance to the mandatory diversity training and was suggested that a subsection be added to the Performance Evaluation in order for each supervisor to systematically evaluate his/her staff members' cultural competence. The point was raised that there might be conflict with the unions and between staff who has never had exposure to the multiple cultures of Los Angeles and someone who extensive interaction. • African American Conference postponed -date TBD
Next Meeting	• Wednesday, October 14, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 10/14/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Training Policy – CC Requirements
   - Training Updates - Julie Ho
   - Discussion of Parameters for Delivery of CC Clinical Services
   - Follow up – Sylvia - Complaints to Patients Rights about CC?
   - Follow up -- Naga – ACCESS questions about CC?
   - CC Plan – Criterion 1 & 2 Work plan

4. CC Trainings
   - Oct. 16 – 15th Annual Asian American MH Training Conference
     Facing Reality in the Golden Years

5. Additional Items
   - Representation on/at Conference Committees
   -

6. Meeting time and date
   - Wed. December 9th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: October 14, 2009

Present: Sylvia Guerrero, Rebecca Hall, Julie Ho, Martin Jones (via phone) Naga Kasarabada, Ann Lee (via phone), Rose Lopez, Gabriela Ramirez, Tammi Robles, Albert Thompson

Absent: James Randall, Sharon Watson, Anahid Assatourian, Leticia Ximenez, Nilsa Gallardo, Liz Echeverria, Kimberly Spears, Scott Hanada, Tara Yaralian, Kumar Menon, Mona Sparks, Fanny Dieppa, Adrienne Hament, Diane Guillory, Miguel Osorio, Lorna Pham, Roger Kelly, Christina Dedeaux, Keren Goldberg

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Announcement: Change of next meeting to Wednesday, November 18th (11th is a holiday) Introduction and welcome
Review of Minutes	• Note: Request to add Absent members to the minutes • Minutes reviewed and approved with corrections noted
Action Items	• Employee Training: Minimum Standards Policy – The Policy Review Committee has been dissolved. Policy can be created or updated by any unit in the department with expertise in the area. Compliance office oversees the process so once a policy has been drafted, it goes to them for final review and editing. Subcommittee to look into changing training frequency from once every 3 years to every 2 years. Will compile list of Culturally Competent trainings that would satisfy the 4 hour cultural diversity requirement and promote those trainings/conferences. Subcommittee will work with Training on drafting the policy to reflect these changes. • Training Updates –Luis is working on 3 additional Interpreter Trainings before December. Question on if the items for the training evaluation form and cultural competency has been finished. Training has the subcommittee's recommendations and is in the process of reformatting the evaluation form to include the suggestions and will share with subcommittee when finished. • Discussion of Parameters for Delivery of CC Clinical Services – will skip and include in next months meeting • Complaints to Patients Rights regarding CC - Follow-up with Sylvia – There is a database in Patients Rights where they can capture calls regarding cultural issues and what languages callers speak. Patients Rights is working on changing the Change of Provider form to capture the reasons why someone wants to change provider as it might be culturally motivated – language, ethnicity and gender, etc.

	• ACCESS questions about CC – Questions if ACCESS gets a lot of calls for different languages. They do have a Language Line Report that is sent to QI quarterly. Spanish is most requested and Spanish ACCESS handles those calls but if there is an overflow and they can't handle the amount of calls then the Interpreter Line is used. Other languages are requested but just not in the numbers of Spanish. Naga will email the last quarter report to Rebecca • CC Plan: Criterion 1 & 2 Work plan – brainstorming session on who to contact and where to go to fulfill items: Criterion 1 a. Action Item II, A: Description of practices/procedures that demonstrate community engagement… i Internet / Intranet / CC Unit ii NAMI iii UREP iv O&E v Translation of Consents and Informative brochures into other languages and MHSA brochures in draft form for EE/ME and African/African American vi Kathleen Piche, Public Information Officer vii Policy & Procedures b. Action Item II, B & C: Narrative – need to write up description, look at clergy and schools c. Action Item III – Management person would be Gladys d. Action Item IV – Dedicated budget, inclusive under MHSA but nothing dedicated specifically for Cultural Competency. Will have to play with other budgets from WET, UREP, MHSA programs, etc., to show that money is going to outreach and engagement, translation, trainings & conferences, and also for incentives for culturally and linguistically competent components, for example, the bilingual bonus, Parent Advocates and non-traditional providers. Criterion 2 is based on data and will be obtained from Vandana
CC Trainings	• October 16th will be the 15th Annual Asian American MH Training Conference – Facing Reality in the Golden Years
Next Meeting	• Wednesday, November 18, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 11/18/09
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - CC Plan – Criterion 3, 6 & 7
   - Training Policy – CC Requirements
   - Training Updates - Julie Ho
   - Follow up -- Naga – QI Quarterly Report
   -

4. CC Trainings
   - 11/30/09 Language Interpreting in Mental Health Settings
   - 12/2/09 HIV-AIDS: Assessment & Treatment
   - 12/9/09 Improving Access: Removing Language Barriers
   - 12/22/09 Improving Access: Removing Language Barriers

5. Additional Items
   - Representation on/at Conference Committees
   -

6. Meeting time and date
   - Wed. December 9th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: November 18, 2009

Present: Anahid Assatourian, Sylvia Guerrero, Rebecca Hall, Julie Ho, Martin Jones (via phone) Naga Kasarabada, James Randall, Tammi Robles, Kimberly Spears, Dennis Wood, Tara Yaralian

Absent: Christina Dedeaux, Fanny Dieppa, Liz Echeverria, Nilsa Gallardo, Scott Hanada, Keren Goldberg, Diane Guillory, Adrienne Hament, Roger Kelly, Ann Lee, Rose Lopez, Kumar Menon, Miguel Osorio, Lorna Pham, Mona Sparks, Albert Thompson, Sharon Watson, Leticia Ximenez

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Introduction of new member/guest
Review of Minutes	• Minutes reviewed and approved no corrections or additions
Action Items	• CC Plan: Criterion 3, 6 and 7 Work plan – brainstorming session on who to contact and where to go to fulfill items: <u>Criterion 3</u> a. Action Item I: Identify unserved/underserved target populations i Medi-Cal – All groups; whoever receives Medi-Cal ii CSS – age groups (Child/TAY/Adults/Older Adults) iii PEI – Deaf/HH; visually impaired; veterans; mentally challenged; EOB and START which targets high school students who are prone to violent/suicide iv WET – b. Action Item II: Identify target group disparities – EQRO data from Vandana c. Action Item III: Strategies/Objectives/Action i Activities of Planning Division, O&E, UREP; Implementation Unit; Faith-Based organizations to decrease disparities; training; Patients Rights wants to deliver presentations to clients ii Vandana data for 200% poverty d. Action Item IV: Additional Strategies – Public Information Office; public service announcements e. Action Item V: Planning and Monitoring i Status of implementation of above strategies – Debbie ii Discuss in detail the mechanism(s) to measure – Vandana Data; Martie, QI: Quality Assurance, Norma Fritsche

Criterion 6

a. Copy of MHSA workforce assessment – WET: HR; Jeff Gorsuch (internship program); Contracts
b. Compare WET assessment data with general population and 200% poverty – Vandana
c. Report specific actions taken in response to the cultural consultant technical assistance recommendations – Angelita and WET
d. Provide summary of targets reached to grow multicultural workforce in rolling out WET – HR and WET

Criterion 7

a. Action Item 1: Increase bilingual staff
    i Building bilingual staff evidenced by WET – copy of WET work plan and look at HR as well
    ii Updates from MHSA CSS or WET – HR; Debbie for MHSA
b. Action Item 2: Limited English Proficiency (LEP) and Interpreter Services
    i A 24-hour phone line – ACCESS
    ii Evidence that clients are informed in writing in primary language of rights to language assistance services – Patients' Rights
    iii Evidence that County/Agency accommodates persons who have LEP – Policy/Procedures; ACCESS; bilingual bonus (HR); call logs for requests in languages other than English
c. Action Item 3: Provides bilingual staff/interpreters for threshold languages at all points of contact
    i Evidence of availability of interpreter/bilingual staff for language spoken by community – clinical language logs; multilinguistic service provider directory (MLSPD)(question to Thelma about removal of clinics that are no longer providers);
    ii Documented evidence that interpreter services are offered – Logs and patients' chart/progress notes (clinic responsibility)
    iii Evidence of providing contract or agency staff who are linguistically proficient – MLSPD
    iv Evidence that interpreters are trained and monitored for language competence – HR bilingual test
d. Action Item 4: Services for LEP clients NOT MEETING threshold language
    i Policy/Procedures and Practices that include referrals, linkage and translations
    ii Written plan for how clients are assisted who do not meet language threshold are assisted – Policy and Procedure

	e. Action Item 5: Translated Documents, Forms, Signage and Client Informing Materials i Culturally and Linguistically appropriate written information: 1. member service handbooks/brochures – Beneficiary handbook from Patients' Rights 2. general correspondence – FSP 3. beneficiary problems, resolution, grievance – Patients Rights 4. beneficiary satisfaction surveys – Quality Assurance 5. informed consent for medications – Office of Medical Director 6. confidentiality and release – Compliance office, Veronica Jones 7. service orientation for clients – video orientation – ask Don Wells 8. mental health education materials – Public Information Office; O&E; NAMI 9. evidence of appropriate distribution and utilized translated materials – ii Documented evidence that communication is in clients language – client charts and assessment reports, etc iii Consumer satisfaction survey translated in threshold – QI, State Performance Service (Martie's group) iv Mechanism for ensuring accuracy of translated materials - v Mechanism for ensuring translating materials are at 5th grade level – • Training Policy – Updated policy with change to minimum standards 4.1.1 cultural diversity changed to cultural competency and from every 3 years to 2 years • Training Updates – change in Training Course evaluation. Changed #4 under presenter and added diversity under #2 in Overview. Rebecca has pulled out trainings and conferences that feel like they address cultural competency for review if they fulfill requirement for cultural competency. • Follow-up Naga on QI Quarterly Reports – will give more updated data and will send to Tara when ready. Will bring to next month's meeting.
CC Trainings	• Four trainings upcoming: HIV-AIDs and 3 language trainings
Next Meeting	• Wednesday, December 9, 2009 1:00pm to 3:00pm (time changed from 1:30 so there can be a potluck for the holidays) 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 12/16/09
1:00 PM – 3:00 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - CC Plan – Criterion 8
   - Follow up -- Naga – QI Quarterly Report

4. CC Trainings
   - 12/22/09 Improving Access: Removing Language Barriers
   - African American Conference – Rescheduled for June 2010 (Location TBD)
   - COD Conference- Cancelled for fiscal year 09-10, but will resume next fiscal year 10-11
   - The Department of Mental Health 50th Anniversary & MHSA 5th Anniversary – May 20, 2010 @ UCLA
   - California Conference on Mental Health & Spirituality Conference – June 10, 2010

5. Additional Items
   - Representation on/at Conference Committees
   - Medical Audit – February 22, 2010
   - EQRO Audit - April 12, 2010

6. Meeting time and date
   - Wed. January 13th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: December 16, 2009

Present: Sandra Chang-Ptasinski, Naga Kasarabada, Ann Lee, Tammi Robles, Maria N. Tan, Tara Yaralian

Absent: Anahid Assatourian, Martin Jones, Christina Dedeaux, Fanny Dieppa, Liz Echeverria, Nilsa Gallardo, Sylvia Guerrero, Keren Goldberg, Diane Guillory, Rebecca Hall, Adrienne Hament, Scott Hanada, Julie Ho, Roger Kelly, Rose Lopez, Kumar Menon, Miguel Osorio, Lorna Pham, James Randall, Mona Sparks, Kimberly Spears, Albert Thompson, Sharon Watson, Dennis Wood, Leticia Ximenez

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Introduction of new member/guest Introduction of Sandra Chang-Ptasinski as the co chair of the Cultural Competency Subcommittee as Tara is stepping down and taking on other duties.
Review of Minutes	• Minutes reviewed and approved with corrections
Action Items	• Follow-up Naga on QI Quarterly Reports – Language line report. 1. Provide data on quarterly basis to QI group (Martie's team) 2. Number of calls taken at ACCESS inquiring about services that needed translation help 3. Abandoned calls are those that after 30 seconds, the caller disconnects. Should be 5% but that goal has not been reached. Phone system is outdated; many outages that account for the calls dropping; each outage is documented. 4. All calls coming through the 800 number are tracked as phone and computer are integrated systems. • CC Plan: Criterion 8 1. Action Item 1 –Client driven/operated programs/racially, ethnically, linguistically and culturally specific: Wellness Centers – Kaylene Gilbert, Umi Patel, Empowerment/Advocacy 2. Item 2 – Responsiveness a. "Documented evidence that DO/Contractor has options that accommodate individual preference or cultural and linguistic…" i ACCESS Center has ability to have accommodations for linguistic preferences ii Linguistic preferences searchable by Multi-Lingual Service Provider Directory iii Asian Pacific, Coastal, American Indian – programs that are culture-specific iv Innovations Plan and use of non-traditional ethnic providers in conjunction with or adjacent to traditional providers. b. Evidence that County informs clients of availability of above services – Patients' Rights c. Policies, procedures and practices to inform all Medi-Cal beneficiaries – Patients' Rights; O&E Staff; Navigators; Peer and Parent Advocates; UREP

	d. Evidence that County has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services i Ann Lee remembered talking about how to make PEI services more accessible and not make settings so institutional during the PEI Steering Committee. Need to check with PEI plan for more information ii The Innovations Integrated Services Management Model has provisions for UREP communities by providing transportation, location of services within communities and referrals from the community based agencies iii Self Help Libraries and Wellness Centers are comfortable and inviting. Also Clergy Advisory has collaborative with Hollywood Presbyterian to provide service information in churches 3. Item 3 – Evidence of how a contractors' ability to provide cultural competent mental health services is taken into account in selection of contract providers – Contracts and Service Area Managers 4. Quality Assurance a. Outcome Measures – QI b. Staff Satisfaction – Organizational Assessment, Staff Satisfaction Survey c. Grievance and Complaints – Patients' Rights
CC Trainings	• Improving Access: Removing Language Barriers – 12/22/09 • African American Conference has been rescheduled for June 2010 (location TBD) • May 20, 2010 – Department of Mental Health 50th Anniversary and MHSA 5th Anniversary at UCLA • June 10, 2010 – California Conference on Mental Health & Spirituality Conference • COD Conference cancelled for fiscal year 2009-2010 but will resume fiscal year 10-11 • January 21, 2010 - Mental Health and Spiritual Healing, Palmdale CA
Additional Items	• Representation on/at Conference Committees – in January's meeting will revisit this item to have CC Subcommittee representation in the planning phase and attendance to conferences • MediCal Audit – February 22, 2010 • EQRO Audit – Week of April 12, 2010 • Question was asked regarding 'Skills Assessment for Professionals and Nonprofessionals' as a way of caring in a cultural competent manner. Clarified by group that what was being asked was beyond the scope of this subcommittee as it pertained to each individual employee. Our scope would entail working with Training to incorporate cultural competency into the offered trainings to our employees.
Next Meeting	• Wednesday, January 13, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

Cultural Competency Committee
Meeting Schedule 2010

Dates				Times	Location
January	13			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
February	10	Dark		130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
March	10			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
April	14	Dark		130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
May	12			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
June	9			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
July	14			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
August	11			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
September	8			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
October	13			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
November	10			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020
December	8			130pm - 330 pm	695 S. Vermont Ave, 15th Floor, LA, CA 90020

Co-Chair Rebecca Hall 213 251-6834
Co-Chair Sandra Chang-Ptasinski 213 251-6815
Secretary Tammi Robles 213 251-6820

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUBCOMMITTEE AGENDA

WED 1/13/10
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Translation of materials in threshold languages
   - Review of State System Review responses
   - CC representation in the planning and attendance to conferences

4. CC Trainings
   - **Promoting Hope, Recovery and Resiliency in the African American Community**, DMH Training, February 9, 2010 @ Palmdale Cultural Center
   - **2010 Refugee Summit**, save the date June 24th and 25th. Updates at http://www.dmh.ca.gov/Multicultural_Services/News_&_Updates.asp
   - **African American Conference** – Rescheduled for June 2010 (Location TBD)
   - COD Conference- Cancelled for fiscal year 09-10, but will resume next fiscal year 10-11
   - **The Department of Mental Health 50th Anniversary & MHSA 5th Anniversary** – May 20, 2010 @ UCLA
   - **California Conference on Mental Health & Spirituality Conference** – June 10, 2010

5. Additional Items
   - State System Review– February 22, 2010
   - EQRO Audit - April 12, 2010

6. Meeting time and date
   - February 10, 2010 @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: January 13, 2010

Present: Sandra Chang-Ptasinski, Ann Lee (via phone), Rose Lopez, Tammi Robles, Albert Thompson, Leticia Ximenez

Absent: Anahid Assatourian, Martin Jones, Christina Dedeaux, Fanny Dieppa, Liz Echeverria, Nilsa Gallardo, Sylvia Guerrero, Keren Goldberg, Diane Guillory, Rebecca Hall, Adrienne Hament, Scott Hanada, Julie Ho, Naga Kasarabada, Roger Kelly, Kumar Menon, Miguel Osorio, Lorna Pham, James Randall, Mona Sparks, Kimberly Spears, Maria N. Tan, Sharon Watson, Dennis Wood

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	
Review of Minutes	• Minutes reviewed and approved
Action Items	• Translation of material in threshold languages – Discussion on which forms should be translated. Included what has been translated into the threshold languages and which need or should be translated. It was suggested that anything the client signs should be translated with the exception of the treatment plan. Items to add to the translation list include Advanced Directives, Med Consents, Outcome Measures, and brochures for FCCS and Wellness Centers. Emphasis should be on consents and releases. • Review of State System Review responses (audit) – The question along with the skeletal answer was shared to gather feedback to expand answers. Question 3 - Tracking Mechanisms Monitor/operate a wide variety of cultural specific providers/services reflective of populations in Los Angeles County and each service area. The Los Angeles County Department of Mental Health (DMH) provides the Multi Linguistic Service Provider Directory, a listing of names/hours/locations/age groups/languages capabilities of LAC-DMH service providers. Credentialing application asks providers to indicate areas of competency in any foreign language(s) or sign language deemed sufficiently proficient to provide linguistically competent mental health service without assistance of an interpreter.

	General Directory of Network Providers lists names/locations/phone numbers/cultural capabilities and services. Covers all 8 DMH service areas and services are categorized from psychiatric inpatient hospitals to targeted case management and other specialty mental health services developed to meet specific linguistic needs of each service area. Inclusion of projects being worked on by the UREP (Under Represented Ethnic Populations) groups for the Innovations Plan since they target the 5 identified UREP communities (Latino, Eastern European/Middle Eastern, African/African-American, American Indian, and Asian Pacific Islander) Group suggests including conferences like the Latino, AAA, Asian Hope and Recovery; WRAP in Spanish and Chinese; the Spirituality & Mental Health Conference and specialty programs like FSP for Older Adults and 0-5. Service Area 4 is part of a federal grant called Project ABC with DCFS and DMH and a few providers. Materials designed include posters and social marketing materials for professionals in Spanish and English; and a coloring book in Chinese (being translated into Korean). Project ABC is service area based but information and work is county- and nationwide and materials are available to anyone in the country. Question 9a and b will be visited with the subcommittees that target these groups Question 8 – Evidence of outreach to the underserved populations Working with Implementation Unit as they oversee MHSA operations. Include copies of Stakeholders sign-in sheets and minutes; information on all work done by UREP groups (meetings and the projects; and incorporate work done by Outreach and Engagement and special projects done through them such as working with faith-based organizations Question 12 – Affirmation that MHP is following CC Plan requirements for free language assistance services Poster which unfortunately is difficult to read even at close distances; the Beneficiaries Handbook; and Policies in terms of language interpretation. Acknowledge that because of budget, these have not been promoted except for Stakeholders and Delegates meetings. Provide information on the Translator/Interpreter training and point out that LAC-DMH has the equipment available for use; even though there is no budget for hiring interpreters, a staff member can speak the language in need.

Question 14a – CC and HR evaluate cultural and linguistic competencies of staff. Question 14b - CC and Training describe process to assess training needs.

Employee training policy which calls for foundation course in cultural diversity as provided/recommended by LAC DMH. Clinical staff my substitute advanced courses in lieu of this requirement. Training Division provides some culture specific trainings, conferences, and the interpreter training program. Discussion on how to upgrade interpreter trainings to make more specific to MHS. Also listed the bilingual bonus policy and procedure as a way to assess linguistic competencies of staff. Prospective bonus recipients are tested and if they meet requirements, are issued certificate.

Question arose about how assessment of cultural competency could be an ongoing function. Recap of previous discussion of how to add to performance evaluations that employee is current with their cultural competency trainings.

In preparation to answering questions, Training Division will speak with District Chiefs to get sense of how they are individually assessing needs for trainings in their service areas and plan to incorporate that feedback into the answer to this question.

- Representation of CC Subcommittee in planning and attendance of DMH conferences – Currently there is planning for the African American conference. Sandra Chang left email and phone message asking to please notify when first meeting will occur to see if any CC Subcommittee members would like to be involved. Albert informed group that the Advocacy Conference is also in the planning stages. Ann Lee told us to "Save the Date" for the Asian American conference is October 15. Ann does not know if the planning has begun.

  History: Talked about why the CC Subcommittee needs representation at the conferences so there could be representation of different cultures/ethnicities and advocacy for cultural competency. Pointed out the need for conferences to be attended by different ethnic groups. Example given that currently ethnic conferences are mostly attended by members of that ethnic group. Need to encourage attendance of other cultures so everyone can benefit from these excellent learning opportunities. A lot of times these cultural conferences are more of a 'Celebration' of a given culture and many staff and consumers believe that a given ethnic conference is only for that group.

  Organize as a Subcommittee in terms of covering the planning of trainings and conferences. This can be done by area of interest and availability of schedule. A suggestion was made to invite the conference planners to the Subcommittee meetings so

	we can talk about cultural competency issues and get ideas of how planning is going and ask them to consider these topics to show effort that the CC Subcommittee is involved. Suggestions to invite conference planners during initial planning then after a few months invite back so show there is an ongoing concern and involvement.
CC Trainings	• Promoting Hope, Recovery and Resiliency in the African American Community – February 9, 2010 • 2010 Refugee Summit – Save the Date of June 24 and 25th • African American Conference – Rescheduled for June 2010 (Location TBD) • Department of Mental Health 50th Anniversary and MHSA 5th Anniversary – UCLA May 20, 2010 • California Conference on Mental Health & Spirituality Conference – June 10, 2010
Additional Items	• Preparing for MediCal Audit, February 8, 2010 • EQRO Audit week of April 12, 2010 • Look at ways to increase attendance: 1. At the beginning of 2009 it was asked of the District Chiefs to send 2 representatives from each service area so send out a meeting reminder. 2. Send out a meeting reminder a week in advance in addition to 2 or 3 day. 3. Send out the schedule of the meetings for the year so members can plan attendance in advance. 4. Invite others such SAAC members, O&E Coordinators, Consumers and service providers.
Next Meeting	• Wednesday, February 10, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE AGENDA

WED 2/10/2010
1:30 PM – 3:30 PM

1. Welcome & Introductions
2. Review and approval of minutes
3. Purpose & Goals
4. Materials
5. Review Action Items
6. Meeting time and date
   - Wed. March 10th, 1:30pm – 3:30pm @ 695 S. Vermont Ave., 15th Floor

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUBCOMMITTEE AGENDA

WED 3/10/10
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - CAEQRO Audit
   - Results of the State System Review
   - CC Plan: Language Capacity Criterion

4. CC Trainings
   - **LBHI Professional Academy Workshops**:
     - Recognizing, treating and preventing interpersonal violence within the Latino community, April 14, 2010
     - Culturally sensitive practice of working with Latino adolescents using a developmental lens, April 21, 2010
   - **The California Mental Health Advocacy Conference**, April 15th and 16th
   - **Effective Clinical Assessment of Trauma Exposure for Veterans returning from Afghanistan and Iraq**, April 28, 2010
   - **Culture and Personality Disorder,** May 19, 2010
   - **2010 Refugee Summit**, save the date June 24th and 25th. Updates at http://www.dmh.ca.gov/Multicultural_Services/News_&_Updates.asp
   - **African American Conference** – Rescheduled for June 2010 (Location TBD)
   - COD Conference- Cancelled for fiscal year 09-10, but will resume next fiscal year 10-11
   - **The Department of Mental Health 50th Anniversary & MHSA 5th Anniversary** – May 20, 2010 @ UCLA
   - **California Conference on Mental Health & Spirituality Conference** – June 10, 2010

5. Meeting time and date: April 14th, 2010

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUB COMMITTEE MEETING

Date: March 10, 2010

Present: Sandra Chang-Ptasinski, Sylvia Guerrero, Julie Ho, Naga Kasarabada, Lorna Pham, Jim Randall, Tammi Robles, Kimberly Spears, Albert Thompson

Absent: Anahid Assatourian, Martin Jones, Christina Dedeaux, Fanny Dieppa, Liz Echeverria, Nilsa Gallardo, Keren Goldberg, Diane Guillory, Rebecca Hall, Adrienne Hament, Scott Hanada, Roger Kelly, Kumar Menon, Miguel Osorio, Mona Sparks, Maria N. Tan, Sharon Watson, Dennis Wood

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	
Review of Minutes	• Minutes reviewed and approved
Action Items	• CAEQRO Audit – scheduled for April 12. The 2 areas of focus will be last year's audit recommendations to: 1. Ensure recovery and welcoming principles – service delivery 2. Review of materials relevant to cultural competency EQRO requested the Service Area Representatives from Cultural Competency subcommittee attend Monday, April 12, 2010, 3-4:30pm, pending confirmation. • State Medi-Cal Review – Cultural Competency did fairly well. The state review looked at how The Department is assessing the linguistic and cultural competency of staff. We were able to give Policy and an HR report for the assessment of linguistic skill. However, we were not able to show assessment of cultural competency. Aside from CC Subcommittee recommendation to include CC assessment – staff's yearly performance evaluations. To correct need to devise procedure for assessment of cultural competency. Ideas for Policy: 1. If decide to initiate policy or change to PE, have to set up appointment with human resources, Susan Moser, to 1) increase manager involvement and 2) union involvement as there might be issues. Possibility of two (2) policies; one for clinical staff and another for administrative staff or should make one very general that would apply to all employees. 2. Suggestion to use existing policy: Patients Rights changed of Provider new policy which better captures changes for cultural reasons. CA State offers a 4-day, 32 hour

	training to self evaluate cultural competency however the program is very costly and prohibitive. Issues identified by Subcommittee • CC can not be easily measured across staff • Duty statements and class specifications might need to be changed to include CC related duties • Supervisors would need to be trained on how to assess cultural competency • A supervisor might not be culturally competent himself/ herself in general terms • A supervisor might not be culturally competent in the culture that he/she is assessing the supervisee in, especially if the supervisor does not speak the language of the target population • Expanding the quality section of the P. E. will add more work demands on the employee and become a deterrent to want to work for DMH. • The new policy would apply to bilingual staff, for the most part, whereas for non-bilingual staff, it would not apply. • There is already a plan for HR to change the P.E. The recommended addition might not fit in the new format. • Will such new policy apply only to directly operated or contract agencies as well? Discussion recap for ways to assess cultural competency: 1) Client Satisfaction Survey a Pilot study: Choose one clinic per SA, have them add a couple more questions targeting clients' input on whether clinic staff was sensitive to their culture, such as: ◦ Was the psychiatrist culturally competent? Yes_____ No_____ ◦ Was the clinician CC? Yes_____ No_____ ◦ Was your case manager CC? Yes_____ No_____ ◦ Was the receptionist CC? Yes ____ No_____ b Have data analyzed into a clinic report on CC c Clinic administrator to utilize data in making individual recommendations for each staff to attend CC trainings 2) look at policies that are currently in place and enforcing a. Revise the bilingual bonus policy to add specifically how DMH is expecting the certified bilingual staff to utilize his/her language skills. b. New policy to be soon released on clients' requests to change providers. This one will track request to change providers due to cultural issues 3) offer cultural competency trainings and track when person is in compliance 4) Do a survey at New Employee Orientation listing all cultural groups (ethnic, LBGTQ, developmentally disabled, homeless, incarcerated, etc).

	a. Have each new employee mark the groups he/she feels comfortable working with b. List CC trainings offered by DMH and have them mark those they consider they would need to take in order to become more CC. • CC Plan: Language Capacity – Criterion 7, section V. Review Part A required translated documents, forms, signage, and client informing material 1. Member service handbook or brochure – if the brochure in question is the MediCal handbook to Mental Health Service, have in all threshold languages 2. General correspondence – need mechanism for ways to assess 6th grade education. Does this refer to No Shows or Case Closed? 3. Beneficiary problems, resolution, grievance and fair hearing – Notice of Action forms not translated. Beneficiary Problem and Grievance forms available in threshold languages; State fair hearing in MediCal guide but not translated 4. Beneficiary satisfaction survey – State covers 5. Informed Consent – Have English and Spanish; Consent for Services is not listed as 'mandatory form to be translated 6. Confidentiality and Release – HIPAA is in English and Spanish 7. Service orientation for clients – English and Spanish. FSP and FCCS brochures available in all threshold languages 8. Mental health education material – Available in English and Spanish; can also obtain from SAMSHA 9. Evidence of appropriately distributed and utilized translated material – ensure that brochures are supplied in easily accessible location throughout the day Focus of this CC plan is to develop it as a guideline for CC service delivery by DMH not just gathering information of past activities that fit into the criteria. Need to prioritize language to decide which languages need to be translated first.
CC Trainings	**Listed on Agenda**
Next Meeting	• Wednesday, April 14, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY SUBCOMMITTEE AGENDA

WED 4/14/10
1:30 PM – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - CAEQRO Audit
   - Organizational Assessment ~neutral questions
   - CC Plan: Requirements for the Cultural Competence Committee
   - Staff participation in cultural competence trainings ~ follow-up

4. CC Trainings
   - WET Save the Date:
     i. Three Day Mental Health Interpreter Training - 4 locations from 8:30 – 4:30 pm. Please see attached Flyer for Dates and Locations
     ii. One Day How to Use an Interpreter in Mental Health Setting – 4 locations from 8:30 – 4pm. Please see the attached Flyer for Dates and Locations.

   - Multicultural Communications: Appreciating Diversity & Building Skills, May 25, 2010, 9:30 Am - 3:30 pm, Superior Court Building, 600 S. Commonwealth Ave., 6th Floor, Room A, Los Angeles, CA 90006

   - Diversity And Unlearning Prejudice, June 29, 2010, 9:00 - 1:00 pm, 695 S. Vermont Ave., 7th Floor, Room 712

   - Clinical Treatment Of Children With Developmental Disabilities, March 15, 2010, 9:00 - 1:00pm, San Antonio Mental Health Center, 2629 Clarendon Ave., 2nd Floor Conference Room, Huntington Park, CA 90255

5. Meeting time and date: May 12th, 2010, 1:30-3:30pm, 15th Floor Conference Rm 695 S. Vermont Ave, Los Angeles CA 90005

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

May 12, 2010
1:30 – 3:30 p.m.

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - CC Plan: Requirements for the Cultural Competence Committee
   - Organizational Assessment: neutral questions
   - CC trainings for DMH staff ~ follow-up
   - DMH Information Notice No: 10-07 – Threshold Languages
   - Identify & select forms to be translated into threshold languages.

4. Upcoming CC Trainings
   - MH Interpreter Training May 17th,18th & 19th
   - Culture and Personality Disorder May 19th
   - Training Providers in the use of Interpreter Services in MH Settings May 25th
   - Diversity & Unlearning Prejudice June 29th
   - Pacific Clinics 13 Annual Latino Conference May 20th
   -

5. Meeting time and date: June 9th, 2010

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY COMMITTEE MEETING

Date: May 12, 2010

Present: Anahid Assatourian, Sandra Chang-Ptasinski, Sylvia Guerrero, Rebecca Hall, Julie Ho, Martin Jones (via phone), Ann Lee, Tammi Robles, Krista Scholton, Mary Silvestrini, Kimberly Spears, Albert Thompson

Absent: Christina Dedeaux, Fanny Dieppa, Liz Echeverria, Nilsa Gallardo, Keren Goldberg, Diane Guillory, Adrienne Hament, Scott Hanada, Roger Kelly, Kumar Menon, Miguel Osorio, Mona Sparks, Maria N. Tan, Sharon Watson, Dennis Wood

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Introduction and welcome back to Rebecca
Review of Minutes	• Minutes reviewed and approved with signature.
Action Items	• CC Plan: Requirements for the Cultural Competence Committee. Rebecca and Sandra attended the QIC Meeting and one of the update was that according to the Cultural Competency Plan there needs to be a Cultural Competency Committee as opposed to a subcommittee. Motion was moved and approved to elevate to Committee status. Goal of today's CC meeting is to go over Criterion 4 and looking at state requirements for membership and goals/functions of committee. I. Per State's requirement, the CC Subcommittee has been elevated to Cultural Competency Committee (CCC). This requirement was presented at the May QIC meeting. A. Brief description of CCC – organizational structure is done and meeting frequency is set. Rebecca will create a draft for the functions and role of committee for next meeting so group can review. B. Policies, procedures and practices need to be in place to ensure that members are reflective of the community. No policies or procedures are in place. Rebecca will again create a draft and send out for review. Look at inviting someone from Older Adults and for clients invite someone from the County Client Coalition. For the ethnic representations invite people from the UREP groups. Providers can be

invited thru QIC. Question about how high up in DMH management should we go? Plan has been presented to high administrators in key areas so they might be a contact for future representation or send a representative. Other programs/units that have responsibility for submitting information/data for plan need to be included: HR, QI/QA, Patient's Rights (have current representation), PEI, WET, MHSA/Implementation, Empowerment & Advocacy, and Training. Because of the amount of representation needed, the size of the committee could increase significantly. Strategic planning for membership will be practices to ensure CCC effectiveness

II. Requirement from State stating that the CCC, with responsibility for cultural competency, is integrated within the County Mental Health System:
   A. CCC is to be involved in the following activities
      1 Reviews all services/programs - Have had discussions and minor influence in some policies but need to involve committee into a larger role in DMH. Because the CC Plan is due by July 28th, some of the policies and procedures will not be in place. Therefore the CCC will need to show progression towards fulfillment of plan requirements and lay the groundwork for where we want to be once the plan is fully operational.
      2 Provides reports to QA/QI – Rebecca and Sandra are members of QIC and provide CC updates at meetings.
      3 Participates in overall planning and implementation - Discussion focused on how tracking of staff's cultural competency would be assessed. Previous CCC idea to include employee cultural competency in the annual performance evaluation was further discussed and dismissed.
      4 Reporting requirements include directly transmitting recommendations to executive level/Mental Health Director – Gladys would be able to satisfy this requirement as Sandra reports to Gladys, Gladys reports to Dennis Murata, Dr. Southard and EMT and Gladys is the Ethnic Services Manager.
      5 Participates in and reviews County MHSA planning – CCC is housed in Planning therefore there is Gladys
      6 Participates in and reviews Stakeholder process – LA County Stakeholders has been disbanded and will be absorbed into the System Leadership Team (SLT).
      7 Participates in reviews County MHSA plans for all MHSA components – If the CCC can get members from the different MHSA plans (WET, PEI, CSS, Innovation) they would be able to fulfill one or 2 of the member requirements.
      8 Participates in and reviews client developed programs – There are the Wellness

Centers, the Self-Help Libraries and the Self-Help Groups. For the Innovation Plan, there is a Peer Run component so the need to have a member from Empowerment & Advocacy is greatly needed.

9 Participated in revised CCPR (2010) development – this would be the CCC.

B. Evidence that the CCC participated in the above process – Minutes and agendas from the CCC meetings.

C. Annual report of the CCC activities

1 Detailed discussion of the goals and objectives – Plan on using the goals that were developed for QIC and rename as the Cultural Competency Committee Goals

2 Reviews and recommendations to county programs and services.

3 Goals of CC Plan –

4 Human resources report– need more information. State DMH will be contacted for clarification.

5 Organizational Assessment – completed

6 Training plans – Need State DMH clarification on this item. Held discussion on what constitutes a culturally competent training. Just because something is titled "Latino" or "African/African American" does not mean it is culturally competent, there needs to be a mechanism to judge or inform the instructors of trainings what encompasses cultural competency. Will invite Elaine Powell who is Supervisor of the Training Division and offer to include in future discussion.

Question: Now that we are the Cultural Competency Committee, will there be a chair and co-chair? Yes, before as a subcommittee there were 2 co-chairs. The committee can develop a mechanism for election/rotation of chairs. For now, since the CCC is getting revamped, Rebecca Hall and Sandra C. Ptasinski, will remain co-chairs for the CCC.

- Organizational Assessment: Neutral Questions

  Dr. Southard asked the consultant to factor out those questions/answered by many staff members as 'don't know'. Dr. Wolfe used a 70% cut-off on data which is the common industry standard.

  The questions staff marked not knowing/unsure are:

  a. whether or not the delivery of culturally competent services is done through consultation using demographic information/client satisfaction survey

  b. if there is ethno-cultural and sensitive support for culturally diverse staff including career path

	c. available funding for cultural competence trainings d. whether or not there is inclusion of cultural competency in the PE's e. lack of knowledge of bilingual bonus and Under Represented Ethnic Populations 1. These questions could be addressed in New Employee Orientation and Incubation Academy. Want to increase the CC knowledge so in the future we move forward as a more culturally competent organization. 2. Additional ways to disseminate cultural competency information could be via E-news. Having a regular entry as a "CC: Did You Know?" Another way could be to use the SAAC's and Providers' meetings which are attended by directly operated and contracted providers. • CC Training for DMH staff – Follow-up – will invite Elaine Powell and find out how trainings are selected and how they are assessed for cultural competency • DMH Informational Notice No: 10-07 – Threshold Languages – 2010 report on threshold languages has been released by the State. There are 13 threshold languages in Los Angeles County. • Identify & Select forms to be translated into threshold languages – Will table this discussion for next month.
CC Trainings	**Listed on Agenda**
Next Meeting	• Wednesday, June 9, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

June 9, 2010
1:30 – 3:30 p.m.

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Elaine Powell - Training
   - Roles & Responsibilities for the CCC - Feedback
   - Identify & select forms to be translated into threshold languages.
   - CCC Membership

4. Upcoming CC Trainings
   - WRAP Spanish June 28th
   - Diversity & Unlearning Prejudice June 29th

5. Meeting time and date: July 14th, 2010

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY COMMITTEE MEETING

Date: June 9, 2010

Present: Kelli Blanchfield, Sandra Chang-Ptasinski, Rebecca Hall, Julie Ho, Martin Jones (via phone), Naga Kasarabada, Ann Lee (via phone), Elaine Powell, James Randall, Tammi Robles, Kimberly Spears, Albert Thompson, Leticia Ximenez

Absent: Anahid Assatourian, Liz Echeverria, Nilsa Gallardo, Keren Goldberg, Sylvia Guerrero, Diane Guillory, Adrienne Hament, Scott Hanada, Rose Lopez, Kumar Menon, Sharon Watson,

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Introductions made. Kelli Blanchfield is representing Older Adults at this meeting but will be transferring to PEI, DMH-DHS collaboration program soon. Rebecca announced the Cultural Competency Plan Requirements (CCPR) deadline extended to August 31, 2010.
Review of Minutes	• Approved/seconded as written
Action Items	• Roles & Responsibilities for the CCC – Feedback: Group asked to review and to send feedback/comments to Rebecca who will update for next meeting. • Identify & Select forms to be translated into threshold languages: A list of forms deemed essential that need translation was provided. The group reviewed and added additional forms. Once the list is approved, Gladys will take and present to the EMT for their approval followed by implementation. Client Care/Coordination Plan (CCCP) was suggested as a form that should be translated but there have been many discussions in other groups/meeting that discourage translating this form. An argument against translating the CCCP is that it is too complex and to translate it would be very difficult. Another concern is with attaching the English version to the back of the translated CCCP form (as required by DMH Clinical Guidelines Policy). Some feel it would be problematic because the sheets often get lost or separated. Noted that the HIPAA forms are available online on LAC-DMH intranet and in the threshold languages, except for Arabic and Spanish. Spanish does have a link but it is non-functioning and Patients Rights is aware of this.

Per Title IX, DMH educational materials such as brochures need to be translated into the threshold languages. DMH currently has the FSP brochures in the threshold languages. FSP/WRAP Around Tier II is a new program; don't know if there is a brochure in English finished but there was one being worked on. Another program that should have brochures in threshold languages is Family Supportive Services. FSS is highly associated with FSP and FCCS but considered a completely different program with services for the family.

This list needs to be completed for presentation to EMT in July, for inclusion in the CCPR. CCC needs to prioritize the list by importance, consents etc. Forms and brochures can be added to the list yearly as the CCPR is updated.

Of the forms and brochures discussed, the priority is as follows:

1. Consent for Services
2. Privacy Practice & Clients Request for Release of Information (HIPAA Forms)
3. Confidentiality & Release of Information
4. Consent to Medication
5. Client Care/Coordination Plan
6. Change of Provider
7. Notice of Action
8. Advanced Health Care Directive
9. ACCESS Brochure
10. Educational Materials on Disorders: Depression, Bi-Polar, Anxiety, Schizophrenia, etc

- Training – Julie Ho updated:

I. In process of developing subcommittee which would assign ratings to all trainings to determine level of cultural competency. Julie developed a document that is currently being reviewed and will be given to all presenters to ensure incorporation of cultural competency into all trainings except computer trainings. Subcommittee will consist of other training coordinators and Rebecca and a possible other member of the CCC.

II. Training is considering lengthening New Employee Orientation to 3 days instead of 2 days and using that 3rd day for the mandatory Sexual Harassment Training and Cultural Competency Trainings. This would be a good way to track the new employees but the issue still remains for how to track compliance with current employees.

	III. Questions: A. Are there timelines for getting the committee in place and developing the point system and what the point range be? Training has not set a definitive timeline of development as there is still discussion on the point range system and committee membership. B. Tracking questions – Is there any tracking mechanism being developed? Not able to pull every name from a training to see who has attended; only able to pull trainings for a specific date. Even if someone enrolls in a training via Learning Net, someone still needs to enter attendance from the sign-in sheet into the system. Learning Net hasn't been fully realized/developed to its potential. C. Question about how trainings are chosen – Trainings are driven by requests from programs and budget. • CCC Membership: Under Represented Ethnic Population (UREP) membership was approached at a UREP Leadership meeting and they decided that the UREP Leadership would be willing to serve as an Advisory Board on issues that relate to underserved ethnic populations. If needed, CCC could attend their meetings and seek advice. Current membership is 15 and would want to expand to more than 30. Ideally would like Service Area representation, consumer/family/caretakers, UREP, age groups (child, TAY, adult, older adult), MHSA plans, contracted/directly operated providers, veterans associations, religion, and LGBTQ Need to start looking at current membership and seeing what type of representation is currently involved. From there can invite people who can fulfill the deficient categories required as by the state.
CC Trainings	**Listed on Agenda** Additional trainings – • Spirituality Conference - full • Hoarding Conference , June 17, 2010 • Housing Conference, June 14th & 15th
Next Meeting	• Wednesday, July 14, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

July 14, 2010
1:30 – 3:30 p.m.

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - CCPR – Criterion 4

4. Upcoming CC Trainings
   - Aging & Long-Term Care July 14th & 21st
   - Milestones of Recovery Scale (MORS) Training July 19th
   - Americans With Disabilities Act September 23rd
   - Diversity & Unlearning Prejudice October 28th

5. Meeting time and date: August 11th, 2010

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH – PLANNING DIVISION
CULTURAL COMPETENCY COMMITTEE MEETING

Date: July 14, 2010

Present: Sandra Chang-Ptasinski, Sylvia Guerrero, Rebecca Hall, Martin Jones (via phone), Ann Lee (via phone), Rose Lopez, Kumar Menon, Ruby Quintana, James Randall, Tammi Robles, Karen Sprague, Kimberly Spears, Albert Thompson, Esther Lee (in lieu of Leticia Ximenez)

Absent: Anahid Assatourian, Nilsa Gallardo, Keren Goldberg, Diane Guillory, Adrienne Hament, Scott Hanada, Julie Ho, Naga Kasarabada, Lorna Pham, Krista Scholton, Kelli Blanchfield

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Introductions made
Review of Minutes	Minutes approved and seconded as written
Action Items	CCPR – Criterion 4: Per Criterion 4: LACDMH must have a Cultural Competency Committee thus, the Cultural Competency subcommittee derived from QIC has been upgraded to an actual committee. This is the only change as the work will remain the same. The CCC Roles & Responsibilities have been created which makes the CCC more formal. The purpose of the Committee is to ensure the integration of Cultural Competency as a critical part of policy and strategy in the planning and delivery of mental health services to children, TAY, adults and older adults. Currently LACDMH does not nave a policy on Cultural Competency but that is on the list of agenda items/goals for the CCC. It has been suggested that the CCC look at MHSA and incorporate that write up into an action item. The CCC will use info written in MHSA and include that in the Reference section when the policy is written and will ask the consultant to incorporate into the CCP as she writes it. The CC Plan is going to include policies like Hearing Impaired Access and Language Accessibility and incorporate in the plan.

	Organizational Chart and Membership Roster are in the process of being updated. There is a new column added to the sign-in sheet. CCC members were asked to 'self identity' so when we report on the plan, we include demographics such as 'x' number of consumers, family members, LAC-DMH employees, and contractors and representatives from diverse ethnic groups. This will allow the CCC to provide its demographic makeup in relation to the demographic profile of LACDMH. Another chart that was created as a tracking mechanism to capture activities/meetings that CCC members might have participated in that might have tapped into Cultural Competency. For ex., Membership into SLT, Outreach and Engagement, Delegate/Alternate, anything to show that we have members who wear multiple hats, meaning someone might not represent CCC but can carry the voice of CC at diverse groups like Underserved Populations. CC Plan calls for review of all services and plans for cultural competency issues within the County. The Committee has already begun involvement by talking about the MHSA plans and CC issues (Angelita Diaz from WET, Lillian Bando for PEI, Debbie Innes-Gomberg for CSS and Tara Yaralian for Innovation). The CCC has been working with Training Division to revamp the Training Survey to better reflect the cultural competency content of trainings and in preparing a statement of CC requirements to be incorporated into the training to give to the trainers beforehand. Other practices that can be cited are the presentation done at New Employee Orientation and at The Incubation Academy; there are members of the committee that are involved with these activities and their involvement can be cited for the Plan. Additionally there are members who attend QIC meetings and those members can update and provide information regarding cultural competency. We also receive information regularly from Patients' Rights and Outreach & Engagement. One idea to expand CC into more areas of LACDMH is for members to attend SA QIC meetings and have talking points or items that we really want to implement as the CCC and be true agents of change. If there could be 2 or 3 items the CCC could agree upon, then those items can be taken back to the SA QIC thus opening communication between the CCC and the SA QIC. Will speak with Training Division District Chief, Martie Drinan, about adding a Cultural Competency agenda item; will need to create talking points for the information the CCC wants to convey to each SA QIC meetings

	There was a question about Contract Providers and their internal CC activities. Do those items need to be reported since some members represent contracted agencies? Since there are hundreds of contracted agencies, obtaining every form and piece of information from each would be very ambitious for the CC Plan time frame. Therefore we are looking at including a sampling of forms that have been translated and utilized. The CCC is also looking at obtaining information regarding specific programs like API programs in Pacific Clinics. There is currently a plan to incorporate contracted agencies into the CC Plan asking for samples of CC policies and MH treatment forms to be sent. There was a discussion on cultural demographics of staff at clinics and how, at times, the employees do not reflect the community they serve. For example, at the West Valley MH clinic, about half of the workforce was over 60 years of age and how would younger consumers relate or discuss MH issues with someone much older than themselves. In some cultures, age is seen as a beneficial aspect as there is respect towards elders and readiness to accept wisdom that comes with age. Sylvia Guerrero from Patients' Rights, brought the new Request for Change of Provider. The new form gathers information that taps into the cultural needs of consumers. The form includes reasons to request a change of provider specifically addressing the language, age and gender needs/concerns. It also includes a space available to write in any "other" reason not currently listed. Question was asked if there are any resources available for finding clinicians who speak a specific language. There are 2 sources available that list providers according to languages spoken, but getting actual assistance might be difficult. 1) The Multi-Linguistic Service Providers Directory available online on DMH intranet. This site lists agencies, discipline and languages spoken. It also lists the work hours of staff. 2) Human Resources report of staff who receives the bilingual bonus. There is no policy about how the language capabilities of employees on bilingual bonuses can be utilized by The Department. There is no policy stating how or when these employees are expected to use their language skills. A MAPP Goal of DMH is to create a translation unit. This would centralize translations and create a 'best practices'. Committee has identified items that need to be addressed. There are tasks that are more of an immediate goal while others are long term goals. Immediate concerns include finishing the CC Plan, updating the CCC membership, and gathering information on the

	activities/meetings/taskforces pertinent to CC where the CCC members have been involved. Items for future consideration include: 1) revisiting the Organization Assessment where gaps in knowledge of cultural competency practices of DMH were observed by creating a "CC Corner" or "Did you Know" for eNews; 2) working with SA QIC's for CC involvement and data collection; 3) looking at the bilingual bonus in terms of policy and accessing the assets represented in DMH workforce; 4) the need to figure out how to organize and make an impact as a committee; and 5) moving the discussion forward on translation of previously identified forms. Suggestion was made to look at other County agencies to learn how they accomplished translation of their forms into threshold languages. Health Services has had many of their forms translated and since they are a County agency, the committee can use connections at DHS to find out how it was done.
CC Trainings	**Listed on Agenda**
Next Meeting	• Wednesday, August 11, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

August 11, 2010
1:30 – 3:30 p.m.

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Review of CCC Roles & Responsibilities
   - CCC Goals & Priorities
   - Complete Activities list and Member List affiliations
   - SA QIC & SAAC meeting representation

4. Updates
   - CC Plan
   - MC Audit Corrections
   - EMT Translation approval

5. Upcoming CC Trainings
   - Americans With Disabilities Act September 23rd
   - Diversity & Unlearning Prejudice October 28th

6. Next meeting time and date: September 8th, 2010

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH – PLANNING DIVISION
CULTURAL COMPETENCY COMMITTEE MEETING

Date: August 11, 2010

Present: Ilda Aharonian, Diane Guillory, Rebecca Hall, Julie Ho, Martin Jones (via phone), Naga Kasarabada, Ann Lee (via phone), Rose Lopez, Ruby Quintana (for Anahid Assatourian and Leticia Ximenez), James Randall, Tammi Robles, John Sheehe, Kimberly Spears

Absent: Anahid Assatourian, Kelli Blanchfield, Sandra Chang-Ptasinski, Sylvia Guerrero, Keren Goldberg, Adrienne Hament, Kumar Menon, Krista Scholton, Karen Sprague, Albert Thompson, Leticia Ximenez

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Introductions made of new member, Ilda Aharonian
Review of Minutes	Minutes approved and seconded as written.
Action Items	• Review of CCC Roles & Responsibilities: The Rules & Responsibilities document is going to be the backbone of how the Committee functions. Noted that on the Roles and Responsibilities document there was a probable typographical error in the Addendum, Welfare & Institutions Codes; typed as 9 5600.9(a), might need to be 5600.9(a). Rebecca stated that if there were any other ideas or changes, please email to her. • Goals & Priorities: Two goals for the coming year are: (1) creation of the Cultural Competency Policy and Procedure and (2) translations of the prioritized list of forms. Update on that list – Gladys Lee has list and is waiting for return of Dennis Murata to present to EMT. Question asked if all of LA County had goals or if this was only a DMH project? The goals are very generic, something along lines of considering differences in the populations within service delivery. As a committee look at the Strategic Plan and work on making those goals and CC goals complimentary and compatible. Another goal is to get CC Plans and Issues onto the QIC

	and SAAC meetings. Could be used as recruitment for getting contracted providers and community members involved in the Cultural Competency Committee as the Plan requires. There is no Mission Statement for the Committee as should be same as DMH's statement. Currently have members who attend SA QIC and/or SAAC meetings. There is a committee working on PEI Guidelines and Carl McKnight, ASOC, had asked Ann Lee to write about cultural competency. Committee will invite Dr. McKnight to a meeting where input can be offered and submitted. This evidence can also be used for System Review that will occur in a few years. This would be similar to the evidence used when the CCC made recommendations to the WET plan. Discussion was held on possible activities the CCC could to to show/express the diversity of culture and language in DMH including creative ways to access people across the County. Not only just targeting health fairs and the like, but by attending different types of events like LA Marathon, Sunset Junction or hosting a cultural fair celebrating with food and music where consumers can also talk about DMH and their experiences. Ilda Arahonian informed the Committee about LA County's Productivity and Investment Funds. It is a Board of Supervisor fund for County departments who apply with innovative programs or projects to possibly obtain funds to sponsor a cultural event or media campaign outreaching to different cultural groups. Ilda will research and provide information at the next meeting. • MC Audit Corrections: Deficient in Assessing Cultural Competency of Staff. Met with Martie Drinan of the Training Division and Susan Moser from HR and Susan said will include in the Handbook and since already have the Sexual Harassment Training that needs to be done within so many days, add the foundation course of Diversity and Unlearning Prejudice. Susan also stated that HR is currently in the process of revamping the Performance Evaluation and add a little section asking if employee took the required trainings and list them. Need to work on the infrastructure before it can become fully enforceable. • General Discussion: There was a general discussion on the fund and how it could be used to create videos like the Profiles in Hope videos targeted to the underserved ethnic communities. Another

	possible use of fund would be to allow table rental for non-DMH events where mental health is not the focus. Discussion also on doing an eNews bulletin either weekly or monthly for CC; need to contact Kathleen Piché in the Public Information Office. • Activity List and Member List Affiliation: For the plan, request everyone to fill out the Activities List of events/Meetings attended where cultural competency was brought up and the Member List and Self-Identification that will show the demographics of the group.
CC Trainings	**Listed on Agenda**
Next Meeting	• Wednesday, September 8, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

September 8, 2010
1:30 – 3:30 p.m.

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Training discussion – Julie
     - Planning of Conferences
     - How topics selected?
     - How trainers selected?
   - PEI Guidelines – Carl McKnight
   - Kathleen Pichet – Media – Profiles In Hope
   - Ilda/Karen G. – Productivity & Investment Fund
   - Organizational Assessment
   - E News CC item
   -

4. Updates
   - CC Plan
   - MC Audit Corrections
   - EMT Translation approval

5. Upcoming CC Trainings
   - Diversity & Unlearning Prejudice October 28th

6. Next meeting time and date: October 13th, 2010

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

October 13, 2010
1:30 – 3:30 p.m.

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - Training discussion – Julie
     - Planning of Conferences
     - How topics selected?
     - How trainers selected?
   - PEI Guidelines – Carl McKnight
   - Media – Kathleen Piché
   - E News Bulletin CC item
   - Productivity & Investment Fund - Ilda/Keren G.
   - Review of Strategic Plan
   -

4. Updates
   - CC Plan
   - MC Audit Corrections
   - EMT Translation approval

5. Upcoming CC Trainings
   - Diversity & Unlearning Prejudice October 28th
   - HIV AIDS Assessment Training – Nov. 17th
   -

6. Next meeting time and date: November 10th, 2010

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH – PLANNING DIVISION
CULTURAL COMPETENCY COMMITTEE MEETING

Date: October 13, 2010

Present: Ilda Aharonian, Sandra Chang-Ptasinski, Keren Goldberg, Julie Ho, Martin Jones (via phone), Naga Kasarabada, Ruby Quintana (for Anahid Assatourian and Leticia Ximenez), Tammi Robles, Krista Scholton (via phone), John Sheehe, Greg Hooker (for Kimberly Spears)

Absent: Anahid Assatourian, Kelli Blanchfield, Sylvia Guerrero, Diane Guillory, Rebecca Hall, Adrienne Hament, Ann Lee, Rose Lopez, Kumar Menon, James Randall, Kimberly Spears, Karen Sprague, Albert Thompson, Leticia Ximenez

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Attendee introductions Ruby Quintana announced that she might become the representative for SA 4 and replace Leticia Ximenez
Review of Minutes	August 11, 2010 minutes approved and seconded as written.
Action Items	• Training Discussion – Julie Ho a) Planning of Conferences – based on the different entities that put on the conferences and if there is funding available. b) Topic Selection for Trainings – driven by programs and age groups. Children programs do a Needs Assessment with their FSP and FCCS providers to get a sense of what trainings are needed. For Childrens', most trainings are for ages 0-5. Training selection is also dictated by the MHSA Stakeholder process within each of the Service Areas, making it very complex when trying to set up a system wide training when each SA/Age Group has its own agenda and training needs. Even scheduling dates and times is complicated since so many different entities are working independently as opposed to a centralized system.

	Question asked of Julie about WebX: What is the percentage of trainings being conducted over the web? Number is very small; it is a slow process and some of the Training Coordinators have been trained on how to put trainings online. Training materials need to get processed through the Board of Supervisors and the Executive Management Team before the materials can even be released for production onto the web. Luis Escalante is working on some mandatory trainings as is Office of Affirmative Action. Another question regarding trainings such as Non Violent Crisis Intervention, which are mandatory but recently been offered only twice a year, will they be offered at a higher frequency again? Can send in a Training Request for a specific training. The requester would need to fax the form to the Training Division, Attn Elaine Powell. She will review then assign to a training coordinator. The person who coordinated most of the mandatory trainings was out on sick leave but has now returned so those will be rolling out again. Discussion on incorporation of cultural competency into all the training. The Training Division has developed a handout for the trainers so before they sign the contract, they can see what is required in regards to cultural competency incorporation into the training curriculum to ensure cultural competency is addressed as a learning objective and integrated in the training. Discussion of additions to training: Are the trainings being selected on issues that affect certain cultural groups served by DMH? Example is High Risk Behavior Screenings such as the high rates of HIV infection among African Americans and meth use among Latinas. Is there adequate training to the clinicians to do high risk behavior screenings for those groups and filling a need within a cultural group? Ilda Aharonian stated that CIMH is developing Tool Kits for FSP programs and the latest kits are being developed around cultural competency for each age group (she is a member of the Childrens' Subcommittee.) She mentioned the California Brief Multicultural Competence Scale as a helpful tool as it assesses the cultural competency of staff. Attached to this assessment is a training based around African-American, Asian-American, Latino, and American Indian there was also talk about revision to include LGBTQ. The question was raised if DMH could adopt this training. Sandra Chang explained that it is being looked at by Training and Planning Division' administrators. The impeding factors in obtaining this tool are the cost of the program

	and the length of time, 32 hours over 4 days for the basic training. There is interest from CCC members to learn more about the CBMCS – this information will be obtained and scheduled for a future meeting. Ilda asked if the CCC would like to participate by providing feedback that she can forward to the other FSP Toolkit subcommittees. Her idea was well received as this would be a good way for Los Angeles County Department of Mental Health, Cultural Competency Committee to be involved in informing the process of a specific cultural competency process. Immediate feedback to CCC: Since each county in CA has a mental health department with a Cultural Competency Committee, not everyone can be a formal part of the State's committee. Each Ethnic Services Manager of each county is the representative, therefore he/she can inform the committee of news that might be of relevance and bring back the recommendations/suggestions. c) How can CCC play an active role in bringing the ideas forward to the Training Division? Training Coordinators meet weekly for a Policy/Procedure Meeting which Rebecca has attended in past. If recommendations want to be put together and presented, it can be done. This is not the committee that will evaluate trainings on a scale of 1-4 on cultural competency as Elaine Powell has not implemented that committee. • Media – Sandra Chang presented information received from Kathleen Piché stating that it would be easy for CCC to have a CC item placed in the eNews and will be sending Sandra Chang-Ptasinski the guidelines for submission. The paragraph or information that would be included in the eNews would need to be submitted one week before the eNews is posted, no later than Wednesday and 400 words or less. • eNews Bulletin CC Item – Can be used as a vehicle of dispersing information on several CC topics such as: a) CC – Did you Know; b) QI data on service utilization; c) announcement of trainins/conferences that are culturally competent; d) introduce the diversity of staff with DMH; e) provide information on the CC Organization Assessment; f) other topics as they develop – meetings; and g) link each quarter with some cultural news like Black History Month, Hispanic American Month, Asian American, etc, and give information regarding event or history.

	Need to organize and decide on items like who is taking charge, who will put item together, how soon will we begin, etc. Suggested launch January 2011 on a quarterly basis Suggested names – name suggestions will be emailed and voted on next month: • Cultural Corner or Cultural Competency Corner, except the position would need be in corner of eNews • Did You Know • Diversity Corner or something with Diversity in the name • Down with Diversity – positioned at the bottom of newsletter. • Talking About Culture Topics: • Should be tied to mental health, well-being and culture • A piece showing the diversity of cultures within DMH and how we want to serve the communities. • Making a game of something like Match Picture to Culture or Language Spoken • For future – allow feedback from readers like questions/comments or suggestions about what cultural competency is or what they want to read. • Productivity & Investment Fund (PIF) – Keren Goldberg gave a brief informative session. Money comes out of the Los Angeles County Commission on Quality and Productivity. This commission is not tied to any department but is countywide. Every fiscal year they are given a lump sum of money from the CEO's office and told to seek projects that are occurring in various county departments that will raise service to the citizens of Los Angeles County. By supporting these projects for one to three years, the Department is able to demonstrate to the Board of Supervisors how valuable these projects are and the Board can increase the regular budget so the project can continue. If, as a committee, we could find a project that we believe is valuable in terms of cultural competency create something that could be an example of a CC project that could drastically improve the Department. However, the Department could not be in the position to fund, especially under the current fiscal conditions. Keren will bring the description of the fund for next meeting. Ilda had a thought about launching a campaign on Anti-Bullying. Look at creating something from DMH stating that bullying may lead to suicide and how do we help victims

	but also how do we help intervene the bully's and get them to stop that destructive behavior. Look at something that would not only raise awareness but also lead to skills building. • Review of Strategic Plan – Goal 2: Eliminate disparities in mental health services, especially those due to race, ethnicity and culture. Goal 4: Create and enhance a culturally diverse, client- and family-driven, mental health workforce capable of meeting the needs of our diverse communities.
Updates	• CC Plan – Working on completing information needed for specifically Criterion 8, which is needed from the contractors like forms, policy/procedures, threshold languages represented in their workforce, who they serve, etc. A survey will be posted online and sent to 120 legal entities that bill to DMH. • MC Audit Corrections – When State did the audit, DMH did very well in assessing the linguistic capabilities of staff but not so well on assessing the cultural capabilities of staff. CC staff is working with HR and Training Division to generate a procedure that looks at CC-related mandatory trainings that can be phased in for new employees then see how the rest of staff can get in line for these trainings. • EMT Translation Approval – The list of the forms that need translations and Executive Management Team has made a recommendation to first focus on client signage forms.
CC Trainings	**Listed on Agenda**
Next Meeting	• Wednesday, November 10, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

November 10, 2010
1:30 – 3:30 p.m.

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - E News Bulletin CC item
   - Productivity & Investment Fund - Keren G. presenter

4. Updates
   - CC Plan
   - Translation approval

5. Upcoming CC Trainings
   - HIV AIDS Assessment Training – Nov. 18th
   -

6. Next meeting time and date: December 8th, 2010

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH – PLANNING DIVISION
CULTURAL COMPETENCY COMMITTEE MEETING

Date: November 10, 2010

Present: Sylvia Guerrero, Rebecca Hall, Martin Jones (via phone), Ann Lee (via phone), Ruby Quintana (for Anahid Assatourian and Leticia Ximenez), James Randall, Kimberly Spears, Tammi Robles

Absent: Ilda Aharonian, Anahid Assatourian, Kelli Blanchfield, Sandra Chang-Ptasinski, Keren Goldberg, Diane Guillory, Adrienne Hament, Julie Ho, Naga Kasarabada, Rose Lopez, Kumar Menon, Krista Scholton), John Sheehe, Karen Sprague, Albert Thompson, Leticia Ximenez

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Attendee introductions
Review of Minutes	October 13, 2010 minutes approved and seconded as written.
Announcement	Translation of Form list submitted to EMT has been approved. Money has been allocated to have all the forms translated into all 10 (Chinese/Mandarin/Cantonese are translated into Common Chinese) threshold languages. The request will be going out to bid to three (3) agencies and once the bid is approved, the work will begin. There is no definite completion date since there needs to have a 2 tier review done by consumers/family members. Suggestion that if there is any money available if it would be possible to hire professional reviewer to minimize effort in locating consumer/family member volunteers. Translated material will also be done at a 6th grade reading level.
Action Items	• eNews Bulletin CC Item – First piece should be an introduction to Culture, what is Cultural Competency and what the Cultural Competency Committee is and what the Committee is trying to accomplish. Maybe do upcoming topics to be discussed. Tie in events/activities in each Service Area that is cultural in nature. This can be a tool to show there is more to culture; it is not just race and language. Question if Veterans could be considered a culture and yes, they are as are a few other

	overlooked categories like Migrant populations and Incarcerated person. Need to make people aware that culture relates to age, gender, socio-economic status, etc. Martin Jones suggested extracting information from the CC Plan that covers the role of culture in the department and what the committee is trying to do. He also stated that every year SA 1 does an event around Black History Month but tailor towards working with African-American families and consumers and they are in the midst of planning the event now and as soon as more details are available, Martin will inform when more information is available so that it can be included in the January bulletin. Another good idea is to mention what else is out there like Hispanic Heritage Month. • Productivity & Investment Fund – Keren Goldberg was not available for presentation
Updates	• CC Plan – about 75% finished; sent out a District Chief's survey and received the preliminary results, mostly looking at what is the County's written plan for linkage or referral of Limited English Proficiency clients that walk through the door. Sent a survey to 130+ legal entities and 91 responded and completed. This survey is to see if they have any programs that are tailored for ethnic or minority populations. DMH has been struggling to find these programs that might be limited to one clinic but would address targeting disparities in these populations. Consultant is beginning write up. Discussion followed as currently SA 6 is struggling with a case with a TAY FSP client who is hearing impaired. Went through ACCESS but will only provide interpretive services for medication appointment and therapy appointments. The issue is this client wants to attend groups and outings but no interpretive services can be found to assist the agency and the client refuses not to go even when notified of the challenges of not having interpreter available. Even for crisis, there are no interpretive services for deaf/hard of hearing. • Talking Points for QIC – Jim Randall asked about the status of creating talking points for presentation at the monthly SA QIC meetings. Kimberly, being the SA 6 QIC Chair, breaks up her meetings into 3 parts: QI, QA and Cultural Competency. Anything that is discussed in the committee as far as training or what is being done like the moving forward with the translation of forms; she makes it separate from QI and QA. Survey of who on the committee attend the QIC: Anahid Assatourian is the SA 4 QIC Liaison; Ann Lee attends SA 8 and what she does is whatever is covered at the monthly QI Division meeting (usually have a Cultural Competency Item on agenda) and uses that and

	puts that information on the SA 8 agenda as well; James Randall attends SA 2; Sylvia Guerrero attends SA 7; SA 1 is attended at times by Martin Jones and if he can not attend, he sends someone in his place to ensure the information is passed along. Rebecca will make talking points that can be very general just so that Cultural Competency and the work being done is in the forefront which can also be a springboard in conversation for Cultural Competency needs at SA QIC level. This might also encourage SA participation at CCC meetings. • New Census Data – Rebecca read recent articles that state the multiracial category is the fastest growing category on the new census and make up 5% of the population which is a 3.5% raise from 10 years ago.
CC Trainings	**Listed on Agenda**
Next Meeting	• Wednesday, December 8, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

QUALITY IMPROVEMENT COUNCIL
CULTURAL COMPETENCY COMMITTEE
MONTHLY MEETING AGENDA

December 8th, 2010
1:30 – 3:30 PM

1. Welcome & Introductions

2. Review and approval of minutes

3. Action Items
   - E-news
     a) Name of spot
     b) Review of first entry

   - CCC Terms of office
     a) Calendar vs. fiscal year
     b) Nominations

4. Updates
   - Annual report
   - CC Plan
   - Translation of forms

5. CC Trainings
   - Supported Employment and Housing First Harm Reduction for Supervisors, January 5th, 2011, 9:00 AM to 4:00 PM
   - Applied Suicide Intervention Skills Training (ASIST), January 5th & 6th, or 11th & 12th, 2011, 8:30 AM to 4:30 PM
   - Crisis and Suicidal Intervention with Incarcerated Youth, January 27th, 2011, 9:00 AM to 4:00 PM

6. Meeting time and date
   - January 12th, 2011 @ 695 S. Vermont Avenue, 15th Floor, 1:30-3:30 PM

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH – PLANNING DIVISION
CULTURAL COMPETENCY COMMITTEE MEETING

Date: December 8, 2010

Present: Anahid Assatourian, Sandra Chang Ptasinski, Diane Guillory, Kia Hayes, Patricia Lopez White, Kimberly Spears

Absent: Ilda Aharonian, Kelli Blanchfield, Keren Goldberg, Sylvia Guerrero, Adrienne Hament, Julie Ho, Martin Jones, Naga Kasarabada, Ann Lee, Rose Lopez, Kumar Menon, Ruby Quintana, James Randall, Tammi Robles, Krista Scholton, John Sheehe, Karen Sprague, Albert Thompson, Leticia Ximenez

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Attendee introductions Welcomed new CCC members: Patricia Lopez White representing the Training Division, and Kia Hayes from the Planning Division-CC Unit.
Review of Minutes	November 10, 2010 minutes reviewed and approved.
Action Items	❖ The CC Unit presented a draft form of the CC glossary as agreed in the November 10th meeting. ❖ Most of the meeting was used as a work group for the first eNews entry. ➢ The members were informed that each entry has a limitation of 400 words. • Members edited the definition for CCC in efforts to reduce the word count. o Extracted definition of competent and CCC meeting times ➢ Name of eNews column discussed, resulting in the selection of "CC Did You Know?" as the first choice for the column's name. Second choice was identified as "Cultural Corner." ➢ Discussed logo/symbol for the eNews column • One of our members thought of a pair of eyeglasses with arms and legs, which would represent seeing the world through cultural competence lenses. • Another member thought of different colored eyeglasses sitting around a table, as if attending a meeting. • Also discussed was the idea of having quotes related to cultural competence included with each entry.

	• Discussed possibility of working with an artist for this project o Agreed to consult Kathleen Piche regarding the protocol of soliciting an artist within DMH ❖ Briefly discussed CC Terms of Office ➢ Discussed fiscal year vs. calendar year terms • Agreed on adopting the QIC fiscal year, beginning in February and ending in January ➢ Agreed on self-nominations for co-chairs • Nominations can be e-mailed or submitted at next meeting • CCC members will be sent the roles and responsibilities of co-chairs
Updates	❖ Annual Report ➢ Cultural Competency accomplishments for the Department during the calendar year 2010-2011 • Medi-Cal audit in February 2010 • EQRO audit in April 2010 • Brainstorming on Medi-Cal audit correction plan to assess the cultural competence of DMH staff • Review of the CCP Requirements and identification of key DMH programs and projects for inclusion • eNews project planned and developed • CCC elevated to full committee status in May 2010 ❖ CC Plan ➢ Reviewing the CC Plan draft, paying close attention to details in describing how the department served diverse ethnic and other cultural groups. ➢ 90% completed ➢ An analysis was conducted on the responses received from both the District Chief survey and the survey sent to 130 legal entities in the department. ❖ Translation of Forms ➢ Provided an update ➢ Due to the projected cost of translating the forms, the CC unit is working with ISB and Procurement to solicit vendors. ➢ The members were informed that the date of completion will be available once the process of working with ISB and Procurement is finalized. ❖ Back Translation of Forms ➢ The CCC recommended the creation of focus groups (as conducted at time of EQRO audit) to involve a mixture of providers, consumers and family members/caretakers in

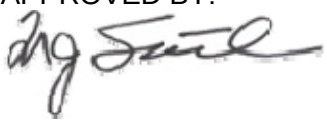
	the process of back translation. Executive providers could be contacted to identify consumers for involvement in the focus groups. ➢ Suggested contacting program heads for the same purpose (after the recommendation is presented and approved by the Service Area District Chiefs) ➢ Another State requirement is ensuring that the forms are created at a six grade reading level.
Next Meeting	Wednesday, January 12, 2011, 1:30pm to 3:30pm, @ 695 S. Vermont Ave., 15th Floor Glass Conference Room

CCC Annual Report

Cultural Competency-Related Policies

(Attachment 2)

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
CLINICAL RECORD GUIDELINES: CONTENTS AND GENERAL DOCUMENTATION REQUIREMENTS	**104.8**	**04/15/05**	**1 of 5**
APPROVED BY:  Director	SUPERSEDES **104.8**	ORIGINAL ISSUE DATE **09/01/04**	DISTRIBUTION LEVEL(S) **2**

PURPOSE

1.1 To provide general guidelines related to the organization and contents of the clinical record.

1.2 To provide minimum documentation guidelines applicable to all mental health services provided by the Department of Mental Health (DMH) regardless of payor source.

POLICY

2.1 Employees of DMH must adhere to established guidelines related to the organization and contents of the clinical record (Sections 4.1 and 4.2).

2.2 Employees of DMH must adhere to general documentation guidelines as set forth in this policy (Sections 4.3, 4.4 and 4.5).

PROCEDURE

3.1 GENERAL GUIDELINES APPLICABLE TO THE CLINICAL RECORD

3.1.1 A paper copy clinical record of all services provided shall be maintained in all facilities with the exception of Jail Mental Health Services.

3.1.1.1 Protected Health Information (PHI), which includes all clinical documentation, shall not be saved on any disk or any other electronic medium until such time as the Department implements its electronic record.

3.1.2 The contents of charts must be firmly attached to the folder in which the documents are maintained.

3.1.3 All direct services must be documented in the Clinical Record by the end of the next scheduled work day following the delivery of service and prior to submission of claims for reimbursement.

3.1.3.1 All other documents related to a client must be filed in his/her clinical record within five (5) working days in accordance with the Department's chart order format.

3.1.4 The client's name and number must be on all documents in the chart.

4.1 CONTENTS OF CLINICAL RECORD

4.1.1 All clinical records shall contain:

- an acknowledgement of receipt of the Health Insurance Portability and Accountability Act (HIPAA) "Notice of Privacy" form signed by the client;
- a Consent of Services and when required, a Consent for Minor;
- all applicable release and access documents, including the Accounting Tracking Sheet;
- administrative forms, i.e., Integrated System Face Sheet; UMDAP;
- an Initial and Annual Assessment update, and when seen for medications, a Physician Evaluation;
- Psychological Testing reports;
- Client Care/Coordination Plan;
- correspondence;
- progress notes, including case conferences/team consultations;
- Discharge Summary;
- Outpatient Medication Review form(s), in accordance with Department procedures;
- physician orders;
- laboratory test results;
- prescriptions;
- administration of meds; and
- documentation indicating whether or not the client has executed an Advanced Directive.

4.2 DIAGNOSIS GENERAL GUIDELINES

4.2.1 The Five Axis DSM diagnosis on the assessment shall be consistent with the assessment information and all other documentation in the clinical record, including any co-occurring diagnosis.

4.2.2 The Principal Diagnosis must be one of the diagnoses identified by the State Specialty Mental Health codes as a diagnosis eligible for Medi-Cal reimbursement through the mental health system of care, otherwise known as an "included diagnosis."

4.2.3 Diagnoses that support medical necessity under Medicare, according to National Heritage Insurance Company (NHIC) are:

4.2.3.1 Any diagnosis consistent with those specified in **Indications and Limitations of Coverage and/or Medical Necessity,** or the ICD-9-CD descriptors in the list of **ICD-9-CM Codes that Support Medical Necessity.**

4.2.4 If the diagnosis is changed during the course of treatment, a "Change of Diagnosis" form shall be filed in the chart (with the exception of Jail Mental Health) and the information entered into the DMH Integrated System (IS).

4.3 DOCUMENTATION GENERAL GUIDELINES

4.3.1 Documentation must be complete and legible.

4.3.2 DMH Programs shall use only those forms approved by the Department.

4.3.3 Progress notes must include:

- date, including the day, month and year of service delivery;
- type of service delivered, as indicated by a pertinent procedure code/description of service;
- location of service;
- time spent by the rendering provider in the delivery of the service, which for some services must be broken out into face-to-face and other time;
  ("Face-to-face time" is defined literally as the actual time a client is visually in the presence of and interacting in some way with staff. "Other time" includes non-face-to-face contacts with the client, documentation, and travel time. "Total time" is a combination of "face-to-face time" and "other time".)
- names of all staff participating in the service and each of those staff's "total time";
- for groups, the number of the clients for which claims will be submitted (clients present or represented in the group);
- each entry must contain a description of what was attempted and/or accomplished during the contact toward the attainment of a treatment goal;
- a description of changes in medical necessity, when appropriate;
- signature of the service provider, including full name, license/payroll title; and
- co-signatures when required:
  - Mental Health Services – no Bachelor's Degree and less than two (2) years; and students;

- Day Treatment Intensive, daily progress notes – MH related BA; two (2) years experience in MH, no BA or two (2) years experience; and students.
- Day Treatment Intensive, weekly summary – Licensed Vocational Nurse; Psychiatric Technician; MH Rehabilitation Specialist; MH related BA; two (2) years experience; and students.
- Day Rehabilitation – MH related BA; two (2) years experience in MH, no BA or two (2) years experience; and students.
- Targeted Case Management – No BA or two (2) years experience and students.

4.3.4 If abbreviations are used, they should be standard, industry-accepted abbreviations.

4.3.5 The use of correction fluid or correction tape is not permitted. If a documentation error is made, it should be lined-through with a single line, the word "error" noted next to the line-through, initialed and dated and, when appropriate, the correct information charted.

4.3.6 In situations where documentation of services does not occur on the day the service was provided:

4.3.6.1 The service date is to placed in the left column of the note; and

4.3.6.2 The date on which the note was written should appear at the beginning of the note followed by the appropriate documentation for the service provided.

4.4 OTHER DOCUMENTATION ISSUES

4.4.1 Interventions to accommodate the needs of the visually and hearing impaired, as well as those with limited English proficiency, must be documented.

4.4.2 When the client's primary language is not English, there is to be documentation to show that services were offered in the client's primary language and/or that interpretive services were offered. Clients should not be expected to provide interpretive services through friends or family members. **(See DMH Policy #202.21 Language Interpreters for further information.)**

4.4.3 When cultural or linguistic issues are present, they must be documented along with the actions to link the client to culturally and/or linguistically specific services.

SUBJECT: **CLINICAL RECORD GUIDELINES: CONTENTS AND GENERAL DOCUMENTATION REQUIREMENTS**	POLICY NO. **104.8**	EFFECTIVE DATE **04/15/05**	PAGE **5 of 5**

4.4.4 In order to obtain culturally and linguistically accurate information from clients who do not speak English as a first language, the Department has translated some of its forms into other languages. Whenever non-English forms are used, the English translation version must be printed on the back of the same page. If that is not possible, the English version must be placed immediately adjacent to the non-English version in the clinical record.

AUTHORITY

California Code of Regulations, Title IX, Chapter 11, Medi-Cal Specialty Mental Health Services
National Heritage Insurance Company, Final Local Medical Review Policies, Psychopharmacology and Psychotherapy, effective 10/1/2003

RELATED POLICIES

DMH Policy No. 104.10 Medicare Clinical Documentation

DMH Policy No.104.9 Clinical Documentation for Medi-Cal and non-Medi-Cal/non-Medicare Services.

REVIEW DATE

This policy shall be reviewed on or before April 2010.

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT **ACCESSIBILITY**	POLICY NO. **111.1**	EFFECTIVE DATE **04/01/96**	PAGE **1 of 1**
APPROVED BY: **Original signed by:** **ARETA CROWELL** Director	SUPERSEDES **N/A**	ORIGINAL ISSUE DATE **04/01/96**	DISTRIBUTION LEVEL(S) **1, 3**

PURPOSE

1.1 To provide Los Angeles County Department of Mental Health (DMH) policy in compliance with the 1991 Federal Americans with Disabilities Act (ADA) and the Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation requirement for accessibility.

POLICY

2.1 DMH will continue to implement the 1991 ADA Plan developed by the Los Angeles County Board of Supervisors. Reasonable accommodations involving building structure changes and modifications will continue to occur.

2.2 The appointed DMH ADA officer meets monthly with his/her committee, including consumers and staff, to review these and other continued needs for ADA compliance.

2.3 Training for consumers, family members, staff and contract providers about ADA is provided by the Training Division on a regular basis.

2.4 DMH is committed to remove any barriers, i.e., attitudinal, diagnosis limitations, communication, transportation, employment, promotion, etc., which could inhibit persons with disabilities to succeed.

2.5 DMH shall not admit or discharge a mental health client on the basis of race, physical handicap, color, religion, ancestry, or national origin.

2.5.1 Reasonable accommodations for DMH also include mental health services which are age appropriate, culturally sensitive, and linguistically correct.

AUTHORITY

1991 Federal Americans with Disabilities Act
Commission on Accreditation of Rehabilitation Facilities Requirements

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT **HEALTH, SAFETY, AND RIGHTS**	POLICY NO. **111.8**	EFFECTIVE DATE **04/01/96**	PAGE **1 of 2**
APPROVED BY: **Original signed by:** **ARETA CROWELL** Director	SUPERSEDES **N/A**	ORIGINAL ISSUE DATE **04/01/96**	DISTRIBUTION LEVEL(S) **1, 3**

PURPOSE

1.1 To provide Los Angeles County Department of Mental Health (DMH) policy in compliance with the 1995 California State Health and Welfare Institutions Code, Title 9; Federal CAL-OSHA Mandates; and the Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation requirement for Rights, Health, and Safety.

POLICY

2.1 DMH provides a safe and secure environment for consumers and staff at mental health facilities.

2.1.1 Proactive, ongoing efforts for training, planning and practice drills are held on a regular basis to respond to a variety of emergency needs. Following all quarterly emergency drills, procedures and responses are reviewed and analyzed for further improvement.

2.1.2 An all encompassing form regarding building safety, hazardous waste, hazardous materials, and infectious disease control must be completed every six months. These reports are reviewed by the Administrative Support Bureau at DMH Headquarters; and action steps, if necessary, are planned and taken. This report is then kept on file at the Administrative Support Bureau at DMH Headquarters.

2.2 Patients' Rights

2.2.1 DMH provides a Patient's Rights Bureau with staff which actively investigates reports of possible violation of patients' rights. Staff also respond to grievances filed regarding services clients receive.

2.2.2 Proactive efforts are made to educate clients about their rights. The list of Patient's Rights are posted at all Mental Health Service Centers. It includes information on how to process the forms. Patient's Rights Handbooks are also given to the clients during their orientation and are available upon request.

2.2.3 Client grievance forms are also available and posted at all sites, listing the names and telephone numbers to call and where to turn in the forms.

2.2.4 All Patient's Rights and Grievance information is culturally sensitive and linguistically appropriate.

AUTHORITY

1995 California State Health and Welfare Institutions Code, Title 9
Federal CAL-OSHA Mandates
Commission on Accreditation of Rehabilitation Facilities Requirements

DEPARTMENT OF MENTAL HEALTH
POLICY / PROCEDURE

SUBJECT: **CRISIS & EMERGENCY EVALUATION BY OUTPATIENT MENTAL HEALTH FACILITIES**	POLICY NO. **202.1**	EFFECTIVE DATE **08/15/01**	PAGE **1 of 5**
APPROVED BY: **Original Signed by: MARVIN J. SOUTHARD** Director	SUPERSEDES **102.1**	ORIGINAL ISSUE DATE **10/01/85**	DISTRIBUTION LEVEL(S) **1,3**

PURPOSE:

1.1 To establish a policy regarding: 1) crisis and emergency evaluation and intervention services; and 2) the coordination of services provided by programs of the County of Los Angeles Department of Mental Health (DMH) and designated contract providers. Consistent application of this policy throughout DMH will assure standardization in the provision of crisis and emergency specialty mental health services.

POLICY:

2.1 The Director of DMH shall be responsible for establishing the policy pertaining to crisis and emergency evaluation and intervention services.

2.2 The Deputy Director of the Emergency Outreach Bureau (EOB) of DMH shall be responsible for the coordination of services provided by programs of DMH and designated contract providers.

2.3 Crisis and emergency evaluation and intervention services are among the principal means of access to the entire system of services provided by DMH for the most vulnerable, critically mentally ill.

2.4 The crisis and emergency evaluation and intervention services provided to DMH consumers and family members shall be clinically and culturally appropriate and provided in a timely manner.

2.4.1 Programs providing psychiatric mobile response will comply with the parameters set forth in the Psychiatric Mobile Response Policies and Procedures.

2.5 A comprehensive continuum of care will be utilized to ensure the most appropriate level of treatment is provided to the consumer in the least restrictive setting.

2.6 Ongoing clinical evaluation at all levels of service delivery will ensure the most appropriate level of treatment is provided to address the unique needs of each consumer.

2.7 Appropriate and timely utilization and coordination of services within DMH and between DMH and other community resources is essential to the effective mobilization of available support systems and strengthens working relationships with consumers, families, mental health providers and law enforcement as well as other public safety personnel.

DEFINITIONS:

3.1 **"Urgent Condition":** Any situation experienced by the consumer as a result of a mental disorder that, without timely intervention, is certain to result in an immediate emergency psychiatric condition, or any situation in which it is apparent that intervention should not be delayed for a scheduled appointment. A response to an urgent condition or situation shall be made in a manner and length of time appropriate to resolving the crisis. Criteria for crisis response shall not be limited to criteria set forth in WIC 5150.

3.2 **"Emergency Condition":** Any condition or situation in which the consumer as a result of mental disorder, presents a danger to self or others or is immediately unable to provide for or utilize food, clothing or shelter and requires psychiatric inpatient hospitalization or psychiatric health facility services.

3.3 **"Crisis Evaluation and Intervention Services":** Any service(s) lasting less than 24 hours, provided to or on behalf of a consumer for a condition which requires more timely response than a regularly scheduled appointment. Crisis Evaluation and Intervention Services will be provided to consumers experiencing either urgent or emergency conditions. Criteria for crisis response shall not be limited to the criteria set forth in WIC 5150.

3.3.1 In emergency situations, immediate response by other agencies (such as law enforcement or emergency medical agencies) may be required in addition to intervention by DMH employees.

3.3.2 If the consumer is not hospitalized:

3.3.2.1 An assessment by a psychiatrist will be provided, when indicated; and

3.3.2.2 Daily evaluations and interventions will be made with the consumer for a time period identified by the treatment team, until the consumer is stable.

3.4 **"Service System Components":** Those DMH programs or community agencies that provide or directly interface with Crisis and Emergency Intervention Services. These services shall not be considered in isolation, but rather as part of a comprehensive continuum of clinical services, including:

3.4.1 "**ACCESS Telecommunication Center":** The DMH ACCESS Telecommunications Center is designated to coordinate and facilitate linkages with crisis intervention and Psychiatric Mobile Response Teams 24 hours-a-day, 7 days-a week.

3.4.1.1 Maintain a 24 hours-a-day, 7 days-a-week information and referral resource available to outside callers.

3.4.1.2 Maintain uniform statistics on Countywide utilization of emergency rooms mobile response units.

3.4.2 **"24 Hour Service Facilities":** Crisis evaluation and intervention services provided 24-hours-a-day, 7 days- week at facilities designated to provide such services pursuant to W&I Code, Section 5150.

3.4.3 **"Crisis Walk-In Services":** Crisis evaluation and intervention services provided at DMH directly-operated and contract programs and Department of Health Services facilities during regular working hours.

3.4.4 **Psychiatric Mobile Response Team (PMRT)":** Designated to provide mental health assessment and intervention to consumers and families 24 hours-a-day, 7 days-a-week with the goal of stabilizing the consumer utilizing outpatient and other community services, when possible.

Secondarily, PRMT provides necessary assistance to other community agencies in their efforts to help stabilize the mentally ill consumer in the community. PRMT may initiate hospitalization or assist other agencies in their efforts to hospitalize consumers.

3.4.5 **"Mental Health Alert":** A team of specially trained and designated mental health staff available on a 24 hours-a-day, 7 days-a-week basis to provide support and consultation to the sheriff's Crisis Negotiation Team regarding problems such as hostage negotiation and barricade situations.

3.4.6 **"M.E.T./S.M.A.R.T":** Law enforcement/mental health teams who provide rapid response to individuals in the community who are in crisis and require the expertise of specially trained law enforcement and mental health professionals.

DEPARTMENT OF MENTAL HEALTH
POLICY / PROCEDURE

SUBJECT:	POLICY NO.	EFFECTIVE DATE	PAGE
CRISIS EMERGENCY EVALUATION BY OUTPATIENT MENTAL HEALTH FACILITIES	**202.1**	**08/15/01**	**4 of 5**

PROCEDURE:

4.1 Mental Health Crisis and Emergency Evaluation and Intervention Services are among the Department's highest priorities. Mental health personnel shall be available 24 hours-a-day, 7 days-a-week to provide field response under the established requirements of the Welfare and Institutions Code and this policy.

4.2 All DMH directly operated and contracted programs will ensure that procedures are in place to address responses to consumers with urgent and emergent conditions. These procedures shall be in compliance with the parameters set forth in this policy.

4.3 Consumers not requiring acute levels of inpatient care, but benefiting from outpatient care to address conditions or situations shall be provided with:

4.3.1 An appropriate outpatient appointment.

4.3.2 A same day or next day outpatient appointment upon such request from referring staff or a Primary Care Physician.

4.3.2.1 Requests for urgent outpatient evaluation services which are made before 10:00 a.m. are to be scheduled and completed by close of business on the day of the request.

Requests for urgent outpatient evaluation services which are made <u>after</u> 10:00 a.m. are to be scheduled and completed no more than 24 hours after the time of the initial request.

Urgent evaluations, while not occurring more than 24 hours from the time of initial request, are to be provided within a timeframe consistent with the consumer's clinical presentation and all such rationale shall be clearly documented in the consumer's record.

4.4 All DMH service providers shall exchange and share resources and information with other DMH service providers, extending both within and across service area boundaries, in the resolution of all crisis and emergency situations.

4.5 Use of community support systems, such as the family and non-institutional resources will always be given the first consideration and will include the following:

4.5.1 All mental health services shall be provided in the least restrictive manner and tailored to the specific mental health needs of the consumer.

4.5.2 Consumers in need of crisis and emergency services should be evaluated and treated in the settings most appropriate to their needs.

4.6 If, in the judgment of the professional staff, the consumer in crisis can be properly served without being involuntarily detained in a designated facility, the consumer shall be provided evaluation, crisis intervention or other services on a voluntary basis. These services should be provided within 24 hours.

4.7 Consumers brought to an appropriate DMH directly operated or contracted facility by public safety officials for crisis and emergency evaluation and intervention services shall be evaluated by the initial receiving facility or, if appropriate, the initial receiving facility will arrange for crisis and emergency evaluation and intervention services by another directly-operated or contract facility.

4.8 Guidelines are provided to public safety officials suggesting situations in which it is most appropriate to take consumers to the nearest L.P.S. designated hospital for evaluation.

AUTHORITY:

California Welfare and Institutions Code, Division 500, et. seq.
California Administrative Code; as applicable.
Los Angeles County Department of Mental Health Implementation Plan for Phase II Consolidation of Medi-Cal Specialty Mental Health Services, August 1997.
Memorandum of Agreement Between Agencies of the City of Los Angeles and the County of Los Angeles Regarding Provisions of Mutual Support in Situations Concerning Mentally Ill Persons, April 1, 1985.
California Code of Regulations, Title 9, Chapter 11, Sub-Chapter 1 as applicable.

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT **HEARING IMPAIRED MENTAL HEALTH ACCESS**	POLICY NO. **202.17**	EFFECTIVE DATE **4/7/10**	PAGE **1 of 3**
APPROVED BY: Director	SUPERSEDES **202.17** **2/15/06**	ORIGINAL ISSUE DATE **9/01/93**	DISTRIBUTION LEVEL(S) **2**

PURPOSE

1.1 To update the Los Angeles County Department of Mental Health (LAC-DMH) policy regarding access by the hearing impaired to all mental health services regardless of the County Department providing services.

POLICY

2.1 In accordance with applicable Federal, State, and County policies and agreements, DMH shall provide equal access to services for clients with mental illness and hearing impairment at all LAC-DMH directly operated and contracted clinic programs.

2.2 Interpretation services coordinated by DMH are available at no cost to clients with hearing impairment.

2.3 Access to interpretation services is managed by contacting LAC-DMH, ACCESS Center.

2.4 Sign language interpretation/translation services are available 24 hours a day, seven days a week, via the DMH agreement with Accommodating Ideas, Interpreter Unlimited, and LifeSigns.

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
HEARING IMPAIRED MENTAL HEALTH ACCESS	**202.17**	**4/7/10**	**2 of 3**

PROCEDURE

3.1 Non-Emergency Sign Language Interpreter Service

3.1.1 DMH American Sign Language (ASL) Liaison shall coordinate all requests for sign language interpreter services.

3.1.1.1 DMH directly operated and contracted clinics must contact DMH ASL Liaison at 800-854-7771.

3.1.1.2 Live telephone contact is available 24 hours per day, 7 days per week.

3.1.2 DMH requires four (4) business days prior to date of service to schedule an ASL appointment for non-emergency services.

3.2 Emergency Sign Language Interpreter Services

3.2.1 Emergency interpretation/translation services are available and must be coordinated by contacting the DMH ASL Liaison at 800-854-7771.

3.2.1.1 Live telephone contact is available 24 hours per day, 7 days per week.

3.2.1.2 Emergency interpreter requests will be dispatched within 45 to 60 minutes of the request. (Travel time will vary depending on distance and time of day).

3.3 Cancellation of Requests

3.3.1 DMH directly operated and contracted clinic programs are required to provide notice of cancellation per the following schedule:

3.3.1.1 For assignments lasting two hours or less, cancel at least 24 hours in advance.

3.3.1.2 For assignments lasting more than two hours, cancel at least 48 hours in advance.

3.3.1.3 Note that interpreters will arrive on schedule if assignments are not cancelled and DMH will be billed for the full service.

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
HEARING IMPAIRED MENTAL HEALTH ACCESS	**202.17**	**4/7/10**	**3 of 3**

3.4 Hearing Impaired Access to DMH and Contractor Sites

3.4.1 The hearing impaired public can access DMH services information via a Teletype/Telecommunications Device for the Deaf (TTY/TDD) using telephone number 562-651-2549, staffed by the ACCESS Center Emergency Outreach Bureau, 24/7.

3.5 DMH and contractor staff can make calls to and take calls from any client with hearing impairment in Los Angeles County with the assistance of the California Relay Service (CRS). This Statewide service of the telephone company, free to all users, facilitates communication via centrally located telephone interpreter. Calls from standard DMH and contractor office telephones to clients with hearing impairments and who possess TTY/TDD can be accessed by linking via the CRS at 800-735-2922. Similarly clients with hearing impairment using personal TTY/TDD may call mental health offices via this CRS linking service.

3.6 Signs in English and other languages, denoting the TTY/TDD telephone numbers for the DMH 24-hour ACCESS Center and for the CRS shall be posted in each directly operated and contract service site.

AUTHORITY

Voluntary Compliance Agreement OCR 09-89-3143/US
Department of Health and Human Services, Office of Civil Rights

REVIEW DATE

This policy shall be reviewed at the same time that the contracts in Section 2.4 are renewed or replaced.

RESPONSIBLE PARTY

DMH ACCESS Center

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT: **LANGUAGE INTERPRETERS**	POLICY NO. **202.21**	EFFECTIVE DATE **08/01/04**	PAGE **1 of 2**
APPROVED BY: Director	SUPERSEDES **202.21**	ORIGINAL ISSUE DATE **05/14/04**	DISTRIBUTION LEVEL(S) **2**

PURPOSE

1.1 To provide Department of Mental Health (DMH) policy and guidelines to ensure all non-English speaking DMH consumers receive equal access to services in the language of their choice (i.e., consumer's primary or preferred language).

1.1.1 **Under no circumstances shall a consumer be denied services because of language barriers.**

POLICY

2.1 DMH will continue to recruit and hire mental health professionals who are proficient in non-English languages

2.2 In accordance with applicable Federal, State and County Policy and Agreements, DMH will provide equal access to all non-English speaking mentally ill consumers in Los Angeles County.

PROCEDURE

3.1 The DMH Training and Cultural Competency Bureau will make annual training available in the use of interpreter services for staff that have direct consumer contact.

3.2 Brochures and other forms of literature will be made available in the eleven (11) threshold languages for directly operated and contract clinic sites. Other than English, the threshold languages are: Armenian, Cambodian/Khmer, Cantonese, Farsi, Korean, Mandarin, other-Chinese, Russian, Spanish, Tagalog and Vietnamese.

3.2.1 Directly operated and contract programs will have access to AT&T Language Line Services interpreter services 24 hours a day, 7 days a week, via ACCESS CENTER at 800-854-7771.

3.2.2 Directly operated and contract programs will maintain an internal roster of staff proficient in non-English languages.

3.2.2.1 DMH staff identified by the Human Resources Bureau as proficient in a non-English language may qualify for bilingual compensation.

3.2.2.2 Identified bilingual staff available for interpreting services will be provided training.

3.2.3 Exception: Consumer needs may better be served by referral to an agency provider of similar but more culturally or language-specific services. The referral process will allow latitude for clinical judgment in some cases.

4.1 Interpreter services are available at no additional cost to the consumer.

4.2 In accordance with Title VI (Civil Rights Act) requirements, the expectation that family members provide interpreter services is prohibited. See Section 3.2.1 on the availability of AT&T language line services.

4.2.1 If a consumer **insists** on using a family member or friend as an interpreter, they may do so only after being informed of the availability of free interpreter services.

4.2.2 It is strongly recommended that minor children not be used as interpreters.

4.3 Emergency involuntary hospitalization assessment shall be made providing appropriate interpretive services.

AUTHORITY

Voluntary Compliance Agreement
OCR 09-89-3143/US
Department of Health and Human Services
Office of Civil Rights
CCR Title 9, Chapter 11, Section 1810.410(b)(4)

REVIEW DATE

This policy shall be reviewed on or before May 15, 2009

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT **SERVICE AREA ADVISORY COMMITTEES**	POLICY NO. **301.1**	EFFECTIVE DATE **04/01/94**	PAGE **1 of 4**
APPROVED BY: **Original signed by:** **ARETA CROWELL** Director	SUPERSEDES **10/01/89**	ORIGINAL ISSUE DATE **10/20/86**	DISTRIBUTION LEVEL(S) **1, 3**

PURPOSE

1.1 To provide policy direction and procedural guidelines for the Department of Mental Health (DMH) Service Area Advisory Committees (SAAC's).

POLICY

2.1 Each of the designated service areas will have a Service Area Advisory Committee (SAAC) to function as a local forum for consumers, families, service providers and community representatives. The SAAC's will have responsibility for providing the DMH with information, advice and recommendations regarding:

2.1.1 the functioning of local service systems;

2.1.2 the mental health service needs of their geographic area;

2.1.3 the most effective/efficient use of available resources; and

2.1.4 the establishment and maintenance of two-way communication between the DMH and various groups and geographic communities within the County. This will include, *but is not limited to*: the homeless, substance abusing mentally ill, older adults, children and youth, residential care providers, diverse racial and cultural groups, the disabled, the Alliance for the Mentally Ill, and consumers, family members and friends of the mentally ill.

GOALS

3.1 To provide the DMH with community perspectives in program functioning and new/changed programs needed for residents of the Services Areas to assure optimal performance outcomes.

3.2 To review all proposed new programs and changes that impact on the access to services for both directly operated and contract programs.

MEMBERSHIP

SUBJECT:	POLICY NO.	EFFECTIVE DATE	PAGE
SERVICE AREA ADVISORY COMMITTEES	**301.1**	**04/01/94**	**2 of 4**

4.1 To ensure that those groups and persons with knowledge, experience and stakes in offering optimal levels of care to the mentally ill are represented, have opportunities to communicate with each other, and articulate their special perspectives, five categories of membership are to be equally represented on the SAAC's: (1) consumers; (2) family members; (3) community service providers; (4) local management staff of the DMH; and (5) community representatives. Each SAAC will have a minimum of two members from each category of membership, and its numbers will increase in proportion to the size of each particular SAAC.

4.2 Each SAAC's membership should reflect the particular geographic area's demographics in terms of cultural diversity and racial, ethnic, gender and age distribution.

4.3 Each SAAC shall have a Nominating Committee composed of one representative from each of the five membership categories. The Nominating Committee will suggest persons who may be eligible and should be considered as potential members.

Each SAAC and its Service Area Deputy Director should actively work to identify and recruit persons who can be of benefit to the community and consumers of the Department's programs and services.

4.4 SAAC members should live and/or work in the area.

4.5 The Deputy Director responsible for each Service Area should submit an annual report (June 1 or each year) to the Director, indicating the pertinent population trends and developments that should be considered for the recruitment, selection, and retention of SAAC members.

4.6 At least annually, the Program Support Bureau (PSB) should offer new SAAC members appropriate orientation, training and preparation regarding the Department's goals, objectives, policies and programs. Training will be offered to SAAC members to assist in further development of communication, negotiation, decision-making and leadership skills.

4.7 All SAAC appointments shall be made by the Director for terms of two (2) years. Following biennial reviews, the Director may reappoint members or initiate a rotation of various members in order to respond to a particular SAAC's need. The Director may replace SAAC members who are absent from three (3) meetings per year.

PRINCIPLES OF SAAC FORMATION AND OPERATION

5.1 Each SAAC shall consist of *not less than* ten (10) members, with at least two members representing each of the five categories of membership. New members should be recruited and appointed in multiples of five (5) to ensure that each category is fully represented. While there

is no fixed size limit on the number of members for each SAAC, the Director can set limits for the size of each group to assure that each can function at optimal levels.

5.2 Each SAAC should present (on January 1) an annual report to the Director with particular attention to the Committee's activities, projects, and accomplishments. In addition, problems, obstacles, needs, new issues, and changing priorities should be addressed.

5.3 Each SAAC will have Co-Conveners or Co-Chairpersons, who will be appointed by the DMH Director. These persons will function as a team, dividing responsibilities and activities in a complementary manner in order to promote full and complete discussion and deliberation by members and to increase SAAC productivity and effectiveness. There will be no other standing officers.

5.4 Each SAAC will form sub-committees and task forces as appropriate and necessary each year for the conduct of business. The number and types of such task groups may vary from one SAAC to another.

5.5 Each SAAC may adopt its own bylaws and procedures to facilitate its work, as long as there is no conflict with Departmental policy, County/State statutes, regulations and policies.

5.6 Each SAAC should participate in the Countywide Planning Committee to foster consensus on the planning strategies and directions to be taken by DMH.

SAAC MEETINGS

6.1 Meetings may occur as needed during the year, at places and times to be determined by the SAAC's themselves, based on their objectives, issues to be addressed and tasks to be accomplished.

6.2 All of the SAAC general meetings are to be open to the public.

6.3 Brief action minutes (including records of attendance, proposals, recommendations, etc.) shall be taken at every general and special meeting of the SAAC's. Instead of formal voting, each matter reported should reflect the consensus of the Committee as well as alternative perspectives. Copies of the action minutes should be forwarded to the Director and other Management staff, Co-Conveners/Co-Chairpersons of each SAAC, the Los Angeles County Mental Health Commission, and other staff as appropriate.

6.4 Each Deputy Director shall strive to ensure full and appropriate participation and involvement of all SAAC members. Clerical support and services shall be made available as appropriate and needed to further the work of the SAAC and its task groups.

SUBJECT:	POLICY NO.	EFFECTIVE DATE	PAGE
SERVICE AREA ADVISORY COMMITTEES	**301.1**	**04/01/94**	**4 of 4**

6.5 The Deputy Director, PSB, will take responsibility for providing each SAAC with a range of appropriate, informational materials concerning DMH, County and State guidelines, policies, procedures, evaluations and programs. The PSB will endeavor to assure that these and other materials are received by SAAC's and distributed to members in a timely manner.

AUTHORITY

Department of Mental Health Policy

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT **BILINGUAL BONUS**	POLICY NO. **602.1**	EFFECTIVE DATE **11/01/01**	PAGE **1 of 4**
APPROVED BY:  Director	SUPERSEDES **10/01/89**	ORIGINAL ISSUE DATE **04/02/79**	DISTRIBUTION LEVEL(S) **1**

PURPOSE

1.1 To establish the Department of Mental Health (DMH) policy and guidelines in the administration of bilingual bonus payments under provisions of the Los Angeles County Code, Section 6.10.140.

DEFINITION

2.1 Bilingual bonus is compensation paid to certified bilingually proficient employees whose assignments require fluency in both English and at least one foreign language as well as knowledge of and sensitivity toward the culture and needs of the foreign-language group clientele which DMH serves. Such a bonus does not constitute "base rate" pay. American Sign Language (ASL) is considered a foreign language for purposes of this bonus.

ELIGIBILITY

3.1 To qualify for the bilingual bonus, employees must meet all of the following conditions:

3.1.1 Hold permanent and full-time status or hold a temporary or recurrent position.

3.1.2 Be assigned to duties that require the use of the foreign language(s) on a continuing and frequent basis to meet the public service responsibility of DMH. Examples of situations that meet the definition of "continuing and frequent" include, but are not limited to:

3.1.2.1 An employee who is assigned a caseload that requires the use of a second language.

3.1.2.2 An employee whose assignment requires regular, ongoing contact with the public where the use of a second language is necessary and where the employee possesses and displays a knowledge of and sensitivity toward the culture and needs of the foreign language group.

3.1.2.3 An employee who is not an interpreter but who is required to translate materials on a regular and ongoing basis from English to another language or from another language to English.

3.1.2.4 Administrative and managerial positions do not routinely meet this condition since they are not considered public contact positions. However, in some situations, with the Deputy Director's written approval, an administrative or managerial position may be designated as one involving significant public contact in which bilingual skills are needed and would further DMH's public service responsibility.

3.1.3 Possess a valid Language Proficiency Certificate issued as a result of the County's Bilingual Proficiency Examination procedure, which tests for proficiency to either speak, read and/or write the language.

3.2 It is the responsibility of the District Chief or higher level to determine the skill required for the assignment and to ensure the employee is properly certified for the needed skill.

PROCEDURE

4.1 DMH may administer examinations and establish eligible registers (or certification lists) for some positions with foreign language skills as a requirement. Candidates will be tested for bilingual proficiency as part of the examination process and, if successful, issued a Language Proficiency Certificate. Successful candidate names will then be placed on the eligible registers. DMH may select candidates from the eligible registers when the foreign language skills are needed for a position. Candidates who are appointed from such registers are employed on the condition that they use their bilingual skills while holding the position. The bilingual bonus is authorized or terminated with the "Bilingual Bonus Authorization/Termination" form (MH329) (Attachment I).

Authorization of Bonus

4.2 When a District Chief wishes to appoint an eligible employee with a foreign language specialty, the original MH 329 along with a copy of the employee's Language Proficiency Certificate shall be attached to the Personnel Action Form (PAF) for processing.

4.2.1 If the candidate or employee already has a valid Language Proficiency Certificate (or retains eligibility after being terminated from the bonus), the District Chief shall enter specific justification information, such as frequency of use, on the MH 329. A copy of the MH 329 shall be retained by the District Chief. Upon completion of the appropriate sections of the MH 329, the Processing Staff Liaison shall return two copies to the District Chief. One copy is given to the employee and the other filed in the employee's office folder.

4.2.2 If the candidate or employee does not have a valid Language Proficiency Certificate, the District Chief shall complete the MH 329, checking the box "I request that a Language

Proficiency Examination be administered" and send it to the Bilingual Coordinator who shall arrange for a proficiency test and notify the District Chief of the results.

If the candidate or employee passes the proficiency test, the Bilingual Coordinator shall attach a copy of the Language Proficiency Certification to the MH 329 and return it to the District Chief for processing (see Section 4.2).

4.3 The District Chief determines and justifies whether a given assignment requires a bilingual employee and approves or terminates the bilingual bonus as appropriate. The District Chief has responsibility for authorizing a bilingual bonus. Supervisory levels are not to be delegated final authority to approve a bilingual bonus.

4.4 The Processing Staff Liaison shall review the MH 329 and complete the Personnel Division portion of all copies. If no effective date is indicated on the MH 329, the Processing Staff Liaison shall contact the appropriate District Chief. The Processing Staff shall enter the information into CWTAPPS. The MH 329, along with a copy of the Language Proficiency Certificate, shall be filed in the employee's Official Personnel File. Two copies shall be returned to the District Chief. The Processing Staff Liaison shall notify the District Chief if the MH 329 is not approved as submitted.

Termination/Continuation of Bonus

4.5 Authorization to receive the bilingual bonus terminates whenever the employee is rated less than competent in an official Performance Evaluation, transfers between County Departments, changes pay location, promotes, demotes, changes classification, begins an unpaid leave or has been on a continuous leave of absence for 60 or more calendar days, changes assignment or is no longer required to use the foreign language on the job.

4.6 If the bilingual bonus is to be continued following transfer to a new pay location or a new classification, the District Chief who supervises that pay location must request such continuance on the PAF and attach a properly completed MH 329.

4.6.1 Payment of the bilingual bonus may only be authorized as long as the facts upon which it is based continue to exist and the employee continues to remain eligible.

4.6.2 The District Chief must terminate the bonus as soon as possible but no later than five (5) business days after eligibility ceases. The District Chief shall complete the "Termination" portion of the MH 329 in triplicate and send the original to the Bilingual Coordinator in HRB, keep the first copy for office records and send the second copy to the employee (if available).

4.6.3 The Processing Staff shall terminate the bonus and file the original MH 329 in the employee's Official Personnel File.

Review of Bonus

4.6 At least every six months, HRB shall survey all work locations with employees receiving a bilingual bonus. The District Chief for that work location shall confirm in writing that the employee(s) receiving a bilingual bonus meet the criteria as set forth in the ELIGIBILITY section of this policy.

4.8 On a monthly basis Payroll staff shall review and identify those employees receiving a bilingual bonus who have been absent 60 or more calendar days. Payroll shall then notify the Processing Staff to stop payment of the bonus.

4.8.1 Once Payroll is notified that an employee has returned to work, Payroll shall notify the Processing Staff to reinstate the bonus.

5.1 The effective date of the bonus shall be the date designated on the MH 329 by the District Chief, provided the employee meets the eligibility criteria.

6.1 Full-time employees certified to receive the bilingual bonus established in County Code Section 6.10.140 shall receive additional compensation at the rate specified by the Board of Supervisors. Employees paid on an hourly basis shall receive additional compensation at the hourly rate specified by the Board of Supervisors.

6.2 In no event shall such compensation be effective before the employee is certified or before the first day of his/her assignment to the qualifying position.

AUTHORITY

Los Angeles County Code, Section 6.10.140
Memoranda of Understanding between the County and Certified Bargaining Units

ATTACHMENT

Attachment I Bilingual Bonus Authorization/Termination – Form MH 329

REVIEW DATE

This policy shall be reviewed on or before November 1, 2006

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

BILINGUAL BONUS AUTHORIZATION/TERMINATION

PLEASE TYPE

EMPLOYEE NAME:	EMPLOYEE NO.:
PAYROLL TITLE"	ITEM NO.:
OFFICE/POGRAM:	PAY LOCATION:

☐ **AUTHORIZATION**

Language required: _____

Skills required: ☐ Speaking ☐ Writing ☐ Reading

Date Certificate issued: _____

Duties requiring use of bilingual skills (be specific):

_____

_____

_____

_____

_____

Average Number of Times Language Used: _____ Per Day _____ Per Week

Date Assignment Begins _____

This is to certify that the employee meets the eligibility criteria established by departmental policy.

☐ I request that a Language Proficiency Examination be administered for the language and skills identified above.

☐ I request bilingual bonus for the employee. _____ _____
District Chief Signature Date

☐ **TERMINATION**

Reason: _____

Date: _____

☐ I authorize termination of bilingual bonus

_____ _____
District Chief Signature Date

PERSONNEL DIVISION USE ONLY

1. Effective Date of Bonus/Termination _____Date Payroll notified _____
2. Reason for denial of request _____

   Date District Chief notified _____

_____ _____
Bilingual Coordinator Signature Date

SEND ORIGINAL AND 3 COPIES TO BILINGUAL COORDINATOR
RETAIN COPY IN OFFICE FILE

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT **EMPLOYEE TRAINING: MINIMUM STANDARDS**	POLICY NO. **609.5**	EFFECTIVE DATE **01/01/05**	PAGE **1 of 4**
APPROVED BY:  Director	SUPERSEDES	ORIGINAL ISSUE DATE **08/15/01**	DISTRIBUTION LEVEL(S) **1**

PURPOSE

1.1 The Operational Recommendations of the Comprehensive Community Care (CCC) Report include placing an emphasis on Department of Mental Health (DMH) staff development and training at all levels in order to maximize success in the development of a world-class mental health system. Among the recommendations was the initiation of training modules for DMH and contract staff at various levels, including one for all DMH employees. This module included the recommendation that all new employees participate in a central orientation that embraces CCC values, to familiarize them with the Department and CCC. In addition, it recommended the promotion of staff and management development programs.

1.2 The purpose of this policy is to implement CCC recommendations by establishing and promoting minimum training standards for DMH employees.

POLICY

2.1 DMH employees constitute a valuable resource to the Department and must have staff development opportunities made available to them that:

- familiarize them with the Department, its mission, organization, and shared values;
- familiarize them with CCC goals and implementation strategies;
- expand their knowledge base and work-related skillset; and
- develop their treatment skills.

2.2 This policy sets forth the minimum standards set by DMH for training of its employees. This policy applies to all DMH employees including, but not limited to, clerical, clinical, and supervisory/management staff.

EXCLUSION

3.1 DMH employees who are required by virtue of their function or classification to obtain and retain professional licenses that require continuing education units for renewal purposes must fulfill the requirement of their licensing boards. Employees who fail to renew their professional licenses are subject to termination of their employment. Since this is a personnel requirement, it is not addressed in this policy, which pertains to DMH training requirements only.

SUBJECT:	POLICY NO.	EFFECTIVE DATE	PAGE
EMPLOYEE TRAINING: MINIMUM STANDARDS	**609.5**	**01/01/05**	**2 of 4**

MINIMUM TRAINING STANDARDS

4.1 All DMH employees shall complete the following courses:

4.1.1 A foundation course in cultural diversity as provided/recommended by DMH. Clinical staff may substitute advanced courses in lieu of this requirement. Subsequent to the initial foundation course, a cultural diversity course shall be taken every three years.

4.1.2 A course in sexual harassment prevention as provided/recommended by DMH.

4.1.2.1 Sexual harassment prevention training is mandatory training for all DMH employees and volunteers.

4.1.2.2 Employees newly hired or promoted to a supervisory position must complete their Sexual Harassment Prevention Training within the first six months of being hired or promoted.

4.1.2.3 Volunteers must complete Sexual Harassment Prevention Training within three months of initiating volunteer status with the Department.

4.1.2.4 Each employee and volunteer shall attend a refresher course once every two years.

4.1.3 A course in HIPAA Privacy Awareness as approved by the Department's Bureau of Standards, Practices and Conduct.

4.1.4 A course in HIPAA Security Awareness as approved by the Department's Bureau of Standards, Practices and Conduct.

4.1.5 Annual Training in Integrity, Ethics, and Compliance to assure compliance with Federal mandates.

4.2 In addition, all client-contact staff shall complete:

4.2.1 A course in non-violent crisis intervention including recognition of the escalation process, de-escalation methods, and non-physical intervention techniques as provided by DMH.

4.2.2 A course in field safety as provided by DMH.

SUBJECT:	POLICY NO.	EFFECTIVE DATE	PAGE
EMPLOYEE TRAINING: MINIMUM STANDARDS	**609.5**	**01/01/05**	**3 of 4**

4.3 In addition, all clinical staff shall complete:

4.3.1 A course provided/recommended by DMH Bureau of Standards, Practices, and Conduct on rules and regulations that govern the use of forms and documentation.

4.3.2 A course provided/recommended by DMH on appropriate documentation in the client record.

4.4 In addition, all newly hired staff shall complete:

4.4.1 The New Employee Central Orientation as assigned by DMH Human Resources Bureau and the Training and Cultural Competency Bureau.

4.5 In addition, all supervisory and/or management employees shall complete:

4.5.1 A course in supervision and management as provided by DMH.

4.5.2 A course in performance evaluation as provided by DMH.

4.5.3 A course in elements of discipline as provided by DMH.

4.6 All staff that have previously taken courses equivalent to the above training as determined by their supervisor shall be exempt from retaking those courses unless otherwise specified in this policy. This exemption shall not apply to courses required under Sections 4.1.2 and 4.5 above (requirements for supervisory and/or management employees).

PROCEDURE

5.1 Recommended Employee Training:

5.1.1 All non-clinical employees should complete a foundation course in mental health provided/recommended by DMH.

5.2 Supervisors/managers shall share the provisions of this policy with their clerical, clinical, and supervisory staff and direct them to review the sections that pertain to them.

5.3 Supervisors/managers along with their staff shall determine the training requirements that staff have already met and the courses they must take in order to meet the minimum requirements set forth in this policy.

SUBJECT:	POLICY NO.	EFFECTIVE DATE	PAGE
EMPLOYEE TRAINING: MINIMUM STANDARDS	**609.5**	**01/01/05**	**4 of 4**

5.4 Supervisors/managers shall develop a training plan with each staff person that ensures him/her meets the minimum training requirements set forth in this policy within a twelve-month period.

5.5 Supervisors/managers shall document in the "Comments" section of each employee's annual Performance Evaluation their training plan, including courses already taken and plans to meet the unfulfilled portion of the training requirements.

5.6 Employees pursuing promotional opportunities in supervision and/or management shall be encouraged and supported to complete the training requirements for supervisors and managers set forth in Section 4.5. It is recommended that their completion be taken into consideration by those responsible for hiring, promoting, or transferring aspirants to such positions.

AUTHORITY

Los Angeles County Board of Supervisors
Department of Mental Health Policy
Federal Register, Volume 64, No. 219

REVIEW DATE

This policy shall be reviewed only as applicable standards affecting this policy are revised and/or added.

CCC 2010 Annual Report

Translation Policy Statement of Work

(Attachment 3)

COUNTY OF LOS ANGELES DEPARMENT OF MENTAL HEALTH

CULTURAL COMPETENCY UNIT

TRANSLATION POLICY PROJECT

CONSULTANT SERVICES AGREEMENT
STATEMENT OF WORK (SOW)
Fiscal Year 2011-12

I. Purpose

The County of Los Angeles has an estimated population of 10 million people and 1.8 million of this population is Medi-Cal eligible. There is an estimated 1.4 million clients served that identify as speaking a language, other than English, as their primary language. (Source State MEDS file, October 2009). These numbers do not include the indigent population that is served by the LAC DMH. Los Angeles County has 13 threshold languages, including English determined by the CA State DMH. (Source CA State DMH Info Notice No 10-07). 'Threshold language' means a language that has been identified as the primary language as indicated on the MEDS file of 3,000 beneficiaries or 5% of the beneficiary population.

As we carry out our commitment to provide culturally and linguistically appropriate services to the diverse communities in Los Angeles County, LAC-DMH needs to develop and implement a translation policy that will inform, organize and standardize all of The Department's translation efforts. This translation policy will come at a time when LAC-DMH is getting positioned to successfully roll out the three PEI Statewide Projects, Suicide Prevention, Anti-stigma and Reduction, and School Violence Reduction with materials translated into the threshold languages in order to effectively serve the diverse ethnic communities with culturally and linguistically competent outreach materials. While LAC-DMH has used an informed mechanism for translation, it is time to develop a translation policy using best practice methods. Once developed, the translation policy will guide the sizeable undertaking of PEI's translation of Evidence-Based Practices and Community-Defined Evidence materials into the various threshold languages.

II. Services to be Provided

The Consultant is required to assist with and provide the following services:

1) Research and review pertinent federal, State, public health, managed care and other critical literature to inform the development of the LAC-DMH translation policy.

2) Research and review the California Department of Mental Health specific requirements for translation of documents into the threshold languages. These requirements include but may not be limited to the following quality standards:

    - Back translation

- Field testing
- 6th grade reading level for translated documents
- Best practices for health care translation of materials into diverse languages

3) Conduct an assessment of LAC-DMH current internal practices and guidelines as well as missing procedures in order to create official translation policy and procedures for The Department.

4) Create a comprehensive list of minimal and ultimate workforce resources to be dedicated by LAC-DMH to the implementation and sustainability of the translation policy.

5) Develop a detailed infra-structure plan for LAC-DMH to successfully implement the translation policy.

6) Develop guidelines to centralize internal translation mechanisms including prioritization and approval of materials to be translated, vendor coordination and adherence to translation standards and requirements.

7) Develop a translation policy evaluation instrument to measure the efficacy of the translation guidelines, procedures and infrastructure

III. Minimum Qualifications

Prospective consultants shall demonstrate the following core competencies:

- Minimum two year experience working with LAC-DMH or similar public governmental agency(ies) relevant to policy development
- Ability to carry out research on federal, State, public health, managed care and LAC-DMH regulations/ policies/ procedures/ and practices related to translation of documents
- Knowledgeable of translation quality standards and best practices
- Ability to design and evaluate infrastructure necessary for successful implementation and sustainability of the translation policy

- Strong oral and written communication skills necessary for completion of diverse components of the translation policy project as described in section II above
- Past experience developing evaluation tools specific to implementation of policies, guidelines and procedures
- Ability to meet LAC-DMH's timelines for completion of project

IV. Budget

A. The rate will be $125 per hour.

B. The total compensation amount shall not to exceed $50,000.

V. Submission of Claims/Invoices

A. Invoices detailing the Consultant's services provided within 2 weeks after the services are rendered should be sent to:

County of Los Angeles – Department of Mental Health
Office of the Medical Director
550 S. Vermont Avenue, 12th Floor
Los Angeles, CA 90020
Attention:
Mental Health Clinical District Chief

V. Ownership of County Materials

A. Consultant and County agree that all materials, including but not limited to, specifications, techniques, plans, reports, deliverables, data, diagrams, maps, images, graphics, text, videos, software, source codes, drafts, working papers, outlines, sketches, summaries, edited and/or unedited versions of deliverables, and any other materials or information developed under this Agreement and any and all Intellectual Property rights to these materials, including any copyrights,

trademarks, service marks, trade secrets, trade names, unpatented inventions, patent applications, patents, design rights, domain name rights, know-how, and any other proprietary rights and derivatives thereof, is and/or shall be the sole property of County (hereafter collectively, “County Materials"). Consultant hereby assigns and transfers to County all Consultant's right, title and interest in and to all such County Materials developed under this Agreement.

Notwithstanding such County ownership in the County Materials, Consultant may retain possession of working papers and materials prepared by Consultant under this Contract. During and for a minimum of five years subsequent to the term of this Contract, County shall have the right to inspect any and all such working papers and materials, make copies thereof and use the working papers and materials and the information contained therein.

B. Consultant shall execute all documents requested by County and shall perform all other acts requested by County to assign and transfer to, and vest in County, all Consultant's right, title and interest in and to the County Materials, including, but not limited to, any and all copyrights, trademarks, service marks, trade names, unpatented inventions, patent applications, patents, design rights, domain name rights, know-how, and any other proprietary rights and derivatives thereof resulting from this Contract. County shall have the right to register all applicable copyrights, trademarks and patents in the name of the County of Los Angeles. Further, County shall have the right to assign, license, or otherwise transfer any and all County’s rights, title and interest, including, but not limited to copyrights, trademarks, and patents, in and to the County Materials.

C. Consultant represents and warrants that the County Materials prepared herein under this Agreement, is the original work of Consultant and does not infringe upon any Intellectual Property or proprietary rights of third parties. For those portions of the County Materials that are not the original work of Consultant, Consultant represents and warrants that it has secured all appropriate licenses, rights, and/or permission from appropriate third parties to include such materials in the County Materials.

Consultant shall defend, indemnify and hold County harmless against any claims

by third parties based on infringement of copyright, patent, trade secret, trademark, or any other claimed Intellectual Property or proprietary right, arising from County 's use of County Materials created and/or prepared by Consultant. Consultant will also indemnify and defend at its sole expense, any action brought against County based on a claim that County Materials furnished hereunder by Consultant and used within the scope of this Agreement infringe any copyright, patent, trade secret, trademark, or any other claimed intellectual property or proprietary right of third parties, and Consultant will pay any costs, damages and attorney's fees incurred by County. County will notify Consultant promptly and in writing of any such action or claim and will permit Consultant to fully participate in the defense thereof.

D. Consultant shall affix the following notice to all County Materials: "© Copyright 2007 (or such other appropriate date of first publication), County of Los Angeles. All Rights Reserved." Consultant shall affix such notice on the title page of all images, photographs, documents and writings, and otherwise as County may direct.

E. County shall also have the sole right to control the preparation, modification, and revisions to, all acknowledgment and/or attribution language for all County Materials resulting from this Agreement. County will however, honor requests by Consultant seeking removal of all acknowledgment and/or attribution language relating to the Consultant, should Consultant no longer wish to receive attribution for its work on the County Materials.

F. If directed to do so by County, Consultant will place the County name and County logo on County Materials developed under this Agreement. Consultant may not however, use the County name and County logo on any other materials prepared or developed by Consultant that falls outside the scope of this Agreement.

CCC 2010 Annual Report

NEO Power Point Presentation

(Attachment 4)

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

Integration of Cultural Competency In the Mental Health System of Care

Cultural Competency Unit
Planning Division

Kia Hayes, M.S.
Sandra Chang Ptasinski, Ph.D.

The Function of the Cultural Competency Unit

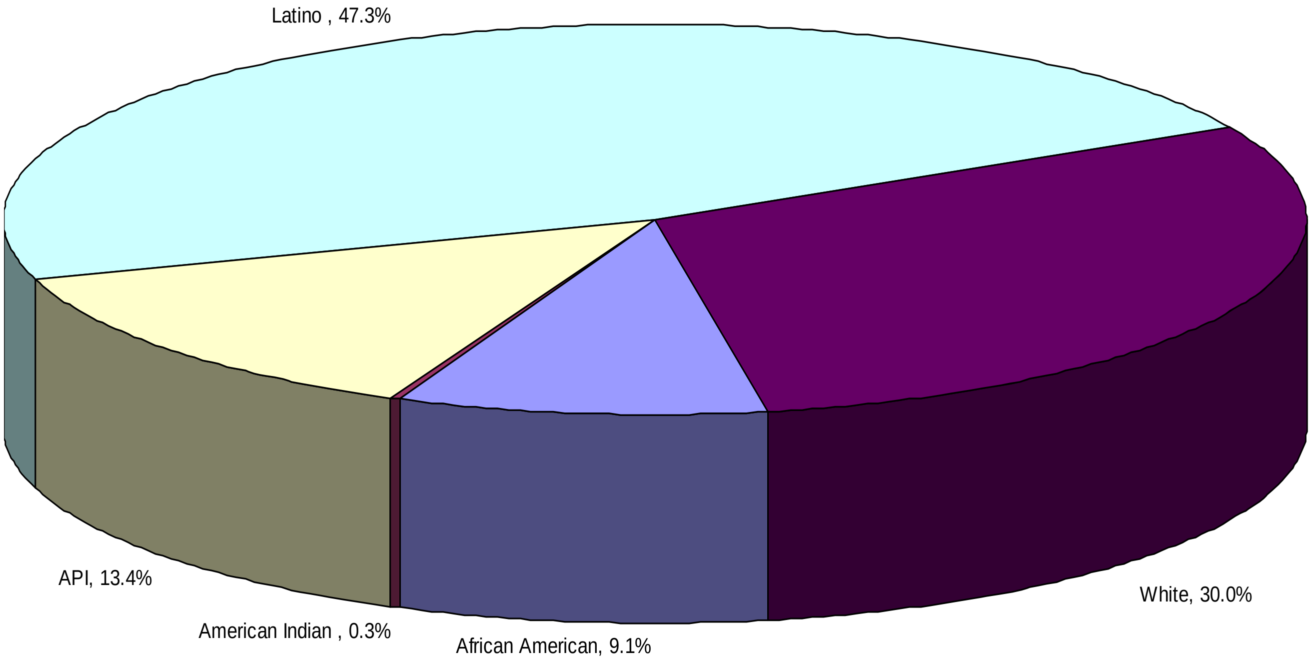
- The CC Unit is an internal mechanism that is integral to the planning, assessment, and evaluation of mental health services that are culturally and linguistically appropriate to the unique needs of the Los Angeles County diverse communities.

- The objective of the CC Unit is to increase service accessibility for culturally and linguistically diverse communities.

- The CC Unit is committed to providing the technical assistance, education, and training necessary to integrate cultural competency in all the Department's operations.

Los Angeles County Demographics

Ethnic breakdown of 2008 Data



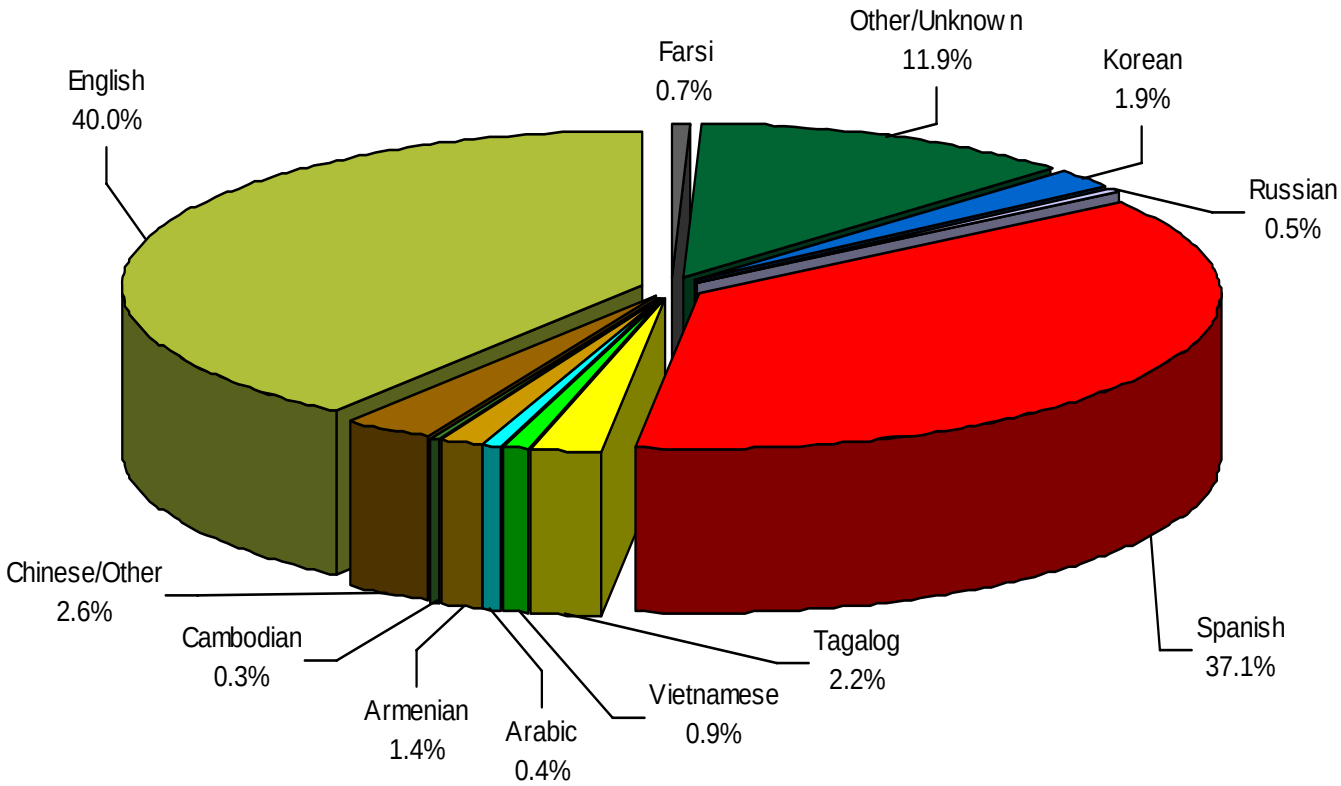
<u>TOTAL 10,418,695</u>

African American 946,994
Asian Pacific Islander……1,395,074
Latino ….………………. 4,926,007

American Indian 26,837
White ………..…………… 3,123,783

(Source: LAC-DMH Training & Quality Improvement, 2009)

Los Angeles County Threshold Languages



Armenian……..	**140,817**	**Korean……**	**183,291**
Cambodian……..	**28,745**	**Russian……**	**45,134**
Chinese/other….	**253,608**	**Spanish……**	**3,614,519**
English……	**3,900,632**	**Tagalog……**	**217,479**
Farsi……	**69,488**	**Vietnamese…….**	**87,142**
Other/Unknown...	**1,163,986**	**Arabic……..**	**43,120**

Los Angeles County Threshold Languages

- Arabic
- Armenian
- Cantonese
- Cambodian
- Other Chinese
- English
- Farsi
- Korean
- Mandarin
- Russian
- Spanish
- Tagalog
- Vietnamese

For Emergencies & Language Assistance, 24 hrs/7days
ACCESS **1-800-854-7771**

Definition of Culture

The integrated pattern of human behavior that includes thought communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group.

Culture may involve parameters such as ethnicity, race, language, age, country of origin, acculturation, gender, socioeconomic class, disabilities, religious/spiritual beliefs and sexual orientation*.

*Source: California Department of Mental Health

Cultural Competency
Federal Governing Regulations

- Title VI of the Civil Rights Act of 1964
- Title 42 – Public Health, Part 438.10, Managed Care
- Executive Order 13166, August 2000
- US Department of Health & Human Services

  Office of Minority Health March 2001

  The National Standards for Culturally and Linguistically Appropriate Services (CLAS)

Cultural Competency
State Governing Regulations

- Dymally-Alatorre Bilingual Services Act 1973
- CA Welfare & Institutions Code, Sections 14684(h), 4341, 5600.2, 5600.9(a), 5802(a)(4), 5865(b), & 5880(b)(6)
- The CA State DMH – Title 9, California Code of Regulations, Section 1810.410
- CA Health & Safety Code (SB 853), Section 1367-1374.19
- CA DMH Info Notice No. 10-02 – CC Plan Requirements
- The Mental Health Services Act – Prop 63

CCC 2010 Annual Report

Incubation Academy PowerPoint Presentation

(Attachment 5)

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

An Overview of Cultural Competency in the Delivery of Mental Health Services and Culturally Appropriate Practices

Sandra Chang Ptasinski, Ph.D.
SChang@dmh.lacounty.gov

Cultural Competency Unit
(213) 251-6815

Training Objectives

- Provide a definition of organizational and individual cultural competency
- Understand the rationale for cultural competency
- Recognize the cultural & linguistic needs of LA County
- Increase awareness of CA State requirements on cultural competency
- Understand the Department's policies on cultural competency

Diversity

- A general term referring to ethnicity, language, gender, age, ability, sexual orientation, and all other aspects of culture
- Indicates that the individuals/groups existing or present in a organization differ from one another

Defining Culture

- The integrated pattern of human behavior that includes thought, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group.
  (Cross et al, 1989)

- Culture may involve parameters such as ethnicity, race, language, age, country of origin, acculturation, gender, socioeconomic class, disabilities, religious/spiritual beliefs and sexual orientation. (Ca Department of Mental Health)

Defining Competency

- “Competence” implies having the capacity to function effectively within the context of culturally integrated patterns of human behavior as defined by each cultural group. (Ca Department of Mental Health)

Defining Cultural Competency

- The Organization:

  Refers to the existence of policies, procedures, practices, and organizational infrastructure to support the delivery of culturally and linguistically sensitive and appropriate health care services where “culture” is broadly defined.

Defining Cultural Competency

- The Individual:

  Refers to a set of congruent attitudes, knowledge, and skills that enable the person or individual to interact effectively in cross-cultural situations.

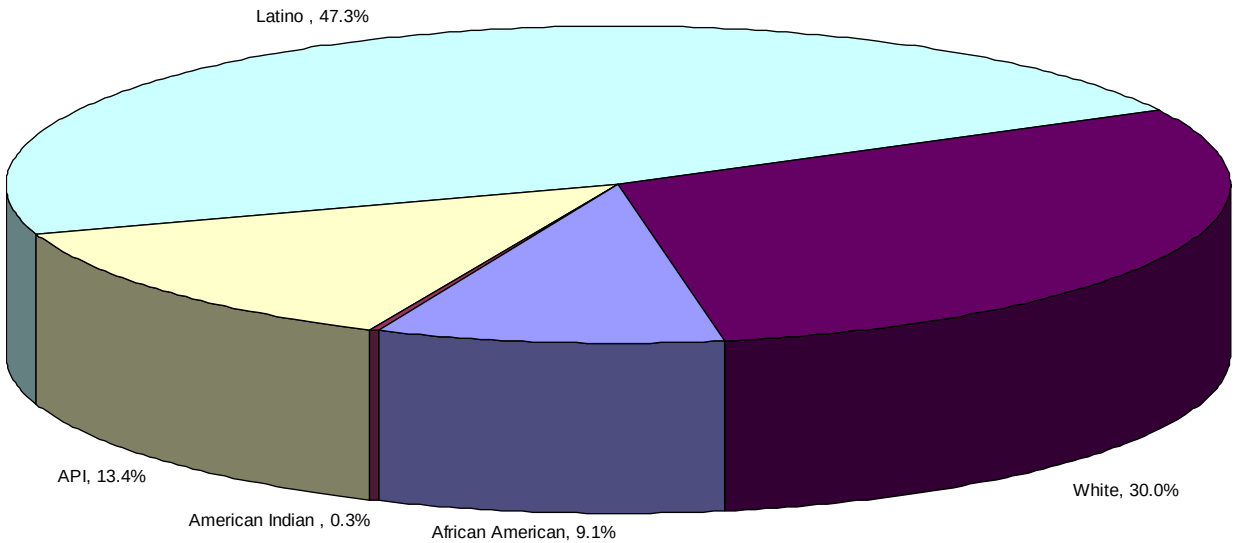
  (Cross et al, 1989)

Rationale for Cultural Competency in the Delivery of Mental Health Services

- Respond to current and projected demographic changes
- Eliminate disparities in mental health
- Comply with Federal and State requirements
- Be a part of the competitive market
- Decrease risk of liability

Los Angeles County Demographics

Ethnic breakdown of 2008 Data



TOTAL 10,418,695

African American 946,994
Asian Pacific Islander.....1,395,074
White 3,123,783

American Indian 26,837
Latino 4,926,007

(Source: LAC-DMH Training & Quality Improvement, 2009)

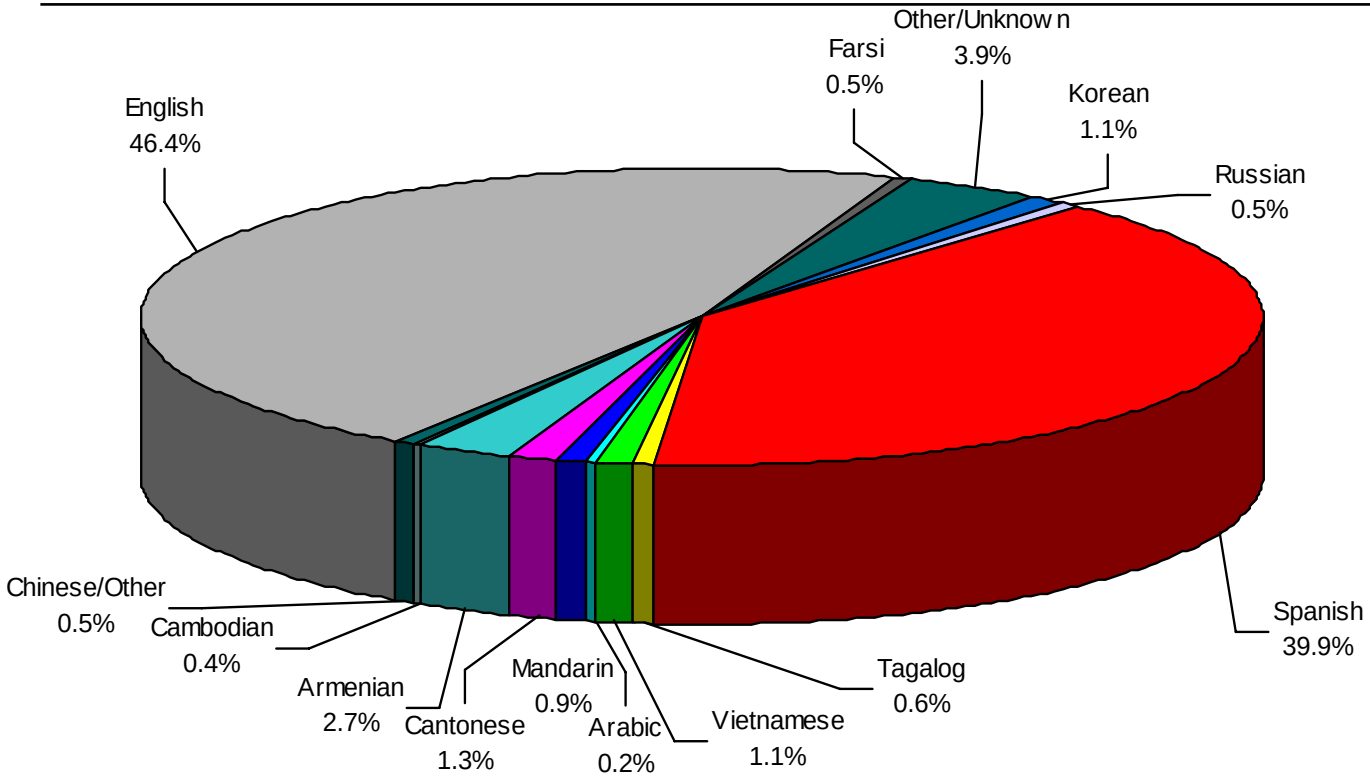
LA County Threshold Languages

Arabic	Korean
Armenian	Mandarin
Cantonese	Russian
Cambodian	Spanish
Other Chinese	Tagalog
English	Vietnamese
Farsi	

Language Line, 24 hrs/7 days

ACCESS 1-800-854-7771

Los Angeles County Threshold Languages



Armenian……..	**59,585**	**Korean……**	**22,927**	**Cambodian…….**	**9,065**
Russian……	**10,819**	**Cantonese……**	**28,704**	**Chinese/other….**	**11,679**
Spanish……	**864,132**	**English……**	**1,006,109**	**Tagalog……**	**11,960**
Farsi……	**11,872**	**Vietnamese…….**	**24,724**	**Mandarin…….**	**18,545**
Arabic……..	**3,978**	**Other/Unknown...**	**83,892**		

Cultural Competency
State Governing Regulations

- Dymally-Alatorre Bilingual Services Act 1973
- CA Welfare & Institutions Code, Section 14684 (h)
- The CA State DMH – Title 9, California Code of Regulations, Section 1810.410
- CA DMH Info Notice No. 02-03 – CC Plan Requirements
- The Mental Health Services Act – Prop 63

CULTURAL COMPETENCY FEDERAL GOVERNING REGULATIONS

- US Department of Health & Human Services - Office of Minority Health - The National Standards for Culturally and Linguistically Appropriate Services (CLAS)
- Mental Health: Culture, Race, & Ethnicity A Supplement to Mental Health: A Report of the Surgeon General
- Title VI of the Civil Rights Act of 1964

Golden Rule vs. Platinum Rule

TREAT OTHERS THE WAY ***YOU*** WANT TO BE TREATED

This statement assumes that our values should be used as the standard for all behaviors. Assumes that we are all the same.

TREAT OTHERS THE WAY ***THEY*** WANT TO BE TREATED

Reflects a respect for people's values, beliefs, and overall culture.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

Culturally Appropriate Practices

Training Objectives

1. Understand the barriers to culturally competent mental health services.

2. Discuss different strategies to develop culturally competent practices.

Barriers To Culturally Competent Mental Health Services

1. The Structure of the Health Care System
2. Economic Barriers
3. Social and Cultural Barriers
4. Communication & Linguistic Barriers

Cultural Competency in Health Care

What is the goal of cultural competency?

- The goal is to provide the best quality of care to every patient with diverse cultural and ethnic background.
- This goal can be achieved only by implementing specific strategies throughout the organization. How?

Strategies to Develop Culturally Appropriate Practices

- Structure
- Policy
- Funding Allocation
- Human Resources
- System of Care, Training, & Treatment Outcomes

Strategies to Develop Culturally Appropriate Practices

Structure:

- External monitoring mechanism
- Internal monitoring mechanism
- Partnership with the community

Strategies to Develop Culturally Appropriate Practices

Policy:

- Collaboration among service providers in the communities
- Development of policies that are supportive and responsive of the needs of the populations served.

Strategies to Develop Culturally Appropriate Practices

Funding:

- Allocate appropriate funds to meet current and emerging needs.
- Allocate appropriate funds to build the infrastructures that will support culturally appropriate practices.
- Form cooperative and jointly-funded programs with the community-based agencies.

Strategies to Develop Culturally Appropriate Practices

Human Resources:

- Workforce that is reflective of the community served.
- Diverse representation in key-policy making positions.
- Recruitment strategies that attract bilingual and bicultural workforce.
- Culturally competent performance evaluations.

Strategies to Develop Culturally Appropriate Practices

System of Care, Training, and Treatment Outcomes:

- Culturally sensitive outreach strategies.
- Culturally competent treatment modalities.
- Clinics that are conveniently located and easily accessible using public transportation.

Strategies to Develop Culturally Appropriate Practices

System of Care, Training and Treatment Outcomes:

- On-going cross-cultural training.
- On-going training to staff on how to be an interpreter and how to use an interpreter in a mental health setting.
- Consumer and family member training.
- Develop treatment outcome measures designed for culturally & linguistically diverse populations.

CCC 2010 Annual Report

Medi-Cal System Review Corrective Plan

(Attachment 6)

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

CULTURAL COMPETENCE UNIT

"ASSESSING THE CULTURAL COMPETENCE OF LAC-DMH STAFF" MEDI-CAL AUDIT CORRECTIVE PLAN

In collaboration with Human Resources Bureau and the Training and Quality Improvement Division, the Cultural Competence Unit presents the following systemwide procedure as a starting point in the process of assessing the cultural competence of staff:

I. Develop standards/ expectations of staff's cultural competence (CC) including a training plan with adequate notice and learning opportunities

A. Foundation training on Cultural Competence ~ "Cultural Diversity/ Unlearning Prejudice" to be provided by the Office of Affirmative Action and Compliance (OAAC).
   - The foundation training to be taken by every new employee within 1-2 months of hire
   - This training will include pre test and post test and passing scores on post tests will be required
   - In the absence of a passing score on the post test, the employee to retake training
   - This training will be added to the HR list of mandatory courses provided at the New Employee Orientation

B. Additional HR list of mandated Cultural Competence trainings
   - Additional CC trainings to be taken 1 year after foundation course and once the target population of work for each staff is identified
   - Staff to take at least one additional CC training every 3 years

II. Connect Cultural Competence trainings to Performance Evaluations

- Supervisors will take Human Resource mandatory trainings for designed for supervisors
- Supervisors will be trained on the language of cultural competence to be added to the performance evaluation form including how to assess the cultural competency of their staff and how to support their staff on becoming more culturally competent
- Supervisors will articulate expectations and support the development of cultural competence in their staff with plenty of notice and training opportunities

CCC 2010 Annual Report

Change of Provider Form

(Attachment 7)

County of Los Angeles – Department of Mental Health
Local Mental Health Plan
REQUEST FOR CHANGE OF PROVIDER
CONFIDENTIAL

To request a change in your current provider, complete this form and submit it to the Program Manager's office. Every effort will be made to accommodate your request. You will receive a decision within 10 working days. If you are a Medi-Cal beneficiary seeing a private provider in the community who is not part of a county operated or county contracted program, call the Beneficiary Services Program in the Patients' Rights Office at 800-700-9996 or 213-738-4949. The Mental Health Plan cannot guarantee that your provider will be changed. If you do not receive a decision on your request within 10 working days or you disagree with the decision, you may file a formal grievance.

SECTION 1: CURRENT PROVIDER INFORMATION (clients please fill out Section 1 & 2 ONLY)

DATE: _____ SERVICE LOCATION: _____

PROVIDER NAME: _____

SECTION 2: BENEFICIARY /CLIENT INFORMATION

Client Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (_____)_____ Are you receiving **Medi/Cal**? ☐ Yes ☐ No

1. I am requesting a change in: ☐ Service Staff ☐ Medical Staff ☐ Program

2. Please select the reason(s) for requesting a change (this information is OPTIONAL)

☐ A = Time/Schedule change	☐ F = Treatment concerns	☐ K = Uncomfortable
☐ B = Language	☐ G = Medication concerns	☐ L = Insensitive/ Unsympathetic
☐ C = Age (too old/too young)	☐ H = Lack of assistance	☐ M = Not professional
☐ D = Gender (male/female)	☐ I = I want previous provider	☐ N = Does not understand me
☐ E = Treating family member	☐ J = I want 2nd opinion	☐ O = Not a good match

☐ P = Other – Please describe the reason(s) for requesting the change (this information is OPTIONAL)

_____

☐ R = I do not want to give a reason for my request

3. Have you discussed your concerns with your current provider? ☐ YES ☐ NO

If YES, please describe what you have done to try to resolve the problem:

_____

I understand that I will be contacted about this request within 10 working days. I prefer to be contacted by: ☐ Mail ☐ Telephone ☐ Email: _____

If this request is on behalf of a minor or dependent adult; are you the: ☐ Parent ☐ Guardian

Signature of Person making request:_____ Today's Date:_____

SECTION 3: RECEIPT OF CHANGE OF PROVIDER REQUEST

Received by: _____ Date: _____ Copy given to client: ☐ Yes ☐ No

SECTION 4 **AUTHORIZED COUNTY USE ONLY**
Clinical Data

DSM-IV

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

Medications – Specify dosage and frequency: _____

_____

_____

REVIEWED BY: _____

DATE: _____

RECOMMENDATION: _____

_____

_____

Referral To: _____

Notified: _____ Date: _____

Appointment: _____

Beneficiary/Client Contacted on: _____ by: _____

Name _____ IS# _____

Facility/Practitioner: _____

Protected Health Information (PHI)
Los Angeles County – Department of Mental Health

CCC 2010 Annual Report

Training Evaluation Form

(Attachment 8)

COURSE TITLE:	
INSTRUCTOR (S):	
FACILITY:	DATE:

Professional Status:

- ☐ Licensed Psychologist
- ☐ Licensed Social Worker, MFT
- ☐ Licensed Nurse
- ☐ Physician/Psychiatrist
- ☐ Other (Specify): _____

What was your primary reason for attending

- ☐ Important to job
- ☐ Management requirement
- ☐ Required for license/license renewal
- ☐ CE credit offered
- ☐ Reputation of the training instructor

PLEASE USE THE FOLLOWING KEY TO ANSWER QUESTIONS:

Excellent -5 | **Very Good -4** | **Satisfactory -3** | **Fair -2** | **Poor -1** | **N/A -0**

LEARNING OBJECTIVES

	5	4	3	2	1	0
1. Identify 3	○	○	○	○	○	○
2 Identify	○	○	○	○	○	○
3. Describe	○	○	○	○	○	○
4. Identify	○	○	○	○	○	○

PRESENTER (S)

1. Knowledgeable	○	○	○	○	○	○
2. Well prepared	○	○	○	○	○	○
3. Presentation style	○	○	○	○	○	○
4. Overall presenter(s) rating	○	○	○	○	○	○

OVERVIEW

1. Handout materials facilitated learning	○	○	○	○	○	○
2. Curriculum addressed cultural competency	○	○	○	○	○	○
3. Presentation was free of commercial bias	○	○	○	○	○	○
4. The length of time was appropriate	○	○	○	○	○	○
5. The depth of the presentation was appropriate	○	○	○	○	○	○
6. The training provided knowledge/skills that are applicable	○	○	○	○	○	○
7. Overall course rating	○	○	○	○	○	○

FACILITY

1. Accessible of facility (ADA)	○	○	○	○	○	○
2. Overall facility rating	○	○	○	○	○	○

Please add any additional comments you have concerning this training &
List recommendations you have for future training topics.

Signature (optional): _____ Date: _____

CCC 2010 Annual Report

Sample pages of MSLD

(Attachment 9)

Help

Intranet Home | DMH Web Sites | Forms

Portal

Department of Mental Health
Intranet Home

Department of Mental Health

Intranet Home
DMH Web Sites
Forms

eNews

- eNews 03/03/11
- eNews 02/24/11
- eNews 02/17/11

Add new link

Featured Items

LACDMH Logo and Guidelines at the Public Information Office site
The Los Angeles County Department of Mental Health (LACDMH) released a new logo in 2010, branding our department in support of our vision which strives for **Hope, Wellness and Recovery** in our communities.

DMH eCAPS Time Collection
In keeping with the County's strict rollout of the eCAPS Time Collection, DMH implemented this electronic timesheet program in 2010.

Multi-Linguistic Mental Health Service Providers.
The purpose of the Multi-Linguistic Mental Health Service Providers Directory (MLMHSPD) is to provide all-directly operated clinics and contract providers a guide to make appropriate cultural and/or linguistic referrals to the different ethnic individuals and/or communities seeking mental health services throughout Los Angeles County.

LA County Driving Directions
Finding the location and availability of county services can be confusing whether you are a new or long-time resident of Los Angeles County. Now Services Locator can do the legwork for you!

Injury and Illness Prevention Program (IIPP) (revised December 2010)
The Department of Mental Health (DMH) recognizes its commitment and responsibility for providing a safe and healthful workplace for its employees. To control and reduce workplace injuries and illnesses, DMH established and issued this Injury and Illness Prevention Program (IIPP).

Check out Countywide eCAPS
The County has completed several semi-monthly payroll runs in the new eHR Payroll System. The project staff continues to work with departments to closely monitor production operations.

LACDMH CIOB Now Distributes and Supports all DMH Cellular Devices (New)
If you need to request a new cellular device or would like to repair department-issued cellular phone, please follow the associated Cellular Link.

HOPE WELLNESS RECOVERY
LAC DMH
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

Portal Links

- Career Opportunities
- County of LA Strategic Plan
- Department Emergency Telephone Tree (Private)
- Departmental Recycling
- DMH Forums
- DMH Internet Site
- DMH Policies, Procedures and Guidelines
- DMH Telephone Directory
- Helpdesk Self Service
- Integrated System
- Internet Password Reset
- L.A. County Learning Net
- LA County Intranet
- Micromedex
- Publications
- Reports and Apps
- STATS Graphs
- Web Applications

Add new link

Multi-Linguistic Mental Health Service Providers Multi-Linguistic Mental Health Service Providers by Language

Home
Contact Us

Search by Language Go

City All

Service Area All

Search by POPULATION

Children All Adults All

TAY All Older Adults All

Page 1 of 67 Page Size 10 Go Total Items: 666

Languages	Provider Name	Address 1	City	State	Postal Code	Telephone	Focal Pop Child	Focal Pop TAY	Focal Pop Adults	Focal Pop OA	Service Area
Am Sign Language	7477A EOB CRIS&HMLS/SAN FERN- OP	10605 BALBOA BLVD SUITE 100	GRANADA HILLS	California	91344	818-832-2410	Yes	No	Yes	No	2
Ambaric	7564A THE VILLAGE FAMILY SERVICES OP	6736 LAUREL CYN BLVD STE 200	NORTH HOLLYWOOD	California	91606	818-755-8786	Yes	Yes	No	No	2
American Sign	7235A SFVCHMC/VICTORY CLUB - AD	14411 VANOWEN ST	VAN NUYS	California	91411	818-989-7475	No	Yes	Yes	Yes	2
American Sign Language	7110A DD HRSCH/PROJ JUM ST-OUTPT	1233 SOUTH LA CIENEGA BLVD.	LOS ANGELES	California	90035	310-855-0031	No	No	Yes	No	5
American Sign Language	7248A EXODUS RECOVERY INC.- ACT OUTPT	923 S CATALINA AVE	REDONDO BEACH	California	90277	310-792-5454	No	No	Yes	No	8
American Sign Language	7385A EXODUS RECOVERY INCAB34 OP	8401 SOUTH VERMONT AVENUE	LOS ANGELES	California	90044	323-789-6492	No	No	Yes	No	6
American Sign Language	7566A DAVID AND MARGARET HOME INC OP	1350 THIRD STREET	LA VERNE	California	91750	909-596-5921	Yes	No	No	No	3
Arabic	7105C TRAVELERS AID SOCIETY OF LA	340 NORTH MADISON AVE	LOS ANGELES	California	90004	323-644-3500	No	Yes	Yes	Yes	4
Arabic	7122C TRAVELERS AID SOCIETY OF LA	1507 1509 WINONA BLVD	LOS ANGELES	California	90027	323-644-3500	No	Yes	Yes	Yes	5
Arabic	7180A HARBOR VIEW REHAB CTR-OUTPT	490 WEST 14TH STREET	LONG BEACH	California	90813	562-591-8701					

CCC 2010 Annual Report

Cultural Competency Organizational Assessment Results PowerPoint Presentation

(Attachment 10)

Los Angeles County
Mental Health System of Care

Organizational Cultural Competency Assessment

2008

Prepared by

Terance J. Wolfe, Ph.D.
AE2GIS Group
terry.wolfe@ae2gis.com

In collaboration with

Planning Division
Program Support Bureau
Department of Mental Health
Los Angeles County

Contents

- Background
- Method
- Findings
  - Demographics
  - Quantitative Findings
  - Summary
- Recommendations

Background

- State mandate
- Organizational cultural competency – a pioneering effort
- Assessment, not evaluation (System health and vitality)
- Follow-up to previous survey assessments – 2002, 2005
- Cultural & Linguistic Workgroup (CLW) strategic Focus Areas (7) plus MHSA core values
  - CLW predecessor to Cultural Competency Quality Improvement Sub-Committee
- Joint DMH and ACHSA support

Organizational Cultural Competency: A Definition

Organizational policies, practices and procedures causally related to the effective provision of culturally and linguistically appropriate services, where "culture" is broadly defined.

Wolfe, 2001

Strategic Focus Areas

- Cultural Competency System of Care
- Funding
- Human Resources
- Policy
- Structure
- Training
- Treatment Outcome Measurement

- MHSA core values

Strategic Focus Areas

MHSA

Assesses the organization's focus on selected elements of the Recovery Model including symptom reduction or elimination, living productive lives, teaching problem-solving skills, and teaching hope

Policy

Measures staff's knowledge of whether or not (1) their agency has policies and procedures that ensure cultural competency; (2) they know that such policies and procedures have been communicated to their consumers and to the communities they serve

Cultural Competency System of Care

Measures the organization's readiness in providing culturally competent services including service needs assessment, linguistic assistance, treatment modalities, physical environment, and program evaluation

Treatment Outcome Measurement

Assesses the organization's development and implementation of reliable, valid outcome measurement in response to consumers' satisfaction with services

Strategic Focus Areas

Human Resources

Measures whether or not the organization's (a) clinical and administrative staff reflect the demographics of the people served, (b) policies eliminate discriminatory barriers of accessibility to jobs, and (c) staff performance evaluations address cultural competency

Training

Measures the organization's technical support in providing the training and assistance necessary to ensure staff's cultural competence in delivering service for the target population

Structure

Measures whether or not the culturally diverse stakeholders – consumers, providers and community members – are involved in service planning, policy-making and review, and employment fairness

Funding

Measures the system's commitment to ensure funding to deliver culturally competent services to the diverse population, to recognize bilingual and bicultural staff, and to offer training in the area of cultural competence

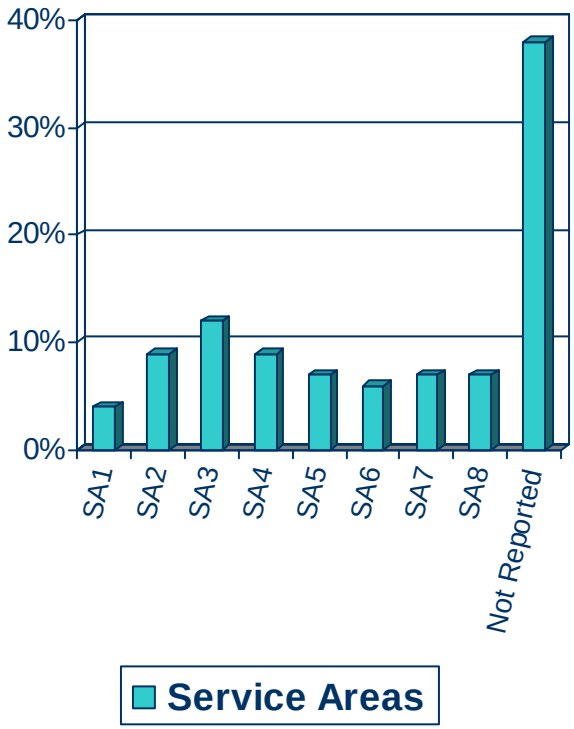
Method – 2008

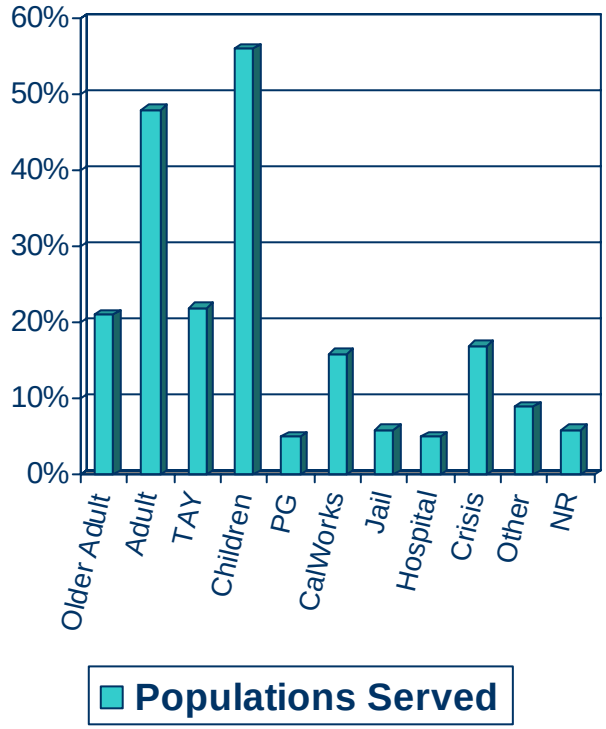
- Anonymous & confidential
  - 3rd-party consultant, 4th-party web hosting
- Survey distribution
  - On-line
  - Hard copy
- Data collection: September – November, 2008
- 3,443 usable responses
  - 79% increase in response rate over 2005 (n = 1,919)

Demographics (n = 3,443)

Age	**18-25** 4%	**26-35** 26%	**36-45** 21%	**46-55** 16%	**56-65** 12%	**>65** 2%	**NR** 19%
Race	**A/PI** 12%	**Black** 14%	**Hispanic** 27%	**NA/AN** 1%	**White** 38%		**NR** 8%
Gender	**Female** 69%	**Male** 23%	**Trans** 1%				**NR** 7%
Position	**Executive** 3%	**Managerial** 13%	**Supervisory** 10%	**Clinical** 40%	**Support** 24%	**Other** 5%	**NR** 5%
Organi-zation	**DMH** 51%	**Contractor** 49%					
DMH	**Admin/HQ** 20%	**Program** 37%	**Hospital** 9%	**Clinic** 32%	**Other** 2%		

Demographics - continued





Survey Report

- 46 item survey plus demographics
- Survey assessed seven strategic mental health focus areas plus MHSA
- Likert-style 5-point scale: strongly disagree to strongly agree
- Responses
  - *Favorable*: strongly agree (5) and agree (4)
  - *Unfavorable*: strongly disagree (1) and disagree (2)
  - *Neutral*: neither agree nor disagree (3) or no response
- Standard: Percent favorable responses (agree, strongly agree) meets or exceeds 70% - a conservative measure of system health and vitality

See Report, Table 17, pps 15 – 16

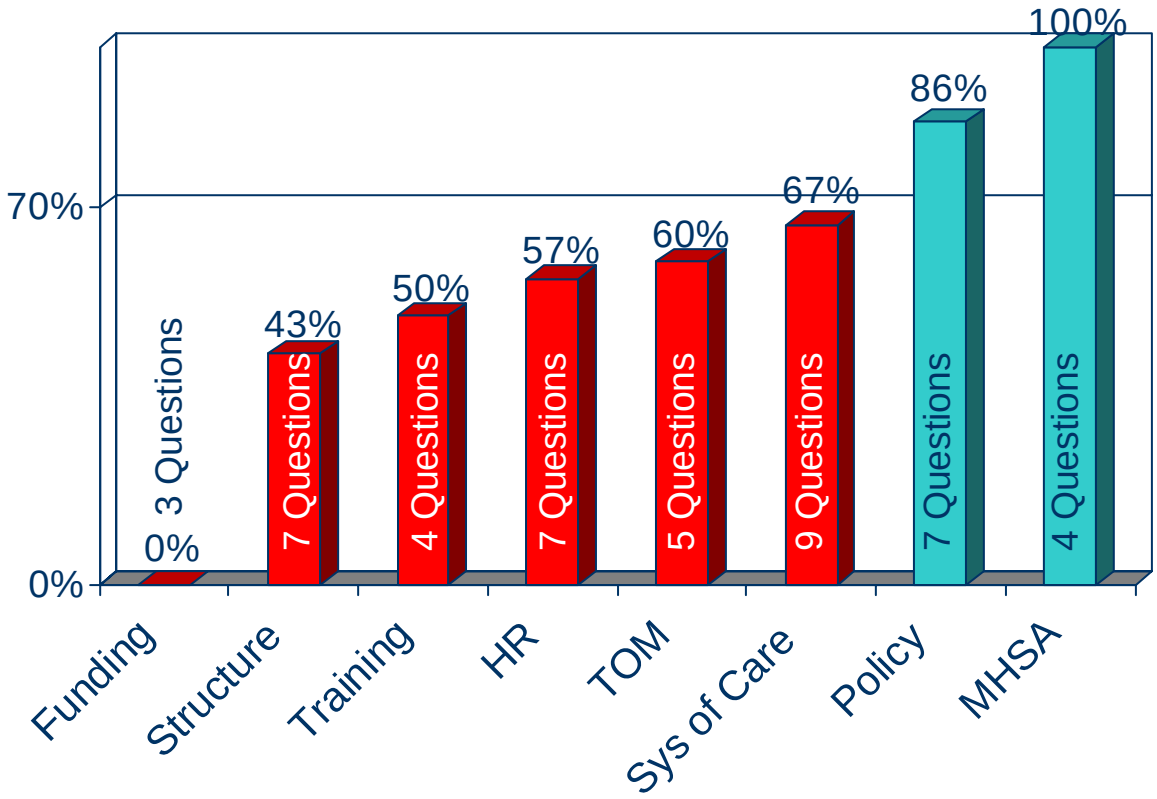
Performance Scorecard

Ques	% Fav	MHSA	Policy	Sys Care	TOM	HR	Train	Struc	Fund
28	No ≥70%	4	6	6	3	4	2	3	0
18	No <70%	0	1	3	2	3	2	4	3
46	Total	4	7	9	5	7	4	7	3
61%	% ≥ 70%	100%	86%	67%	60%	57%	50%	43%	0%
39%	% < 70%	0%	14%	33%	40%	43%	50%	57%	100%

- MHSA
- Policy
- Sys Care – Cultural Competency System of Care
- TOM – Treatment Outcome Measurement
- HR – Human Resources
- Train – Training
- Struc – Structure
- Fund – Funding

See Table 18,
p. 20

Percent of Questions with Favorable Responses *within* each Focus Area



70% set as baseline measure. Anything below 70% warrants concern

Summary: Strengths

- Policy
  - There are adequate policies in place to support organizational cultural and linguistic competence
- MHSA
  - Respondents perceive their organizations as focused on four core MHSA values
    - Symptom reduction/elimination, living a productive life, hope, problem-solving skills
  - The System of Care is appropriately orienting itself to the values and outcomes of MHSA
  - Committing the appropriate level of resources to a course of action will produce desired results

See Report, Table 29, pps 41 – 42)

Summary: Areas of Concern (1)

(Percent not favorable = neutral + unfavorable)

- Funding
  - Agencies not perceived as appropriately funding
    - Emergent culturally-specific needs (51%)
    - Cultural competency training (48%)
    - Second language and/or cultural skills (34%)
- Training
  - Agencies not perceived as having
    - Additional support for ethnocultural staff and volunteers (43%)
    - Staff time devoted to cultural competency training (43%)
- Structure
  - Agencies not perceived as consulting with community about
    - Pursuit of employment fairness (53%)
    - Development and review of programs (46%)
    - Service planning and delivery (37%)
    - Development of organizational policies and procedures (34%)

See Report, Table 29, pps 41 – 42)

Summary: Areas of Concern (2)

(Percent not favorable = neutral + unfavorable)

- Human Resources
  - Agencies not perceived as
    - Assessing cultural competence through performance evaluation (52%)
    - Providing appropriate career paths for ethnically diverse employees (35%)
    - Demonstrating sensitivity to cultural differences in performance evaluation process (35%)
- Treatment Outcome Measurement
  - Agencies not perceived as
    - Evaluating effectiveness of culturally-specific services (38%)
    - Soliciting consumer satisfaction feedback (33%)

See Report, Table 29, pps 41 – 42)

Summary: Areas of Concern (3)

(Percent not favorable = neutral + unfavorable)

- Cultural Competency System of Care
  - Agencies not perceived as engaging the community about
    - Assessing programs for gaps, barriers or inappropriate services (38%)
    - Gathering demographic information for targeted consumer groups (34%)
    - Partnering with other organizations around culturally-responsive services (32%)
- Policy
  - Agencies not perceived as
    - Utilizing culturally appropriate complaint resolution processes (32%)

See Report, Table 31, p. 46

Supplemental Analysis - Position

	3,443	94		3,180		1,382	
Focus Area	Total	Executive	Executive - Total	Non Executive	Executive - Non Exec	Clinical	Executive - Clinical
Funding	54%	71%	17%	58%	13%	53%	18%
Training	65%	86%	11%	68%	18%	64%	22%
Structure	66%	81%	15%	68%	13%	64%	17%
HR	69%	84%	15%	72%	12%	71%	13%
TOM	72%	85%	13%	73%	12%	73%	12%
Sys of Care	73%	88%	15%	75%	13%	75%	13%
Policy	80%	92%	12%	82%	10%	81%	11%
MHSA	83%	91%	8%	85%	6%	89%	2%
Mean	70%	85%	13%	73%	12%	71%	14%

Differences in Mean Focus Area Percent Favorableness by Position

2008 Organizational Cultural Competency Assessment

Supplemental Analysis – Position Key Points

- Lack of alignment (disconnect) between Executives and others in key focus areas
- Notable disconnect between Executives and Clinical regarding
  - Funding
  - Structure
  - Training
- Clear alignment throughout the system regarding MHSA

See Table 32,
p. 47

Supplemental Analysis – Organization

Focus Area	Total	(1767) DMH	DMH - Total	(1676) Contractor	Contractor - Total	DMH – Contractor
Funding	54%	54%	0	55%	1%	- 1%
Training	65%	63%	- 3%	69%	4%	- 6%
Structure	66%	64%	- 2%	70%	4%	-6%
HR	69%	66%	- 3%	75%	6%	- 9%
TOM	72%	66%	- 6%	79%	7%	- 13%
CCSC	73%	70%	- 3%	79%	6%	- 9%
Policy	80%	77%	- 3%	86%	6%	- 7%
MHSA	83%	79%	- 4%	91%	8%	- 12%
Mean	70%	67%	- 3%	76%	6%	- 9%

Supplemental Analysis – Organization Key Points

- Mean favorableness ratings across all Focus Areas for DMH < ratings for total sample
- Mean favorableness ratings across all Focus Areas for Contractors > ratings for total sample
- Mean favorableness ratings across all Focus Areas for Contractors consistently > ratings for DMH
- Significant difference in mean favorableness ratings between DMH and Contractors for Treatment Outcome Measurement (-13) and MHSA (-12)

Supplemental Analysis – Diagnostic Questions by Demographics

- **By Position** (Table 31, p. 46)

  Why is there such a discrepancy between executives and others, especially clinical staff, across all Focus Areas?

- **By Organization** (Table 32, p. 47)

  Why is there such a discrepancy between Contractors and DMH staff?

- **By Population Served** (Table 33, p. 48)

  Why are structure, funding and training concerns regardless of population?

  Why are HR, TOM and CCSC concerns for some but not all populations?

- **By Service Area** (Table 34, p. 48)

  Why are structure and training concerns in some SA's?

- **By Gender** (Table 35, p. 49)

  Why are structure, funding and training issues regardless of gender?

Supplemental Analysis – Diagnostic Questions by Demographics

- **By Dominant Racial Group** (Table 36, p. 49)

  Why are HR and TOM issues for some racial groups but not others?

- **By Age** (Table 37, p. 50)

  Why are structure and training issues for those ≤ 55?

- **By Time with Current Organization** (Table 38, p. 50)

  Why is training an issue for those who have been with their current organization for ≤ 10 years?

- **By Education** (Table 39, p. 51)

  Why aren't structure and training issues for those with most advanced degrees (PhD/PsyD, MD)?

  Why is HR an issue for those with a 4-year degree or less?

Going Forward

- Inquiry
  - What brought about or otherwise accounts for observed improvements?
  - Why do observed differences persist across demographic characteristics?
  - Why is there such a high percentage of “neutral” responses?
- Action
  - What specific actions can be recommended to improve performance?

Improvements – A Partial Explanation

Departmental Initiatives

- UREP outreach
- MHSA Implementation meetings in support of ongoing cultural competency
- Strategies for increasing UREP FSP authorizations
- State Cultural Competency Advisory Committee
- Specific Cultural Competency Work Plan goals
- CIMH collaboration in examining relevance of wellness, resilience, recovery for UREP groups

Recommendations

- Inquiry: Accounting for observed improvements
  - Departmental Initiatives – a partial explanation not tied to previous survey results
  - Survey After Action Review
    - Issues
      - Understanding and sustaining success
      - Interpreting “neutral” responses
      - Identifying new learning opportunities
    - Methods
      - Focus groups (n = 2)
      - Archival review

Recommendations – Diagnostic Questions (Demographics)

- Inquiry: Accounting for persistent differences
  - Issues
    - Executives versus all others (all Focus Areas)
    - Contractors versus DMH (all Focus Areas)
    - Targeted differences related to:
      - Policy (Position, Organization)
      - HR (Position, Organization, Population, Race, Education)
      - CCSC (Position, Organization)
      - TOM (Position, Organization, Population, Race)
    - Explore “neutral” responses
  - Methods
    - Focus Groups (n = 18)
    - Interviews (n = 6)

Action – Improving Performance

- Use survey data to drive organizational and system development – *the Action Agenda*
  - What are the desired outcomes?
  - Develop consensus
  - Prioritize
  - How can these outcomes be achieved (action planning)?
- Develop and administer consumer and family member organizational cultural competency surveys
- Formulate a strategic, system-wide organizational cultural competency action plan

See Report, pps 62 – 65

Desired Outcomes – *Action Agenda (1)*

- Alignment
  - Executives/Leadership and staff are aligned
- Value Leadership
  - DMH as the value leader
- Structure
  - Active and thorough community engagement and participation
- Policy
  - Culturally-specific complaint resolution processes

See Report, pps 62 – 65

Desired Outcomes – *Action Agenda (2)*

- Funding
  - Funding addresses culturally-specific emergent needs, cultural competency training, and rewarding on-the-job utilization of culturally and linguistically-specific skills
- Human Resources
  - Employees understand importance of cultural competency to performance success
  - Racially and ethnically diverse employees envision clear career paths
  - Ethnically diverse employees feel respected and valued through the performance evaluation process

See Report, pps 62 – 65

Desired Outcomes – *Action Agenda (3)*

- Cultural Competency System of Care
  - Programmatic cultural needs assessed and gaps addressed
  - Demographic data gathered and utilized to benefit programs
  - Agencies actively develop partnerships and collaborations
- Treatment Outcome Measurement
  - Culturally-specific services evaluated for effectiveness
  - Community members provide feedback on satisfaction with services
- Training
  - Bicultural staff and volunteers supported
  - Cultural competency training offered and actively promoted

Recommendations - Summary

- Inquiry
  - Conduct a focus group and interview study
    - Account for observed changes
    - Understand persistent differences
    - Understand prevalence of “neutral” responses
- Action
  - Define, prioritize and agree upon desired outcomes
  - Develop action plans for desired outcomes
  - Develop consumer/family member Org CC surveys
  - Formulate a strategic organizational cultural competency plan
    - Establish objectives, measurable goals, resources, accountability, and timelines

CCC 2010 Annual Report

QIC Meeting Agenda and Minutes

(Attachment 11)

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

Departmental Quality Improvement Council Meeting

A G E N D A

January 11, 2010
9:00 – 10:30 a.m.
550 S. Vermont Ave., 10th Floor Conference Room
Los Angeles, CA 90020

Martha Drinan, RN, MN, Chair Carol Eisen, M.D., Co-Chair

I	9:00 - 9:05	Introductions & Review of Minutes	QIC Membership
II	9:05 – 9:30	SA QIC Reports & Countywide Children's QIC Report	SA QIC Chair/ Co-Chair
III	9:30 – 9:40	Cultural Competency Subcommittee Report	S. Chang Ptasinski
IV	9:40 – 9:50	Patient Rights QIC Issues ➢ Focus Work Group for Elecltronic System for Complains, Grievance/Appeals	S. Guerrero J. Kohn
V	9:50 – 10:00	Dissemination of Reports/Data/Information to SA QIC's ➢ Use of Data ➢ Consumer/Family feedback	V. Joshi
VI	10:00 – 10:20	Clinical Issues ➢ QI Implementation Status Report – COD	J. Sheehe
VII	10:20 – 10:25	QI Work Plan Goals	R. Jibri
VIII	10:25 – 10:30	Announcements: Proposed Agenda Items for Next Meeting:	

Next Meeting

February 8, 2010
9:00 a.m. – 10:30 a.m.
550 S. Vermont Ave.
2nd Floor Conference Room
Los Angeles, CA 90020

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

Type of Meeting	**Departmental Quality Improvement Council**	**Date**	**January 11, 2010**
Place	**550 S. Vermont Ave., 10th Floor**	**Start Time:**	**9:00 a.m.**
Chairperson	**Martha Drinan, RN, MN, APRN**	**End Time:**	**10:30 a.m.**
Co-Chair Person	**Carol Eisen, M.D.**		
Recorder:	**Maria Gonzalez**		
Members Present	Albert Thompson; Alyssa Bray; Anahid Assatourian; DonnaKay Davis; Erica Melbourne; Gassia Ekizian; Gloria Lara Vasquez; Janet Fleishman; Jeff Kohn; Jessica Wilkins; Kimberly Floyd; Kimber Salvaggio; Kimberly Spears; Lisa Harvey; Maria Gonzalez; Mary Ann O'Donnell; Mary Cifuentes; Michelle Rittel; Monika Johnson; Norma Cano; Norma Fritsche; Rashied Jibri; Sally Ng; Sandra Chang Ptasinski; Susan Crimin; Terra Mulcahy; Vandana Joshi; Yvette Willock;		
Excused Members	Carol Eisen; Lupe Ayala		
Absent Members	Ann Lee; Alex Medina; Ann Marie Stephenson; Bertrand Levesque; George Holbrook; Julie Valdez; Kumar Menon; Leslie Shrager; Lisa Delmas; Luann Rollens; Lupe Ayala; Marcel Mendoza; Marilene Campbell; Nina Johnson; Naga Kasarabada; Sylvia Guerrero; Paul Arns; Robert Levine		

Agenda Item & Presenter	**Discussion and Findings**	**Decisions, Recommendations, Actions, & Scheduled Tasks**	**Person Responsible & Due Date**
Call to Order & Introductions	The meeting was called to order at 9:00 am.	Introductions were made.	M. Drinan
Review of Minutes	The minutes were reviewed and approved.	Minutes were approved.	QIC Membership

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports	**SA 1** Diane Guillory presented on State System Review Material.	Next meeting is scheduled for April. Meetings will be Quarterly.	S. Crimins
	SA 2: Adult:	Next meeting: January 21, 2010. A presentation on Compliance will be presented by DMH Compliance Office Staff.	K. Salvaggio
	SA 2: Children: Dark in December. S. Ng introduced Michelle Rittel, new Co-Chair for Children's QIC SA II.	Next meeting will be on Thursday January 14, 2010.	S. Ng
	SA 3: No Report		G. Ekizian
	SA 4: Diane Guillory presented on State System Review Materials. Meeting was informative.	Rob Ulrich from DMH Compliance Office will present at next meeting. Meeting will focus on SA QI Project.	A. Bray
	SA 5: Two presentations were conducted at the SA QIC meeting. 1). Mary Ann O'Donnell presented on Clinical Risk Management, 2). J. Kohn from Patient Rights Office (PRO) presented at last meeting.	Concerning e-mails to consumers, Mary Ann O'Donnell referenced existing Policies and Procedures including Clinical Parameters on Relationships.	M. Johnson
	SA 6: Diane Guillory presented on State System Review Materials. Meeting was well attended.	Next meeting will be January 13, 2010.	K. Spears

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports cont.	**SA 7:** No report		
	SA 8: Dark in December	At next meeting members will focus on "No Shows" for the QI Project. Departmental QI Program to provide support as requested.	N. Cano
Countywide Children's	Diane Guillory presented on State System Review Materials. Rob Ulrich, DMH Compliance Program Office provided an overview of the Compliance Program.	Next Meeting February 11, 2010. Meeting to be held at 550 2nd fl. Conf. Room.	T. Mulcahy
Cultural Competency Subcommittee	S. Chang discussed those forms that will be translated into threshold languages. If you need a consent form to be translated, please contact Sandra by e-mail at schang@dmh.lacounty.gov.	Sub-Committee members will meet next Wednesday at 1:30 pm. Meeting to be held at 695 15th Floor.	S. Chang
Patient Rights Office QIC Issues Focus Work Group for Electronic Tracking of Complaints, Grievances, and Appeals	J. Kohn presented an update on the Focus Work Group for the Electronic System for complaints, grievances, appeals. The group is working closely with CIOB developing electronic tracking of data including MHSA. There are some issues in Patient Rights Office such as Landlord issues, Residential issues and Provider Request issues.	Ms. DonnaKay Davis is working on how to improve the process and initiate the SOW.	J. Kohn
APS/EQRO	APS/EQRO Site Review occurs Annually. Since LA County is such a large county they will continue to review every year.	APS/EQRO will be here April 12 – April 15, 2010. Service Areas to be reviewed have not yet been announced.	M. Drinan
State System Review	State System Review occurs every three years. This review includes consumer chart review from provider sites. A random small sample is identified for review.	State Review will be here the week of February 8 - 10, 2010.	

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Dissemination of Reports/Data/ Information to SA QIC's	Ms. Joshi announced that if you need to get information or have questions on data there will be a Webinar/WebEx which will be used to answer any data questions online. The Provider Directory is sorted by each SA Population, Ethnicity, Prevalence, Penetration, and Retention Rates. Also listed are the threshold languages spoken by Service Area staff.	If you need assistance re: data or prefer to schedule a Web Ex meeting please contact Ms. Joshi at (213) 251-6886. Provider Directory will be online as soon as is finalized in the near future.	V. Joshi
Clinical Issues QI Implementation Status Report-COD	No report.	Refer to next meeting.	J. Sheehe
QI Work Plan Goals	R. Jibri is completing the Annual QI Evaluation Report (2009) and QI Work Plan (2010). We are converting calendar year goals to fiscal year goals whenever possible. The LA County QI Work Plan goals are currently completed for Calendar Year 2010.	R. Jibri will be contacting staff responsible for your SA 2010 goals. Final report to be available at next meeting for further discussion.	M. Drinan

Handouts	➢ Quality Improvement Work Plan Implementation Status Report Co-Occurring Disorders (Substance Use) (COD) #09.IV.1.3		
Announcement	None		
Next Meeting	February 8, 2010 9:00 a.m. – 10:30 a.m. 550 S. Vermont Ave. 10th Floor Conference Room Los Angeles, CA 90020		

Respectfully Submitted,

Martha Drinan, RN, MN

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

Departmental Quality Improvement Council Meeting

A G E N D A

February 8, 2010
9:00 – 10:30 a.m.
550 S. Vermont Ave., 10th Floor Conference Room
Los Angeles, CA 90020

Martha Drinan, RN, MN, Chair Carol Eisen, M.D., Co-Chair

I	9:00 - 9:05	Introductions & Review of Minutes	QIC Membership
II	9:05 – 9:40	SA QIC Reports & Countywide Children's QIC Report	SA QIC Chair/ Co-Chair
III	9:40 – 9:50	Cultural Competency Subcommittee Report	S. Chang Ptasinski
V	9:50 – 10:00	Patient Rights QIC Issues ➢ QI Work Plan Implementation Status Report- Requests For Change Of Provider	J. Kohn R. Jibri
VI	10:00 – 10:15	Clinical Issues ➢ QI Work Plan Implementation Status Report -COD ➢ QI Work Plan Implementation Status Report - Clinical Documentation Core Competencies ➢ QI Work Plan Implementation Status Report - Client Care Coordination Plan Protocol	J. Sheehe M. Drinan M. Drinan
	10:15 – 10:20	Provider Directory	V. Joshi
VII	10:20 – 10:25	QI Work Plan Evaluation for CY 2009 & QI Work Plan for CY 2010	R. Jibri
VIII	10:25 – 10:30	Announcements: March QI/QA meeting will be in the 2nd floor Conf. Rm. WebEX presentation. Proposed Agenda Items for Next Meeting:	D. Davis

Next Meeting

March 8, 2010
9:00 a.m. – 10:30 a.m.
550 S. Vermont Ave.
2nd Floor Conference Room
Los Angeles, CA 90020

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

Type of Meeting	**Departmental Quality Improvement Council**	**Date**	**February 8, 2010**
Place	**550 S. Vermont Ave., 10th Floor**	**Start Time:**	**9:00 a.m.**
Chairperson	**Martha Drinan, RN, MN, APRN**	**End Time:**	**10:30 a.m.**
Co-Chair Person	**Carol Eisen, M.D.**		
Recorder:	**Maria Gonzalez**		
Members Present	Albert Thompson; Alyssa Bray; DonnaKay Davis; Ingrid Marchus; Janet Fleishman; Jeff Kohn; Jennifer Ruiz; Jessica Wilkins; John Sheehe; Kimber Salvaggio; Lisa Harvey; Maria Gonzalez; Marcel Mendoza; Melody Taylor; Phyllis Moore-Hayes; Michelle Rittel; Monika Johnson; Rashied Jibri; Sandra Chang Ptasinski; Seth Meyers; Susanne Birman; Susan Crimin; Sylvia Guerrero; Terra Mulcahy; Vandana Joshi;		
Excused Members	Lupe Ayala; Carol Eisen		
Absent Members	Anahid Assatourian; Ann Lee; Alex Medina; Ann Marie Stephenson; Erica Melbourne; Gassia Ekizian; George Holbrook; Gloria Lara Vasquez; Julie Valdez; Kimberly Floyd; Kimberly Spears; Kumar Menon; Leslie Shrager; Lisa Delmas; Luann Rollens; Mary Ann O'Donnell; Mary Cifuentes; Marilene Campbell; Nina Johnson; Naga Kasarabada; Norma Cano; Norma Fritsche; Paul Arns; Robert Levine		

Agenda Item & Presenter	**Discussion and Findings**	**Decisions, Recommendations, Actions, & Scheduled Tasks**	**Person Responsible & Due Date**
Call to Order & Introductions	The meeting was called to order at 9:00 am.	Introductions were made.	M. Drinan
Review of Minutes	The minutes were reviewed and approved.	Minutes were approved.	QIC Membership

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports	**SA 1:** No report at this time.	Next meeting will be April 2010. To follow up with Mary Ann O'Donnell to present on Risk Management Also staff is interested in Documentation workshop.	S. Crimins
	SA 2: Adult: Dark in January	Next meeting in March. Staff from Compliance Office will come and present.	K. Salvaggio
	SA 2: Children:	Next meeting: February 18, 2010. Mary Ann O'Donnell will present on Risk Management.	M. Rittel
	SA 3: Jennifer Eberle presented on Procedure Codes.	Ms. Drinan to bring a Triage Training Schedule at next meeting.	M. Taylor
	SA 4: Rob Ulrich from DMH Compliance Office presented at last meeting.	Next meeting February 16, members will focus on SA QI Project.	A. Bray
	SA 5: Dark in February	Next Meeting will be 3/2/1020.	M. Johnson
	SA 6: No report	.	
	SA 7: No report		

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports cont.	**SA 8:** No report		
Countywide Children's	Diane Guillory presented on State System Review Materials. Rob Ulrich, DMH Compliance Program Office provided an overview of the Compliance Program.	Next Meeting February 11, 2010. N. Johnson and S. Day from Auditor Controller Office will present new information on Common Findings. Also Jennifer Eberle from Standards & Quality Assurance, will be available to discuss Documentation Questions and Issues.	T. Mulcahy
Cultural Competency Subcommittee	Cultural Competency Plan is being released by the State. Planning Division will contact key players. Criteria focus: Updated Assessment, Commitments of Cultural Competency, Strategies & Efforts for reducing disparities, and Training Activities.	The CCP is due in July. Sub-Committee members will meet next Wednesday at 1:30 pm. State Protocol to be posted on Intranet. State Protocol is also available at: www.cmh.ca.gov/dmhdocs/	S. Chang
Patient Rights Office QIC Issues QI Work Plan Implementation Status Report - Request for Change of Provider	J. Kohn distributed Change of Provider Request Report, sorted by SA's. Each SA received their own report. Report reflects FY vs. CY. Patient Rights Office "Reasons" Table was distributed as well. With the new Change of Provider Form, we will be able to report better analysis to Dept. QIC and SA's.	M. Drinan suggested each SA QIC review their own report and evaluate data for any QI actions that may be indicated. Sylvia Guerrero to bring info. Re: Advance Directive Form.	J. Kohn
Clinical Issues QI Implementation Status Report-COD,	The Department contracted with UCLA 2 Fiscal Years, to do series of Systemwide trainings for Co-Occurring Disorders. Two primary trainings 1). 4 hr. Overview of COD, for all SA's and for Directly Operated Clinics. 2). COD Documentation, especially addressing how to effectively utilize the revised: Screening, Assessment & Treatment Form for COD that were also part of the project.	Data problems with COD Diagnoses Codes, Secondary Dx, and STATS requirements. The STATS process is focusing on improved diagnosing and accuracy of data.	J. Sheehe

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
QI Implementation Status Report Clinical Documentation & Client Care Coordination	Clinical Documentation was originated as a STATS commitment. STATS commitment was to include Clinical Documentation Core Competencies in New Employee Orientation Training for all new staff and integrate in combination with Client Care Coordination Plan training materials as well. Both reports summarize QI goals.	Any comments you would like to incorporate please contact Martie Drinan at (213) 251-6885.	M. Drinan
Provider Directory	A final draft version of the Provider Directory (PD) has been completed. The PDs are published for each SA. The PDs contain extensive data for each SA such as population by ethnicity, Medi-Cal Beneficiary population, Threshold Languages for each SA, consumers served by ethnicity, prevalence rate for SED and SMI, penetration and retention rates and provider profiles such as Number and types of providers and languages spoken by staff at provider site.	Multi-Linguistic Provider Directory is available on line. The SA PD's to be available on line. QI will work with SA's on use of PD's. Contact QI for PD questions.	V. Joshi and QID Staff
QI Work Plan Evaluation for CY 2009 & QI Work Plan for CY 2010	Deferred to next meeting due to time constraints.		R. Jibri

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Handouts	➢ QI Work Plan Implementation Status Report Patient Rights' Office, Request for Change of Provider ➢ QI Work Plan Implementation Status Report Clinical Documentation Core Competencies ➢ QI Work Plan Implementation Status Report Client Care Coordination Plan Protocol ➢ Change of Provider Request Report FY 08-09 -10 Statistics ➢ QI Work Plan Evaluation for Calendar Year 2009 website address ➢ QIC/COD Development of a QIC COD Indicator		
Announcement	March QI/QA meeting will be in 2nd Floor Conf. Rm. WebEX presentation to be held.		
Next Meeting	March 8, 2010 9:00 a.m. – 10:30 a.m. 550 S. Vermont Ave. 2nd Floor Conference Room Los Angeles, CA 90020		

Respectfully Submitted,

Martha Drinan, RN, MN

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

Departmental Quality Improvement Council Meeting

A G E N D A

March 8, 2010
9:00 – 10:30 a.m.
550 S. Vermont Ave., 10th Floor Conference Room
Los Angeles, CA 90020

Martha Drinan, RN, MN, Chair Carol Eisen, M.D., Co-Chair

I	9:00 - 9:05	Introductions & Review of Minutes	QIC Membership
II	9:05 – 9:40	SA QIC Reports & Countywide Children's QIC Report	SA QIC Chair/ Co-Chair
III	9:35 – 9:45	Provider Directory	V. Joshi
IV	9:55– 10:05	Patient Rights QIC Issues	S. Guerrero
V	9:55 – 10:05	Clinical Issues ➢ Advance Health Care Directives	C. Eisen
VI	10:05– 10:10	Cultural Competency Subcommittee Report	S. Cha ng Ptasinski
VII	10:10 – 10:15	State System Review & CAEQRO Site Review Notification Letter	M. Drinan
VIII	10:15 – 10:30	WebEX Presentation:	D. Davis J. Eberle
		Announcements: Cancelled April 12, QIC Monthly Meeting due to CAEQRO Proposed Agenda Items for Next Meeting:	

Next Meeting
March 10 2010
9:00 a.m. – 10:30 a.m.
550 S. Vermont Ave.
10th Floor Conference Room
Los Angeles, CA 90020

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

Type of Meeting	**Departmental Quality Improvement Council**	**Date**	**March 8, 2010**
Place	**550 S. Vermont Ave., 10th Floor**	**Start Time:**	**9:00 a.m.**
Chairperson	**Martha Drinan, RN, MN, APRN**	**End Time:**	**10:30 a.m.**
Co-Chair Person	**Carol Eisen, M.D.**		
Recorder:	**Maria Gonzalez**		
Members Present	Alyssa Bray; Anahid Assatourian; Ann Marie Stephens; Bertrand Levesque; Carol Eisen; Conception Lugo; DonnaKay Davis; Erica Melbourne; Gassia Ekizian; Janet Fleishman; Jeff Kohn; Jessica Wilkins; Kimberly Floyde; Kimber Salvaggio; Kimberly Spears; Leah Carroll; Lisa Harvey; Lupe Ayala; Maria Gonzalez; Melody Taylor; Michelle Rittel; Monika Johnson; Norma Cano; Rashied Jibri; Sandra Chang Ptasinski; Susan Crimin; Sylvia Guerrero; Terra Mulcahy; Vandana Joshi; Yvette Willock		
Excused Members			
Absent Members	Albert Thompson; Alex Medina; George Holbrook; Gloria Lara Vasquez; Julie Valdez; Kumar Menon; Leslie Shrager; Lisa Delmas; Luann Rollens; Marcel Mendoza; Mary Ann O'Donnell; Marilene Campbell; Nina Johnson; Naga Kasarabada; Norma Fritsche; Paul Arns; Robert Levine Seth Meyers; Susanne Birman;		

Agenda Item & Presenter	**Discussion and Findings**	**Decisions, Recommendations, Actions, & Scheduled Tasks**	**Person Responsible & Due Date**
Call to Order & Introductions	The meeting was called to order at 9:00 a.m.	Introductions were made.	M. Drinan
Review of Minutes	The minutes were reviewed and approved.	Minutes were approved.	QIC Membership

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports	**SA 1:** No report at this time.	Next meeting April 6, 2010.	S. Crimins
	SA 2: Adult: Dark in February.	Next meeting May 20, 2010.	K. Salvaggio
	SA 2: Children: Mary Ann O'Donnell presented on Risk Management.	Next meeting April 15, 2010.	M. Rittel
	SA 3: Dark in February.	Next meeting March 17, 2010.	M. Taylor
	SA 4: A. Bray announced the new Co-Chair, Leah Carroll will be attending Departmental QIC meeting. Also, S. Guerrero from Patient Rights presented on Transformation, and potential need for Notice of Action (NOA) implementation.	Patient Rights staff are meeting to discuss and evaluate the effects of transformation on use of NOA and impact on consumer services.	A. Bray
	SA 5: QI Work Plan & Provider Directories were distributed to SA QIC members. M. Johnson inquired concerning instructions from State DMH re: Consumer Surveys. Membership was advised that we have not received a notification of surveys for May 2010.	M. Drinan/V. Joshi will contact State DMH re: Notification of Surveys and update. Update: State DMH will be issuing a formal letter in the near future. State DMH not issuing specifics of the letter at this time.	M. Johnson
	SA 6: Dark in February.	Next meeting March 17, 2010.	K. Spears
	SA 7: Members continue to work on a Service Area specific QI project Client Access to Care Survey. SA QIC meetings are well attended.	Next meeting March 16, 2010.	L. Ayala

Agenda Item & Presenter	**Discussion & Findings**	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports cont.	**SA 8:** Members continue to discuss issues and work on development related to QI "No Shows" project.	Next meeting March 17, 2010.	J. Fleishman
Countywide Children's	E. Fitzgerald presented on TBS. Also, Nina Johnson and Sukeda Day from Auditor Controller Office presented new information on "Common Findings". Also Jennifer Eberle from Standards & Quality Assurance presented on Clinical Records, regarding Documentation Questions and Issues.	Next Meeting May 13, 2010.	L. Harvey
Provider Directory	The PDs are published for each SA. The PDs contain extensive data for each SA such as population by ethnicity, Medi-Cal Beneficiary population, Threshold Languages for each SA, consumers served by ethnicity, prevalence, penetration and retention rates for SED and SMI, and provider profiles such as number and types of providers and languages spoken by staff at provider site.	Service Area changes should be forwarded to the SA District Chief, who will need to complete a PFAR. For assistance contact Ms. Joshi at (213) 251-6886. Provider Directories are available online at psbqi@dmh.lacounty.gov	V. Joshi
Patient Rights Office QIC Issues	Patient Rights Office discussed issues related to the DMV Form for a Driver License. There was some confusion concerning the psychiatrists role in signing DMV Forms for consumers. The DMV issues Drivers Licenses not LAC-DMH. Psychiatrists generally should fill out the Form.	A Policy and Procedure on the DMH Form is pending.	S. Guerrero

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Clinical Issues Advance Health Care Directives	During the previous meeting questions arose concerning ACHD's. There is a need to update available reference documents.	QA is working on a re-write for ACHD.	M. Drinan
Cultural Competency Subcommittee	As a result of the State DMH audit, Cultural Competency Assessment/Baselines are the focus, especially as related to the new Cultural Competency guidelines and assessing for staff cultural competency. LAC-DMH staff is currently working with the State DMH on recommended software to assess the cultural competency of staff. State DMH determined that LAC-DMH was in non-compliance with assessing staff cultural competencies. We also need to access staff linguistic competency. Other areas for SA QI discussion/resolution are: 1) Are informational materials for consumers/families culturally and linguistically competent? 2) Are we warm and welcoming to consumers/families and 3) Are we recovery focused?	Cultural Competency Sub-Committee members are meeting next Wednesday at 1:30 pm., at 695 S. Vermont Ave., 15th Floor to discuss these issues.	S. Chang
State System Review & CAEQRO Site Review Notification Letter	M. Drinan addressed out of compliance findings by State DMH Reviewers for "timeliness of routine appointments". There were 23 QI criteria, and 1 item of 23 was determined out of compliance (timeliness of routine appointments.)	In response to "timeliness of routine appointments", the QI Division submitted the 7 day PHOA STATS Indicator, the MHSIP survey results (50,000 surveys) for "time of services", and all relevant data. CAEQRO will be here April 12, 2010. they will evaluate process of overall service delivery system as it relates to organizational quality improvement. They will also review timeliness of services.	M. Drinan

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
WebEX Presentation	A WebEX presentation was provided by Jennifer Eberle and DonnaKay Davis. QI/QA meetings will be conducted via WebEx. Participants participate in meetings from their own desk/site.	QI/QA will monitor for attendance and potential issues.	J. Eberle D. Davis M. Drinan N. Fritsche
Handouts	None		
Announcement	Departmental QIC Meeting for April 12, cancelled due to CAEQRO Site Review Visit (4/12 – 4/15/2010)		
Next Meeting	May 10, 2010 9:00 a.m. – 10:30 a.m. 550 S. Vermont Ave. 10th Floor Conference Room Los Angeles, CA 90020		

Respectfully Submitted,

Martha Drinan, RN, MN

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

Departmental Quality Improvement Council Meeting

A G E N D A

May 10, 2010
9:00 – 10:30 a.m.
550 S. Vermont Ave., 10th Floor Conference Room
Los Angeles, CA 90020

Martha Drinan, RN, MN, Chair Carol Eisen, M.D., Co-Chair

I	9:00 - 9:05	Introductions & Review of Minutes	QIC Membership
II	9:05 – 9:30	SA QIC Reports & Countywide Children's QIC Report	SA QIC Chair/ Co-Chair
III	9:30 – 9:40	Clinical Issues	C. Eisen
IV	9:40– 9:55	Patient Rights QIC Issues ➢ Request to Change Provider Report, 3rd Quarter	J. Kohn
V	9:55 – 10:05	QI Handbook	M. Drinan R. Jibri
VI	10:05– 10:15	Cultural Competency Subcommittee Report	R. Hall
VII	10:15 – 10:25	State Indicator Report, March 2010	N. Kasarabada
VIII	10:25 – 10:30	WebEX	M. Drinan D. Davis
		Announcements: Proposed Agenda Items for Next Meeting:	

Next Meeting
June 14, 2010
9:00 a.m. – 10:30 a.m.
550 S. Vermont Ave.
10th Floor Conference Room
Los Angeles, CA 90020

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

Type of Meeting	**Departmental Quality Improvement Council**	**Date**	**May 10, 2010**
Place	**550 S. Vermont Ave., 10th Floor**	**Start Time:**	**9:00 a.m.**
Chairperson	**Martha Drinan, RN, MN, APRN**	**End Time:**	**10:30 a.m.**
Co-Chair Person	**Carol Eisen, M.D.**		
Recorder:	**Maria Gonzalez**		
Members Present	Alex Medina; Alyssa Bray; Anahid Assatourian; Bertrand Levesque; Brent Hale; Carol Eisen; DonnaKay Davis; Donald Gonzales; Gassia Ekizian; Janet Fleishman; Jennifer Ruiz; Jessica Wilkins; Kimber Salvaggio; Kimberly Spears; Kumar Menon; Leah Carroll; Lisa Harvey; Lupe Ayala; Maria Gonzalez; Melody Taylor; Michelle Rittel; Monika Johnson; Naga Kasarabada; Rashied Jibri; Rebecca Hall; Sandra Chang Ptasinski; Seth Meyers; Susan Crimin; Susanne Birman; Sylvia Guerrero; Paul Arns; Terra Mulcahy; Vandana Joshi; Yvette Willock; Zosima Mar		
Excused Members	Mary Ann O'Donnell		
Absent Members	Albert Thompson; Jeff Kohn; Gloria Lara Vasquez; Kimberly Floyde; Norma Cano; Leslie Shrager; Lisa Delmas; Luann Rollens; Marilene Campbell; Nina Johnson; Norma Fritsche; Robert Levine		
Agenda Item & Presenter	**Discussion and Findings**	**Decisions, Recommendations, Actions, & Scheduled Tasks**	**Person Responsible & Due Date**
Call to Order & Introductions	The meeting was called to order at 9:00 a.m.	Introductions were made.	M. Drinan
Review of Minutes	The minutes were reviewed and approved.	Minutes were approved with corrections requested.	QIC Membership

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports	**SA 1:** Discussion concerning feedback from CAEQRO.	Next meeting in July 2010. Mary Ann O'Donnell will present on Risk Management.	S. Crimins
	SA 2: Adult: Discussion concerning feedback from CAEQRO.	Next meeting May 20, 2010. Ms. Joshi will be coming to the meeting to discuss data.	K. Salvaggio
	SA 2: Children: Discussion concerning feedback from CAEQRO.	Next meeting June 17, 2010.	M. Rittel
	SA 3: Discussion concerning feedback from CAEQRO, and discussed differences between QA/QI.	Next meeting May 19, 2010.	S. Meyers
	SA 4: Discussion concerning feedback from CAEQRO.	Next meeting May 18, 2010.	A. Bray
	SA 5: Discussion concerning feedback from CAEQRO. Training was conducted by CIOB on Electronic Files (EFT).		M. Johnson
	SA 6: Discussion concerning feedback from CAEQRO. A discussion on DMH forms in Spanish was also discussed.	Next meeting May 19, 2010.	K. Spears

Agenda Item & Presenter	**Discussion & Findings**	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports cont.	**SA 7:** Brent Hale introduced himself as the new Co-Chair for Service Area 7. Marcel Mendoza will no longer attend our QIC meeting.	Next meeting May 18, 2010. The SA 7 Client Access to Care Survey to be finalized by the end of this week.	B. Hale
	SA 8: Discussion concerning feedback from CAEQRO. Survey results were also discussed.	Next Meeting May 13, 2010.	J. Fleishman
Countywide Children's	On May 13th, Paul McIver will present on Residential/TBS program support; AB3632 Assessment & Placement Units. John Sheehe and Ingrid Marchus will present on Co-Occurring Disorders, Revisiting Substance Use among Children and Adolescents, including questions and answers.	John Sheehe will present at next Dept. QIC meeting in June 14, 2010.	L. Harvey
Clinical Issues	Dr. Eisen reported that the Office of the Medical Director is in the process of reviewing a number of Clinical Policies including Policy & Procedures. The Bureau is assuring that Credentialing, Diplomas, and Certifications are up to date. This process is only for DMH employees and FFS.		C. Eisen
Patient Rights Office QIC Issues	S. Guerrero distributed the 3rd Quarterly Request to Change Provider Report for review by the QI Council. While some providers are still not submitting their Request to Change Provider Form Logs to PRO, there continues to be overall improvement.	Reports can be emailed directly to PRO at patientsrightsoffice@dmh.lacounty.gov The new Cultural Competency requirements are being integrated into PRO reporting. This will facilitate a more detailed analysis of reasons for Requests to Change Providers and provide culturally competent feedback to providers to improve their services.	S. Guerrero

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Quality Management Handbook	Ms. Drinan distributed a Draft Quality Management Handbook for review by the QI Council. The Handbook contains information on QI structure, functions, responsibilities, and a section on Performance Outcomes.	Please if you have any comments or changes, please email Martie Drinan at mdrinan@dmh.lacounty.gov	M. Drinan
Cultural Competency Committee	Cultural Competency staff is focusing on developing a Cultural Competency Plan. Planning Division will contact key players for coordination and to discuss QI integration for disparities, training, and related QI Work Plan Goals. Criteria focus: Updated Assessment, Commitments of Cultural Competency, Strategies & Efforts for Reducing Disparities, and Training Activities.	Decision: The QI Committee formal name is Cultural Competency Committee (CCC). The CCP is due in July and the plan is to meet that deadline (not pursue extension). Committee members will meet next Wednesday at 1:30 pm.	S. Chang
State Indicator Report, March 2010	N. Kasarabada distributed State Indicator Report and the ACCESS Center Service Menu. The State Indicator Report has data for abandoned calls & total calls received year to date 2010. Abandoned calls continue to be a problem. There has been a big increase for incoming crisis calls. This is especially related to the budget crisis and shortage of staff. This problem is affecting clinics as well.	Spanish speaking staff at the ACCESS Center provide telephone interpreter services when available. ACCESS Center also responds to Spanish and all other language calls through the use of County Contracted telephone interpreter services.	N. Kasarabada
WebEx	WebEx is being postponed until further notice.	DonnaKay to observe and participate in future QA WebEx activities and determine WebEx readiness for QI.	D. Davis

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Handouts	➢ QI Work Plan Implementation Status Report Dated 4/28/10 ➢ ACCESS Center Service Menu & Abandoned Calls & Total Calls Received Year to Date 2010 ➢ 3rd Quarter Request to Change Provider Report ➢ Draft Quality Management Handbook		
Announcement	None		
Next Meeting	June 14, 2010 9:00 a.m. – 10:30 a.m. 550 S. Vermont Ave. 10th Floor Conference Room Los Angeles, CA 90020		

Respectfully Submitted,

Martha Drinan, RN, MN

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

Departmental Quality Improvement Council Meeting

A G E N D A

June 14, 2010
9:00 – 10:30 a.m.
550 S. Vermont Ave., 2nd Floor Conference Room
Los Angeles, CA 90020

Martha Drinan, RN, MN, Chair Carol Eisen, M.D., Co-Chair

I	9:00 - 9:05	Introductions & Review of Minutes	QIC Membership
II	9:05 – 9:25	SA QIC Reports & Countywide Children's QIC Report	SA QIC Chair/ Co-Chair
III	9:25 – 9:30	Clinical Issues	C. Eisen
IV	9:30 – 9:35	PRO	J. Kohn
V	9:35 – 9:40	Dates for next CAEQRO "Thoughts/Suggestions on Topics for Next Year's Review" (April 18 - 21, 2011)	M. Drinan
VI	9:40 – 9:45	Cultural Competency Committee Report	R. Hall
VII	9:45 – 9:55	COD Child Screening & Assessment	J. Sheehe
VIII	9:55 – 10:20	ICSC Participant Materials: Charters, Target Populations & PDSA Cycles	D. Innes-Gomberg
IX	10:20 – 10:25	Test Calls	S. Birman
X	10:25 – 10:30	QI Handbook	M. Drinan
		Announcements: Proposed Agenda Items for Next Meeting:	

Next Meeting
July 12, 2010
9:00 a.m. – 10:30 a.m.
550 S. Vermont Ave.
10th Floor Conference Room
Los Angeles, CA 90020

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

Type of Meeting	**Departmental Quality Improvement Council**	**Date**	**July 12, 2010**
Place	**550 S. Vermont Ave., 10th Floor**	**Start Time:**	**9:00 a.m.**
Chairperson	**Martha Drinan, RN, MN, APRN**	**End Time:**	**10:30 a.m.**
Co-Chair Person	**Carol Eisen, M.D.**		
Recorder:	**Maria Gonzalez**		
Members Present	Alyssa Bray; Anahid Assatourian; Bertrand Levesque; Carol Eisen; DonnaKay Davis; Donald Gonzales; Erica Melbourne; Gassia Ekizian; Janet Fleishman; Jennifer Ruiz; Kimber Salvaggio; Kimberly Spears; Kumar Menon; Leah Carroll; Lisa Harvey; Lupe Ayala; Maria Gonzalez; Mary Ann O'Donnell; Melody Taylor; Michelle Rittel; Monika Johnson; Nina Johnson; Norma Fritsche; Rashied Jibri; Sandra Chang Ptasinski; Seth Meyers; Susanne Birman; Sukeda Day; Sylvia Guerrero; Tammy Blair; Terra Mulcahy; Vandana Joshi; Yvette Willock; Quan Truong;		
WebEx Participants	Ann Lee; Susan Crimin; Kimberly Floyde		
Excused Members			
Absent Members	Albert Thompson; Gloria Lara Vasquez; Jeff Kohn; Jessica Wilkins; Leslie Shrager; Luann Rollens; Marilene Campbell; Naga Kasarabada; Norma Cano; Rebecca Hall; Robert Levine		
Agenda Item & Presenter	**Discussion and Findings**	**Decisions, Recommendations, Actions, & Scheduled Tasks**	**Person Responsible & Due Date**
Call to Order & Introductions	The meeting was called to order at 9:00 a.m.	Introductions were made.	M. Drinan
Review of Minutes	The minutes were reviewed and approved.	Minutes were approved with corrections requested.	QIC Membership

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports	**SA 1:** Discussed feedback from CAEQRO at meeting.	Next meeting in July 6, 2010. Mary Ann O'Donnell will present on Risk Management.	S. Crimins
	SA 2: Adult: Vandana Joshi presented on Geo-Mapping & Data application. Meeting was well attended.	Next meeting June 17, 2010.	K. Salvaggio
	SA 2: Children: Discussion concerning feedback from CAEQRO.	Next meeting June 17, 2010.	M. Rittel
	SA 3: SA 3 requesting data presentation from QI Division and Data Unit that is being prepared specific to each SA.	Next meeting June 16, 2010. Navigators will present on overall delivery of services and the role of Navigators (i.e. Housing, patient discharge from acute psychiatric hospitalization, etc.)	S. Meyers
	SA 4: Working on QI project,	Next meeting June 16, 2010. J. Eberle will present on Adult and Children/Adolescent Assessment. Presentation on COD is also scheduled.	A. Bray
	SA 5: Dark in June.	Next meeting July 13, 2010.	M. Johnson
	SA 6: Working on Documentation sharing among providers especially Assessment related documentation. Members are also reviewing information distributed on Cultural Competency and required implementation.	Next meeting June 16, 2010.	K. Spears

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports cont.	**SA 7:** Client Flow Care Survey completed. Survey to be mailed out from the office of the Service Area District Chief, Ana Suarez. Looking at move of patients from one program to another.	Next meeting June 20, 2010.	L. Ayala
	SA 8: Members are gathering information for their project on client "No Shows" in a report. Working on increasing attendance for "No Shows".	Next meeting June 16, 2010. A presentation on Alcohol and Drug Abuse is scheduled.	J. Fleishman
Countywide Children's	On May 13th, Kim Nguyen-Pierce presented on TBS and the Transformation Processes. Also Paul McIver presented on AB3632 Assessment & Placement Units. John Sheehe and Ingrid Marchus presented on Co-Occurring Disorders, Revisiting Substance Abuse Use among Children/Adolescents and coordination of care. Doris Soghor shared documents, and discussed psychoactive medications, qualification of different medications for children & Adolescent.	Next meeting August 12, 2010. Ann O'Donnell announced Guidelines for Children – Adolescents to be posted on DMH Website (in August 2010), under tools for clinicians – Clinical Practice – Clinical Guidelines – Practice Parameters – Medications – Use of Psychoactive Medication in COD.	L. Harvey
Clinical Issues	Defer to next meeting.		C. Eisen
Patient Rights Office QIC Issues	Update/revision of Request For Change of Provider Policy 200.02 distributed. S. Guerrero mentioned the new form requires a signature of staff member from the clinic before is submission to PRO. Clients must receive a copy.	Reference Memo dated June 8, 2010. PRO will look into issue of e-mailing of form as concerns confidentiality. Spanish translations of form is also being requested. PRO will do in-service on new form by request.	J. Kohn S. Guerrero

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
APS/CAEQRO	M. Drinan announced APS/CAEQRO Site Review Visit for next year will be April 18 – April 21, 2011.	CAEQRO is open for suggestions/ideas for focus of next Site Review. (Continue Client Flow Focus, Performance Outcomes, or other suggestions). If you have any suggestions or ideas please contact M. Drinan via e-mail at mdrinan@dmh.lacounty.gov	M. Drinan
Cultural Competency Committee	Cultural Competency staff continues to work on finalizing the Cultural Competency Plan. An extension is being granted, deadline is August 31, 2010.	Committee members will meet June 16, at 1:30 pm. Cultural Competency members are looking for volunteers to become part of the committee such as Caregivers/Consumers/ Family Advocates. For more information please contact R. Hall at (213) 251-6834.	R. Hall
COD Child Screening & Assessment	J. Sheehe reported on Screening & Assessment for Child & Adolescent Substance Abuse in Mental Health Settings for children 11 years and older. He addressed the importance of recognizing and documenting how substance abuse impacts Mental Health functioning and how we incorporate interventions and Substance Abuse components into Mental Health treatment.	Working on a project to focus on revising the children form.	J. Sheehe

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Increasing System Capacity and Client Flow	D. Innes-Gomberg, Ph.D. from LAC-DMH, and S. Escobar, Ph.D. from Didi Hirsch Mental Health Center gave a PowerPoint presentation on Increasing System Capacity and Client Flow. Project is in conjunction with LAC-DMH, CIMH, and CalMEND. Project will help to increase number of clients making significant progress in achieving their recovery goals. PDSA methodology is used to implement change and improve flow. SA 7 may want to look at this project for applicability. Engagement strategies that are effective are essential to success of this project.	Goal is to reach "successful" discharges from FSP programs and increase from baseline of 17% to 50% of consumers who reach their recovery goals, resulting in increased program and system capacity collaborative aim – by June 2011.	D. Innes-Gomberg/S. Escobar
Test Calls	S. Birman announced that QI staff is conducting Test Calls to ACCESS Center starting in June and ending in December. Method will conduct 4 calls per month, 2 English and 2 Spanish, total of 24 calls to be made.	If you are interested in participating by making test calls to Access Center please contact S. Birman at (213) 251-6880.	S. Birman
Quality Management Handbook	Quality Management Handbook was distributed to the QI Council members. The Handbook contains information on QI structure, functions, responsibilities, and a section on Performance Outcomes.	The QI Handbook has been posted on the website under Quality Management. Please see below. The link to the QI Handbook/website is: http://psbqi.dmh.lacounty.gov/QI.htm	M. Drinan

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Handouts	➢ Request For Change of Provider Policy 200.02 & Memo from Ellen Satkin to DMH Everyone dated June 8, 2010 ➢ Increasing System Capacity and Client Flow ➢ Revised Screening and Assessment for Child/Adolescent Substance Abuse in Mental Health Settings ➢ Quality Improvement Handbook		
Announcement			
Next Meeting	July 12, 2010 9:00 a.m. – 10:30 a.m. 550 S. Vermont Ave. 10th Floor Conference Room Los Angeles, CA 90020		

Respectfully Submitted,

Martha Drinan, RN, MN

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

Departmental Quality Improvement Council Meeting

A G E N D A

July 10, 2010
9:00 – 10:30 a.m.
550 S. Vermont Ave., 10th Floor Conference Room
Los Angeles, CA 90020

Martha Drinan, RN, MN, Chair Carol Eisen, M.D., Co-Chair

I	9:00 - 9:05	Introductions & Review of Minutes	QIC Membership
II	9:05 – 9:30	SA QIC Reports & Countywide Children's QIC Report	SA QIC Chair/ Co-Chair
III	9:30 – 9:40	PRO	J. Kohn G. Guerrero
IV	9:40– 9:50	Cultural Competency Committee Report	S. Chang-Ptasinski
V	9:50 – 10:00	Status of the May 2010 Survey Consumer Perception Survey	M. Drinan
VI	10:00– 10:25	CAEQRO Report Findings ➢ POQI MHSIP/Performance Outcomes – Insert Correspondence in QI Handbook ➢ SA QICS	M. Drinan
VII	10:25 – 10:30	Other	
		Announcements: Proposed Agenda Items for Next Meeting:	

Next Meeting
August 9, 2010
9:00 a.m. – 10:30 a.m.
550 S. Vermont Ave.
10th Floor Conference Room
Los Angeles, CA 90020

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

Departmental Quality Improvement Council Meeting

A G E N D A

August 9, 2010
9:00 – 10:30 a.m.
550 S. Vermont Ave., 10th Floor Conference Room
Los Angeles, CA 90020

Martha Drinan, RN, MN, Chair Carol Eisen, M.D., Co-Chair

I	9:00 - 9:05	Introductions & Review of Minutes	QIC Membership
II	9:05 – 9:30	SA QIC Reports & Countywide Children's QIC Report	SA QIC Chair/ Co-Chair
III	9:30 – 9:40	PRO	J. Kohn G. Guerrero
IV	9:40– 9:50	Clinical Care Report	C. Eisen
V	9:50 – 10:00	Cultural Competency Committee Report	R. Hall
VI	10:00– 10:05	SA QIC Meeting Minutes	S. Birman
VII	10:05 – 10:15	EPSDT PIP Overview & Status Report	T. Mulcahy
VIII	10:15 – 10:25	State DMH systems Review Protocol Training – September 23, 2010 ➢ Questions? ➢ CA DMH Website: www.dmh.ca.gov	M. Drinan
IX	10:25 – 10:30	State DMH Systems Review – QI Section H	M. Drinan
		Announcements: Proposed Agenda Items for Next Meeting:	

Next Meeting
September 13, 2010
9:00 a.m. – 10:30 a.m.
550 S. Vermont Ave.
10th Floor Conference Room
Los Angeles, CA 90020

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

Type of Meeting	**Departmental Quality Improvement Council**	**Date**	**August 9, 2010**
Place	**550 S. Vermont Ave., 10th Floor**	**Start Time:**	**9:00 a.m.**
Chairperson	**Martha Drinan, RN, MN, APRN**	**End Time:**	**10:30 a.m.**
Co-Chair Person	**Carol Eisen, M.D.**		
Recorder:	**Maria Gonzalez**		
Members Present	Alyssa Bray; Anahid Assatourian; Ann Lee; Bertrand Levesque; Carol Eisen; DonnaKay Davis; Donald Gonzales; Gassia Ekizian; Gloria Lara Vasquez; Janet Fleishman; Jeff Kohn; Jennifer Ruiz; Kimber Salvaggio; Kimberly Spears;; Lisa Harvey; Maria Gonzalez; Michelle Rittel; Monika Johnson; Norma Cano; Rashied Jibri; Rebecca Hall; Seth Meyers; Susanne Birman; Sylvia Guerrero; Terra Mulcahy; Vandana Joshi; Yvette Willock;		
WebEx Participants	Susan Crimin; Jessica Wilkins; Kimberly Floyd; Tammy Blair		
Excused Members			
Absent Members	Albert Thompson; Erica Melbourne; Julie Valdez; Kari Thompson; Kumar Menon; Leah Carroll; Leslie Shrager; Lupe Ayala; Martha Drinan; Mary Ann O'Donnell; Melody Taylor; Nina Johnson; Norma Fritsche; Naga Kasarabada; Robert Levine		
Agenda Item & Presenter	**Discussion and Findings**	**Decisions, Recommendations, Actions, & Scheduled Tasks**	**Person Responsible & Due Date**
Call to Order & Introductions	The meeting was called to order at 9:00 a.m.	Introductions were made.	C. Eisen
Review of Minutes	The minutes were reviewed and approved.	Minutes were review and approved.	QIC Membership

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports	**SA 1:** Mary Ann O'Donnell presented on Risk Management, she was well received.	Next meeting October 5, 2010. Contract Providers are requesting a Field Safety training. Also requesting a provider guide that identifies which agencies are providing what specific EBP for referring clients.	K. Floyde
	SA 2: Adult: Sandy Escobar from Didi Hirsch will be presenting on PDSA, what it is, the challenge, and using this QI tool. The new QI Handbook will be discussed as well.	If you are interested in attending the SA QIC meeting you are welcome. Meeting will be September 16, 2010. To be held at San Fernando MHC at 10: a.m. Also we are in the process of creating on the job survey for those that have been trained on the CCP Webase Module training.	K. Salvaggio
	SA 2: Children: Dark in July.	Next meeting August 19, 2010.	M. Rittel
	SA 3: V. Joshi presented on Geo-Mapping and Service Area specific data. The presentation was well accepted.	There was a request for information on EBP's to be incorporated in the provider directory that has already been established – so clients can be referred correctly to EBP providers. Next meeting September 15, 2010.	S. Meyers
	SA 4: Discussed the difference between QI/QA. Ingrid Marchus presented on COD, differences phases, treatment of COD, and how to incorporated COD Intervention within mental health treatment.	Suggestion was made to specifically go over the QI Work Plan Items & Goals, Next meeting September 21, 2010.	A. Bray
	SA 5: Discussed QA infrastructure, differences between QI/QA. PRO staff presented on New Change of Provider Form. Also QI Handbook was distributed and reviewed.	Next meeting September 14, 2010.	M. Johnson

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports cont.	**SA 6:** Continue with documentation sharing. The QIC agenda format was restructured using the model distributed. Reviewed CCP Training Manual. Members had a discussion of new Consumer Perception Survey.	The CCP is completed in our SA. Next meeting August 18, 2010.	K. Spears
	SA 7: No report at this time.	Next meeting September 21, 2010.	L. Ayala
	SA 8: Discussed differences between QI/QA. QI Handbook was also reviewed. Members went over the CCP Module, and discussed how is going to be distributed. Also discussed how CADMH is piloting this year's survey.	Next meeting September 15, 2010.	N. Cano J. Fleishman
Countywide Children's	Paul McIver will present on TBS and the Transformation Processes. Also Mary Silvestrini will present on PEI, and to go over Questions and Answers.	Next meeting August 12, 2010. Meeting to be held at 600 Commonwealth St., 2nd Floor Conf. Rm.	L. Harvey
Patient Rights Office QIC Issues	PRO continues to meet with SA's QIC members to answer questions re: the new format of the Request for Change of Provider. PRO starting to be contacted with client concerns about departmental transformational changes in service delivery over the past few months. Part of Transformation is growth in the Wellness Centers – some clients are not happy about the change. Clients are going to the Wellness Center from FSP, SCCS. PRO will also be meeting with SAACS.	Clients in the Wellness Center need to be involved as much as possible in individualized goal settings, and how to achieve those particular goals. Incorporating the client into decision making is part of Recovery Model.	J. Kohn
Clinical Care Report	Dr. Carol Eisen mentioned that the DMH Parameters for psychotropic medications are periodically reviewed and updated. They are currently undergoing revisions. The Nurse Practitioner standardized procedures were updated and are available online. The Prescribing and Monitoring policy was revised to include furnishing and furnishing supervision. The MD Peer Review policy was also updated.	Psychotropic Medication Parameters are posted on the website at http://dmh.lacounty.gov/ToolsForClinicians/Clinical_Practice/clinical_guidelines.html and apply to adults and older adults. Also Guidelines for psychotropic medications for children was updated recently and posted on website.	C. Eisen

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Cultural Competency Committee	Cultural Competency staff continues to work on finalizing the Cultural Competency Plan. Deadline is August 31, 2010. Currently working on goals for next year. Also attending the SAAC's meeting to initiate new ideas.	Committee members will meet August 11, at 1:30 – 3:30 p.m. 695 S. Vermont Ave., 15th Floor Glass Conference Room.	R. Hall
SA QIC Meeting Minutes	S. Birman distributed a handout that identified SA QIC minutes missing/not posted on QI webpage. All minutes and agendas should be posted on psb@dmh.lacounty.gov web page for the State and EQRO audit purpose.	Ms. Birman reminded all SA QIC's to submit their Agenda and Minutes to psb@dmh.lacounty.gov	S. Birman
EPSDT PIP Overview & Status Report	T. Mulcahy gave a update on the EPSDT PIP meeting, that it was held on August 4, 2010. In the meeting it was discussed that is going to be two (2) Cohorts, 1 identifies 2008-2009, Cohort 2 identifies 2009-2010. The EPSDT PIP will be developing Intervention Action Plan surrounding the three identify markers from EPSDT PIP Roadmap. 1) Performance Management Monitoring, 2) Compliance & Documentation Training, 3) Evidence Based Practice Training & Implementation. #1 will look at parameters of the study & how the utilizers are being identified and tracked. The development of the Report Card may follow to identify study participants. #2 There was a discussion of using the Quarterly Children's Countywide QIC meetings to present the EPSDT PIP overview. Working to assure accurate documentation on hours of clinical interventions. Also possibly finding documentation of high utilizers. #3 It is already taking place for most of contract facilities. Increased EBP's should lead to a decrease in high utilizers.	Timeline is to pull the 2009 Cohort 2 data by the end of August. Meet with CIOB on September. The PIP study committee will meet to determine baseline to pull from the IS for Outcome measures in September. Roadmap Taskforce to meet in September to Re-do the DMH Road Map. No date yet for the final PIP Report.	T. Mulcahy
State DMH Systems Review Protocol Training	S. Birman announced Save the Date for State Annual Review Protocol Training by CDMH on September 23, 2010, at 10:00 am, in Rialto California		S. Birman

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
State DMH System Review QI Section H	Ms. Birman distributed a handout memo dated June 21, 2010. from CADMH Chief of Medi-Cal Oversight, The System Review FINAL REPORT, Section H Quality Improvement Program. Ms. Birman reported that due to N. Fritsche's appeal LACDMH is now in compliance in "Timeliness of Routine MH appointments". All of QI now in compliance.	Reactions and responses to this announcement were discussed. No action needed on this item presently.	S. Birman
Handouts	➢ State DMH System Review – Memo dated June 21, 2010 and QI Section H ➢ Reminder Re: 2010 SA QIC Minutes Missing on DMH Intranet QI Website		
Announcement	None		
Next Meeting	September 13, 2010 9:00 a.m. – 10:30 a.m. 550 S. Vermont Ave. 10th Floor Conference Room Los Angeles, CA 90020		

Respectfully Submitted,

Carol Eisen, MD

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

Departmental Quality Improvement Council Meeting

A G E N D A

September 13, 2010
9:00 – 10:30 a.m.
550 S. Vermont Ave., 10th Floor Conference Room
Los Angeles, CA 90020

Martha Drinan, RN, MN, Chair Carol Eisen, M.D., Co-Chair

I	9:00 - 9:05	Introductions & Review of Minutes	QIC Membership
II	9:05 – 9:30	SA QIC Reports & Countywide Children's QIC Report	SA QIC Chair/ Co-Chair
III	9:30 – 9:50	PRO – Annual Grievance/Appeal Report to State DMH	J. Kohn G. Guerrero
IV	9:50– 10:00	Clinical Care Report	C. Eisen
V	10:00 – 10:15	Risk Management – Clinical Incident Notification Form re: (P&P 202.18)	M. O'Donnell
VI	10:15 – 10:20	Cultural Competency Committee Report	R. Hall
VII	10:20 – 10:25	SA Geomapping Report	V. Joshi
VIII	10:25 – 10:30	APS/EQRO Focus Group Guidelines Revision	S. Birman
		Announcements: October Meeting is cancelled due to Holiday	

Next Meeting
November 8, 2010
9:00 a.m. – 10:30 a.m.
550 S. Vermont Ave.
10th Floor Conference Room
Los Angeles, CA 90020

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

Type of Meeting	**Departmental Quality Improvement Council**	**Date**	**September 13, 2010**
Place	**550 S. Vermont Ave., 10th Floor**	**Start Time:**	**9:00 a.m.**
Chairperson	**Martha Drinan, RN, MN, APRN**	**End Time:**	**10:30 a.m.**
Co-Chair Person	**Carol Eisen, M.D.**		
Recorder:	**Maria Gonzalez**		
Members Present	Alyssa Bray; Anahid Assatourian; Bertrand Levesque; Carol Eisen; DonnaKay Davis; Donald Gonzales; Geneyeve Morgan; Janet Fleishman; Jeff Kohn; Jessica Wilkins; Kimber Salvaggio; Kimberly Spears; Kumar Menon; Leah Carroll; Lisa Harvey; Lupe Ayala; Maria Gonzalez; Mary Ann O'Donnell; Melody Taylor; Michelle Rittel; Monika Johnson; Norma Cano; Rashied Jibri; Rebecca Hall; Sandra Chang-Ptasinski; Seth Meyers; Susan Crimin; Terra Mulcahy; Vandana Joshi		
WebEx Participants	Julie Valdez; Kari Thompson; Kimberly Floyde; Naga Kasarabada		
Excused Members	Susanne Birman		
Absent Members	Albert Thompson; Erica Melbourne; Leslie Shrager; Nina Johnson; Norma Fritsche; Robert Levine; Sylvia Guerrero; Yvette Willock		

Agenda Item & Presenter	**Discussion and Findings**	**Decisions, Recommendations, Actions, & Scheduled Tasks**	**Person Responsible & Due Date**
Call to Order & Introductions	The meeting was called to order at 9:00 a.m.	Introductions were made.	C. Eisen
Review of Minutes	The minutes were reviewed and approved.	Minutes were review and approved.	QIC Membership

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports	**SA 1:** Contract Providers are requesting a Field Safety training.	Next meeting October 5, 2010. V. Joshi will present on Geo-Mapping and Service Area specific data. Ms. Drinan requested that JoEllen submit a written request for Field Safety Training.	S. Crimin
	SA 2: Adult: Sandy Escobar from Didi Hirsch will be presenting on PDSA, what it is, the challenge, and using this QI tool. The new QI Handbook will be discussed as well.	Next meeting September 16, 2010. A Recovery Documentation training as well as Assessment are scheduled for next meeting.	K. Salvaggio
	SA 2: Children: V. Joshi will present on Geo-Mapping and Service Area specific data. We are combining meeting this month only with Adult.	Next meeting September 16, 2010. Jennifer Eberle will present on Assessment training.	M. Rittel
	SA 3: Dark in August.	Next Meeting September 15, 2010.	S. Meyers
	SA 4: Dark in August. Discussion on which staff should attend the Geo-Mapping presentation – feedback given that most staff can use this information, esp. direct providers making referrals. Examples shared from SA 2: • A Peer Advocate attended the presentation and then provided a Skill Building Group at a Wellness Center for clients to access resources – very positive feed back given. • Plans to take the presentation to a Client Coalition Meeting this month. • EAD staff plan to be trained and present info to NAMI on how to utilize the Provider Directory./Geo-mapping. V. Joshi discussed requests for EBP's to be included in the directory – may be available next couple of months – Data Unit is updating the directory in steps with all SA's information updated at the same time.	Next meeting September 21, 2010. V. Joshi will present on Geo-Mapping and Service Area specific data.	A. Bray

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports cont.	**SA 5:** No new information – dark.	Next Meeting September 14, 2010. V. Joshi will present on Geo-Mapping and Service Area specific data. Differences between QI/QA discussion is postpone for next meeting.	M. Johnson
	SA 6: Continue with documentation sharing. Also, S. Day from Auditor Controller Office presented on Common Audit Findings. She provided a useful handout. Contract providers are advised to review information posted on the Audit Controller's website to locate SA specific findings prior to attending the Auditor Controller's presentation.	Next meeting September 15, 2010. Assessment Training is scheduled for October 5, 2010. Handout on Common Findings requested to be sent to QI and will be forwarded to all QIC members.	K. Spears
	SA 7: Dark in August.	Next meeting September 21, 2010.	L. Ayala
	SA 8: September 15, 2010, V. Joshi will present on Geo-Mapping and Service Area specific data.	J. Eberle will present on Assessment Training on October 20, 2010.	J. Fleishman
Countywide Children's	Paul McIver presented on TBS and the Transformation Processes. Also Mary Silvestrini presented on PEI, and go over Questions and Answers. Discussion/suggestion: DVD's available on COD Assessment Training. Copies can be loaned to staff. Informal education events are proving to be valuable in integrating COD content into the Assessment Training.	Next meeting November 18, 2010. Meeting to be held at 695 S, Vermont Ave., 7th Floor Room 713. J. Eberle's Assessment Training rescheduled to 11/18/10.	T. Mulcahy

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Patient Rights Office QIC Issues	J. Kohn distributed Annual Beneficiary Grievance/Appeal Report. State Protocol requires QIC monitoring to review the Annual Evaluation & Beneficiary Grievance & Fair Hearings under QI once a year. This was the first report that has analyzed separately inpatient and outpatient data. Great majority of complaints/grievances come from inpatient settings. The overall number of grievances is decreasing annually. PRO believes they are mediating problems with consumers and providers more effectively, thus less formal grievances filed. PRO provide telephone response 7 days/week on an 800 line.	Final completed report is due to the State in October 2010. PRO, QI , CIOB and MHSA staff continue working on the development of an electronic reporting and tracking system that will allow closer documentation of follow-up activities by PRO, including NOA's and other resolution to consumer complaints.	J. Kohn
Clinical Care Report	Medication parameters are currently undergoing revision. Other clinical policies are undergoing review and development and will be presented when completed.		C. Eisen
Risk Management Clinical Incident Notification Form re: (P&P 202.18)	M. O'Donnell distributed the updated Clinical Incident & Notification Form as an attachment to Policy 202.18. The new categories on the report include Service Area and MHSA/Other Special Program in order to have demographic dates for trending. If the medications listed in item 14 are outside of DMH parameters, Item 15 should be is marked "yes", and one of 4 boxes referring to examples of this prescribing shall be checked. The categories are regimens that include : A. Two or more atypical antipsychotics, B. Two or more new generation antidepressants., C. A benzodiazepine in a client with a co-occurring substance use disorder, or D., Other. In addition, if the answer to item 15 is "Yes," page 2, Item 22 must also be completed and submitted with page 1.	Psychotropic Medication Parameters are posted on the website under Tools for Clinicians – Practice Parameters. Clinical Incident Notifications Form should not be keep on the File. Aldric Logan (213) 351-7729, is the new security Manager for DMH security guards and contracted security guards.	M. O'Donnell
Cultural Competency Committee	Cultural Competency staff continues to work on finalizing the Cultural Competency Plan. Deadline is November 30, 2010. Cultural Competency Unit and QI Division and Training Division also continue to work closely re: CCP.	Committee members will meet on October 13, 2010. at 1:30 – 3:30 p.m. 695 S. Vermont Ave., 15th Floor Glass Conference Room.	R. Hall

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA Geo-mapping Report	Ms. Joshi mentioned that she is going to all SA's to present on Geo-Mapping and Service Area specific data.	EBP's to be incorporated in the provider directory that has already been established – so clients can be referred correctly to EBP providers by next two months.	V. Joshi
APS/EQRO Focus Group Guidelines Revision	They are going to focus on Focus Group Guidelines all in one place.		M. Drinan
Handouts	➢ Annual Beneficiary Grievance/Appeal Report ➢ Clinical Incident Notification Form ➢ Accident/Incidents/Complaints Hyperlinked Reporting Guide & Contact List		
Announcement	October Meeting is Cancelled due to Holiday.		
Next Meeting	November 8, 2010 9:00 a.m. – 10:30 a.m. 550 S. Vermont Ave. 10th Floor Conference Room Los Angeles, CA 90020		

Respectfully Submitted,

Martha Drinan, RN, MN, APRN

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

Departmental Quality Improvement Council Meeting

A G E N D A

November 8, 2010
9:00 – 10:30 a.m.
550 S. Vermont Ave., 10th Floor Conference Room
Los Angeles, CA 90020

Martha Drinan, RN, MN, CNS, Chair Carol Eisen, M.D., Co-Chair

I	9:00 - 9:05	Introductions & Review of Minutes	QIC Members
II	9:05 – 9:30	SA QIC Reports & Countywide Children's QIC Report	SA QIC Chairs/ Co-Chairs
III	9:30 – 9:50	PRO – Grievance/Appeal Annual Report to State DMH - Final	J. Kohn S. Guerrero
IV	9:50 – 10:00	Clinical Issues	C. Eisen
V	10:00 – 10:15	Risk Management ➢ Parameter 02.9 ➢ Access Parameters for Use of Psychotropic Medication in Children & Adolescents	M. O'Donnell
VI	10:15 – 10:20	Cultural Competency Committee Report – Update on CCP	R. Hall
VII	10:20 – 10:25	QI Implementation Status Reports	M. Drinan V. Joshi S. Birman
VIII	10:25 – 10:30	Scheduling SA QIC Demographic Data Workshops	V. Joshi
		Announcements:	

Next Meeting
December 13, 2010
9:00 a.m. – 10:30 a.m.
550 S. Vermont Ave.
10th Floor Conference Room
Los Angeles, CA 90020

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

Type of Meeting	**Departmental Quality Improvement Council**	**Date**	**November 8, 2010**
Place	**550 S. Vermont Ave., 10th Floor**	**Start Time:**	**9:00 a.m.**
Chairperson	**Martha Drinan, RN, MN, APRN**	**End Time:**	**10:30 a.m.**
Co-Chair Person	**Carol Eisen, M.D.**		
Recorder:	**Maria Gonzalez**		
Members Present	Alex Medina; Alyssa Bray; Anahid Assatourian; Bertrand Levesque; Carol Eisen; Cindy Ferguson; DonnaKay Davis; Donald Gonzales; Erica Melbourne; Gassia Ekizian; Jeff Kohn; Jessica Wilkins; Kimber Salvaggio; Kumar Menon; Leah Carroll; Lisa Harvey; Lisha Singleton; Lupe Ayala; Maria Gonzalez; Mary Ann O'Donnell; Melody Taylor; Monika Johnson; Norma Cano; Norma Fritsche; Peggy Daglan; Rashied Jibri; Rebecca Hall; Susanne Birman; Susan Crimin; Sylvia Guerrero; Terra Mulcahy; Vandana Joshi;		
WebEx Participants	Kari Thompson; Kimberly Floyde		
Excused Members			
Absent Members	Albert Thompson; Kimberly Spears; Leslie Shrager; Nina Johnson; Robert Levine; Yvette Willock; Michelle Rittel; Sandra Chang-Ptasinski; Seth Meyers;		

Agenda Item & Presenter	**Discussion and Findings**	**Decisions, Recommendations, Actions, & Scheduled Tasks**	**Person Responsible & Due Date**
Call to Order & Introductions	The meeting was called to order at 9:00 a.m.	Introductions were made.	M. Drinan
Review of Minutes	The minutes were reviewed and approved.	Minutes were approved with corrections requested.	QIC Membership

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports	**SA 1:** On October 5, 2010, V. Joshi presented on Geo-Mapping and Service Area specific data. Meeting was well attended. Also QRS presentation by Julie Agojo was well attended by children providers and quite useful.	Next meeting January 4, 2011. Future contracted Field Safety Classes no longer possible – all trainings will be thru PSB Training Division only – priority scheduling is for new employees attending.	S. Crimin
	SA 2: Adult & Children QIC meetings were combined. Jennifer Eberle will present on Assessment training. Using Train the Trainer methods for efficiency.	Next meeting January 20, 2011. Adult & Children meeting will be combined.	K. Salvaggio
	SA 2 is requesting FB from directly operated and contract providers on the effectiveness of trainings provided – is content actually applicable to practice & being implemented in clinical settings?	QI Division is exploring feasibility of a special project for PSB Training courses and a web-based survey to evaluate longitudinal effectiveness of training.	QID & Training
	SA 3: Dark in October	Next meeting November 10, 2010.	M. Taylor
	SA 4: Ms. Joshi presented on Geo-Mapping uses and Service Area specific data. Meeting well attended.	Dark in October. Future plans for Mary Silvestrini to present on PEI.	A. Bray
		Geo-Mapping presentations now completed in all SA's. Next level of QI SA presentation will be SA specific data for use related to service need assessment and quality improvement projects.	QI Division
	SA 5: October 26, Jennifer Eberle presented on Assessment Training. On November 2, Nina Johnson and Sukeda Day from Auditor Controller Office presented on Common Findings. Also, Rob Ulrich from Compliance provided an excellent presentation concerning eligibility of rendering providers, suspension lists and related problems.	Next meeting January 11, 2011. R. Ulrich suggested SA specific committee to address identified problems.	M. Johnson

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports cont.	**SA 6:** Ms. Jennifer Eberle presented on Assessment Training. More than 75 participants attended training. Elena Farias is the new SA 6 District Chief.	Next meeting November 17, 2010. SA is Focusing on improving documentation. Meeting scheduled with E. Farias and QI Division/Data Unit to review SA data; CDMH and federal requirements, and potential areas for QI.	S. Atkins for K. Spears QI Division/ SA QI liaisons
	SA 7: October meeting included discussion of challenges of EBP training, implementation, and SA specific EBP needs.	Next Meeting November 9, 2010.	L. Ayala
	SA 8: J. Eberle presented on Assessment Training. Continue to work on "No Show Project," completion expected soon.	Kara Taguchi will present on OMA Documentation & Collection of Data at next meeting.	N. Cano
Countywide Children's	Paul McIver presented on TBS and Transformation. Mary Silvestrini presented on PEI with Questions and Answers – very helpful. Terra Mulcahy has accepted a new position and will no longer chair the Children's Countywide QIC. Lisha Singleton is the new Liaison for Children's Countywide QIC.	Next meeting November 18, 2010. Meeting to be held at 695 S, Vermont Ave., 7th Floor Room 713. J. Eberle will present Assessment Training.	T. Mulcahy
Patient Rights Office QIC Issues	Mr. Kohn discussed the Annual QI Status Report on Grievances/Appeals. The report followed the Dept. QIC's recommendation of separating Inpatient and Outpatient categories and analysis. The majority of Grievances/Appeals were from inpatient settings (approximately 80%). Quality of Care is the largest category for both IP and OP. Trending data showed overall number of grievances is decreasing annually. PRO strives to assist clients in resolving c/o's and problems with providers resulting in less formal grievances.	Final report is completed and was submitted to the state (Due date: October 1, 2010). Recommendation to add the total # of clients served in both IP & OP by DMH. Report shared with Pansy Washington for review of inpatient findings. PRO to work with QI data unit & CIOB to obtain this information. Some errors/omissions noted. Corrections/additions will be made and both reports (Grievances & Appeals/Change of Provider Requests) redistributed at next meeting.	J. Kohn

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Clinical Care Report	A presentation was held concerning the updated Medication Parameters. DMH, USC, County Hospital, DHS Pharmacy and LA Care Health plan pharmacies were represented. Focus of the discussion with outside experts was on integration of best practices across the health continuum.	Medication Parameters will be posted when completed.	C. Eisen
Risk Management Parameter 02.9	Parameter 02.9 - Access to Mental Health Services after Discharge from Psychiatric Hospitals and Juvenile Justice Programs - are revised and distributed to all QIC members. Individuals who have been receiving psychotropic medications from a hospital or juvenile justice program shall be seen by an appropriate level of staff within seven days of discharge or appointment request, whichever is most recent. This parameter applies to <u>both new and on-going clients</u>.	SA District Chiefs are responsible for resolving specific local scheduling problems and timeliness of services. Parameters were discussed at D.C. Mtg. and SA D.C.'s to present info to SA providers for improved timeliness of services.	M. O'Donnell
	Risk Management is developing a Quarterly Suicide Review Tool or Case Review Process for best practices in suicide prevention. Group discussion on what is the appropriate QI level of involvement in sentinel events, such as suicides, included clarifying that involvement in specific cases does not/should not occur. Quality Improvement occurs related to related data collection, systematic problem identification and improvements to processes and methods for the system.	R.M. works with individual agencies to provide program support and maintain confidentiality. More information will be available when process initiated.	M. O'Donnell
Cultural Competency Committee	Thirteen documents such as Consent of Minor, Consent of Services, etc. are being sent to be translated into 13 Threshold Languages. Consumer/family members, DMH professional staff will review the documents once drafted - currently in bidding process for contracting translation services.	Committee members will meet on November 10, 2010. at 1:30 – 3:30 p.m. 695 S. Vermont Ave., 15th Floor Large Conference Room.	S. Chang-Ptasinski R. Hall

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
QI Implementation Status Report	1) Change of Provider QI Status Report discussed. More providers added this year. New forms, P&P currently in progress.	Recommendation to add trending of % of providers submitting COP logs.	PRO
	2) QI Status Report on SA's QIC minutes discussed. Minutes are not posted for many SA QIC meetings. Group discussion of problems occurring in the current system. NEW SOLUTION: Ms. Joshi to provide SA's Liaisons with access to Share Point. Email sent this week – liaisons can now begin posting their own minutes. Directions/instructions on posting minutes included. Attachment/handouts provided in SA QIC meeting do not need posting but should be maintained (See P&P 105.1) – QA Bulletins are already available on QA webpage.	Chairs/Co-Chairs to review QI P&P 105.1for QIC minutes and agendas as required. Problems – email V. Joshi the minutes & agendas. Current email to psbqi.dmh.lacounty.gov.	QIC Chairs/Co-Chairs
	3) CCCP status report discussed – QA developed web-based learning module now available to all direct & contract providers.	This module is not available via the LNS. QI/QA to continue to coordinate on this issue.	QA
	4) COD QI Status Report update provided. 5) Medication Support Services QI Status Report provided.	There continues to be problems/issues related to tracking attendees at trainings and consistently evaluating trainings due to LNS limitations of software and slow expansion.	J. Sheehe QA/QI
Handouts	➢ Parameter 02.9 ➢ Parameters for use of Psychotropic Medication in Children and Adolescents ➢ QI Implementation Status Reports Report No. 10.III.6-7, 10.VI.I.2, 10.IV.I, 10.IV.1, 09.III.7-1 and SA's QIC's (10/28/2010).		
Announcement	Ms. Drinan announced that scheduling of SA QIC Demographic Data Workshops presentations will begin in January 2011 and progress through February and March 2011.		
Next Meeting	December 13, 2010 9:00 a.m. – 10:30 a.m. 550 S. Vermont Ave. 10th Floor Conference Room Los Angeles, CA 90020		

Respectfully Submitted,

M. Drinan

Martha Drinan, RN, MN, APRN

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

Departmental Quality Improvement Council Meeting

A G E N D A

December 13, 2010
9:00 – 10:30 a.m.
550 S. Vermont Ave., 10th Floor Conference Room
Los Angeles, CA 90020

Martha Drinan, RN, MN, CNS, Chair Carol Eisen, M.D., Co-Chair

I	9:00 - 9:05	Introductions & Review of Minutes	QIC Members
II	9:05 – 9:35	SA QIC Reports & Countywide Children's QIC Report	SA QIC Chairs/ Co-Chairs
III	9:35 – 9:45	PRO ➢ Revised Grievance/Appeal Report ➢ Revised Request for Change of Provider Report	J. Kohn S. Guerrero
IV	9:45 – 9:55	Clinical Issues	C. Eisen
V	9:55 – 10:10	Cultural Competency Committee Report – Update on CCP	S. Chang-Ptasinski
VI	10:10 – 10:20	EPSDT PIP	Y. Sugihara
VII	10:20 – 10:25	SharePoint Intranet Website	V. Joshi
VIII	10:25 – 10:30	Update on SA QIC Power Point Presentations	M. Drinan V. Joshi
		Announcements:	

Next Meeting
January 10, 2011
9:00 – 10:30 a.m.
550 S. Vermont Ave.
2nd Floor Conference Room
Los Angeles, CA 90020

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

Type of Meeting	**Departmental Quality Improvement Council**	**Date**	**December 13, 2010**
Place	**550 S. Vermont Ave., 10th Floor**	**Start Time:**	**9:00 a.m.**
Chairperson	**Martha Drinan, RN, MN, APRN**	**End Time:**	**10:30 a.m.**
Co-Chair Person	**Carol Eisen, M.D.**		
Recorder:	**Maria Gonzalez**		
Members Present	Alex Medina; Alyssa Bray; Anahid Assatourian; Anthony Ramirez; Carol Eisen; DonnaKay Davis; Donald Gonzales; Emilia Ramos; Erica Melbourne; Gassia Ekizian; Janet Fleishman; Jeff Kohn; Jessica Wilkins; Josh Cornell; Kia Hayes; Kimber Salvaggio; Kimberly Spears; Kumar Menon; Leah Carroll; Lisha Singleton; Marc Borkheim; Maria Gonzalez; Mary Ann O'Donnell; Melody Taylor; Michelle Rittel; Monika Johnson; Moses Adegbola; Sandra Chang Ptasinski; Seth Meyers; Susanne Birman; Susan Crimin; Sylvia Guerrero; Vandana Joshi; Yvette Willock; Yoko Sugihara		
WebEx Participants	Kimberly Floyde		
Excused Members	Susan Crimin; Lupe Ayala		
Absent Members	Albert Thompson; Bertrand Levesque; Leslie Shrager; Lisa Harvey; Nina Johnson; Norma Cano; Norma Fritsche; Robert Levine;		

Agenda Item & Presenter	**Discussion and Findings**	**Decisions, Recommendations, Actions, & Scheduled Tasks**	**Person Responsible & Due Date**
Call to Order & Introductions	The meeting was called to order at 9:00 a.m.	Introductions were made.	M. Drinan
Review of Minutes	The minutes were reviewed and approved.	Minutes were approved with corrections requested.	QIC Membership

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports	**SA 1:** No Report.	Next meeting January 4, 2011.	S. Crimin
	SA 2: Dark in November.	Next meeting January 20, 2011. Adult & Children meeting will be combined.	K. Salvaggio
	SA 2: Children: Dark in November.	Next meeting December 16, 2010.	M. Rittel
	SA 3: Reviewed and discussed "Parameters & Use of Psychotropic Medication" and the "ACCESS to Mental Health Services".		S. Meyer
	Also discussed a question from a provider: Can they translate DMH form themselves? Clarification given by Ms. Drinan and Ms. Chang-Ptasinski that providers cannot translate DMH forms themselves – a quality control process is involved/required by DMH.	Ms. Chang-Ptasinski stated that thirteen (13) documents (such as Consents) are being translated into Threshold Languages. These translation services are currently in a bidding process for contracting translation services and prioritizing the order in which the forms are translated.	
	Question: Where can we find EBP's? QI currently in process of updating the Provider Directory to include which agencies provide EBPs.	Goal is to complete the new Provider Directories by the 1st Quarter of 2011 to include EBP's.	
	SA 4: SA QIC members reviewed and discussed the Dept. QI/QA minutes and the new Parameters. Also, Mary Silvestrini presented on PEI updates.	Next meeting January 17, 2011. Ms. Joshi will provide a second presentation on Geo-Mapping uses and Service Area specific data. New QI and Data staff may attend this presentation for Geomapping specific to Service Area profile and applications.	A. Bray
	SA 5: Dark in December.	Next meeting January 11, 2011.	M. Johnson
	SA 6: Members continued to work on QA Documentation. One of our SA 6 providers presented QI/QA processes on Chart/Reviews & Documentation, and how they do Utilization Review process.	Next meeting November 17, 2010.	K. Spears

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
SA QIC Liaison Reports cont.	**SA 7:** No Report at this time.	See Attached Addendum.	L. Ayala
	SA 8: Kara Taguchi presented on OMA Documentation & Collection of Data. Providers had some questions re: Outcomes. The SA "No Shows" Quality Improvement Project is currently being reviewed for final revisions. Results and suggestions for future study will be shared with the Dept. QIC at a later time.	No Shows QI Project expected to be completed soon.	J. Fleishman
Countywide Children's	Jennifer Eberle and Dr. Dobbs presented on Assessment Documentation for children.	Next meeting February 10, 2011. Meeting to be held at 600 Commonwealth Ave., 2nd Floor Large Conference Room.	L. Singleton
Patient Rights Office QIC Issues	The Final Status Report on PRO Grievances/Appeals was redistributed and discussed following corrections made for totals and percents.	The Change of Provider Request Report requires more revision in collaboration/consultation with PRO. Report to be completed by next meeting and will be distributed at that time.	J. Kohn M. Drinan V. Joshi S. Birman
Clinical Issues	Newly revised Medication Parameters will be ready in January. Ms. O'Donnell thanked SA 3 members for reviewing the Parameters at their SA QIC meeting.	Revised Medication Parameters will be posted when completed.	M. O'Donnell C. Eisen
	Ms. O'Donnell contacted Mr. Simoneschi, regarding Customer Service training for Security Guards at the clinics. Security Guards receive training for working with persons with SMI/SED and Customer Service via a video. Video should be reviewed for appropriate content including Recovery Concepts and Cultural Sensitivity. Aldric Logan is the Security Manager for ASB. Kimberly Spears shared a concern related to substitute security guards and new security guards. Mr. Logan is our primary contact and a meeting will be set up to discuss Security Guard Training issues.	A Contract Discrepancy Form is available online to report complaints/incidents. Mr. Logan can be contacted via DMH Intranet. QI Work Group to meet with Aldric Logan to discuss training of Security Guards. QI Work Group to review current DVD used for security guard training. May need to add Recovery Principles and Customer Service skills building content if it is currently not included.	M. O'Donnell K. Spears

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Clinical Issues Continued		Mandated security guard training occurs through the two vendors for security services. However, the county can make recommendations for security guard mandated training to the vendors via Mr. Logan.	
Cultural Competency Committee	The Cultural Competency Committee and Planning Division Continue to work on completion of the Cultural Competency Plan (CCP) reviewing data & gathering details. Ms. Chang Ptasanski introduced her new staff Kia Hayes. Ms. Hayes will be attending the Dept. QIC Mtg. Cultural Competency will be posting projects on eNews by next month. The plan is to have quarterly entries on eNews. Question: How do we find out about the Cultural Competency Training? Training Bulletins are posted on the DMH Website and on Intranet. Also trainings are on the SA 6 QIC newsletter. It was suggested that this is a good idea for distributing this information in the SA's.	CCP is to be submitted to the state by the end of January. Cultural Competency Committee is requesting representation from SA QIC's to join the CC Committee. Members will meet on December 15, at 1:30 – 3:30 p.m. 695 S. Vermont Ave., 15th Floor Large Conference Room. Contact: Kia Hayes at (213) 251-6875.	S. Chang-Ptasinski
EPSDT PIP	Summary presented by Y. Sugihara on progress of the EPSDT PIP to date. State requires every county to have 2 QI PIP's: One Administrative and another Clinical. QI PIP's are monitored by APS/EQRO. This is the 3rd year for the EPSDT PIP, which is now in the Implementation Stage. The goal is to minimize over-utilization and increase accessibility to EPSDT services.	The EPSDT PIP Multifunctional Team plans to meet in the near future and an announcement will be sent to the membership. RC2 Team meetings will begin again in the near future when Report Card project is completed. Announcement of next meeting to be sent at a later date.	Y. Sugihara M. Drinan

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
QIC Meeting Minutes Share Point Intranet Website	Share Point Instructions for posting of SA QIC Meeting/Agendas was distributed. Quality Improvement Division has created a Share Point for all Service Areas to post their agendas/minutes. This handout contains information on how to post/review SA QIC minutes and agendas on the Share Point. All SA Chairs (or Co-Chairs) will be initially designated as appropriate to enter this data. Staffing changes will require new staff designation by the SA District Chief/or designee.	Memo to SA District Chiefs and QIC Chairs/Co-Chairs to be sent by Ms. Drinan by next meeting. If any problems arise from using the Share Point, please continue to use psbqi@dmh.lacounty.gov to send your Minutes/Agendas to be posted on the Intranet and contact Vandana Joshi at (213) 251-6886 or Wendy Turner (213) 251-6862.	Ms. Drinan V. Joshi
Update on SA QIC Power Point Presentations	Ms. Drinan mentioned that all SA's have completed the Geomapping presentations at this time. Scheduling of the new SA QIC Demographic and QI Data Power Point and Workshop will begin in January 2011 and progress through February 2011.	Ms. Drinan/Ms. Joshi will be contacting SA Chairs/Co-Chairs to schedule.	M.Drinan V. Joshi
Handouts	➢ LAC-DMH Annual Beneficiary Grievance/Appeal Report 10.III.6-7 ➢ SharePoint Intranet Website		
Announcement			
Next Meeting	January 10, 2011 9:00 a.m. – 10:30 a.m. 550 S. Vermont Ave. 2nd Floor Conference Room Los Angeles, CA 90020		

Respectfully Submitted,

Martha Drinan, RN, MN, APRN

CRITERION 5

Cultural Diversity Foundation Course Handouts

(Addendum A)

DIVERSITY TRAINING

Provided By:

County of Los Angeles
Office of Affirmative Action Compliance
Dennis A. Tafoya, Director

TABLE OF CONTENTS

TABLE OF CONTENTS (Continued)

PAGE

TRAINING GOAL

The goal of this training is to help you examine your assumptions about differences and to assist you to become more culturally competent.

TRAINING OBJECTIVES

- Explore the concept that the first step in understanding other cultures is understanding your own.
- Assess your perceptions about yourself and others with regard to unique differences.
- Discuss the issues related to discrimination and prejudice in the workplace.
- Broaden your awareness, understanding, and appreciation of differences and similarities within and between cultures.
- Identify the impact of culture and diversity on your work environment.
- Identify behaviors that support the valuing of diversity in the workplace.
- Understand stereotyping, prejudice and discrimination and how these impact individuals, teamwork and the organization.
- Understand Federal and State Laws and County Policies regarding Harassment and Discrimination in the workplace.
- Identify communications skills needed for a multi-cultural workplace.
- Understand the County's Policy on Diversity.

COMMUNICATION GUIDELINES & GROUND RULES

Recognize your communication style.

Expect to learn something about yourself and others.

Speak clearly and use personal examples when making a point.

Participate honestly and openly.

Engage in the process by listening, as well as speaking.

Confidentiality.

Take responsibility for your self and what you say.

ICE-BREAKER ACTIVITY
LET'S GET ACQUAINTED

DISCOVERING OUR DIFFERENCES AND SIMILARITIES
(ICE-BREAKER ACTIVITY)

1. Introduce yourself to another participant, write down their name and find one similarity and one difference between the two of you.
2. The similarity and the difference cannot be work related.
3. The similarity and the difference cannot be visible to the eye.
4. Find another partner and repeat what you did in steps one and two.
5. Interview as many participants as your time permits.

Name	Similarity	Difference
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

COMPARATIVE ANALYSIS OF DIVERSITY ELEMENTS

	AFFIRMATIVE ACTION (Opens Doors)	**VALUING DIFFERENCES** (Opens Minds)	**MANAGING DIVERSITY** (Opens Systems)
GOAL	Representation and upward mobility for minorities and women	Quality interpersonal relationships	Full use of human resources
MOTIVE	Legal/Political/Social	Exploit richness of different cultures	Attain competitive advantage
FOCUS	Special effort for target groups	Understanding and valuing the cultural differences relevant to the organization	Creating a diversity friendly management system
BENEFITS	Diversity and upward mobility	Mutual respect and greater understanding between people	A management system that naturally creates a diverse workforce and upward mobility
CHALLENGES	Backlash (Anti-AA)	Low emphasis on changing the system	Resistance to systems change

DEFINING DIVERSITY

How do you define "Diversity"?

Definition of Diversity: **D**iversity is defined as race, gender, age, language, physical characteristics, disability, sexual orientation, economic status, parental status, education, geographic origin, profession, life-style, religion, personality, position in the company hierarchy, and any other difference.

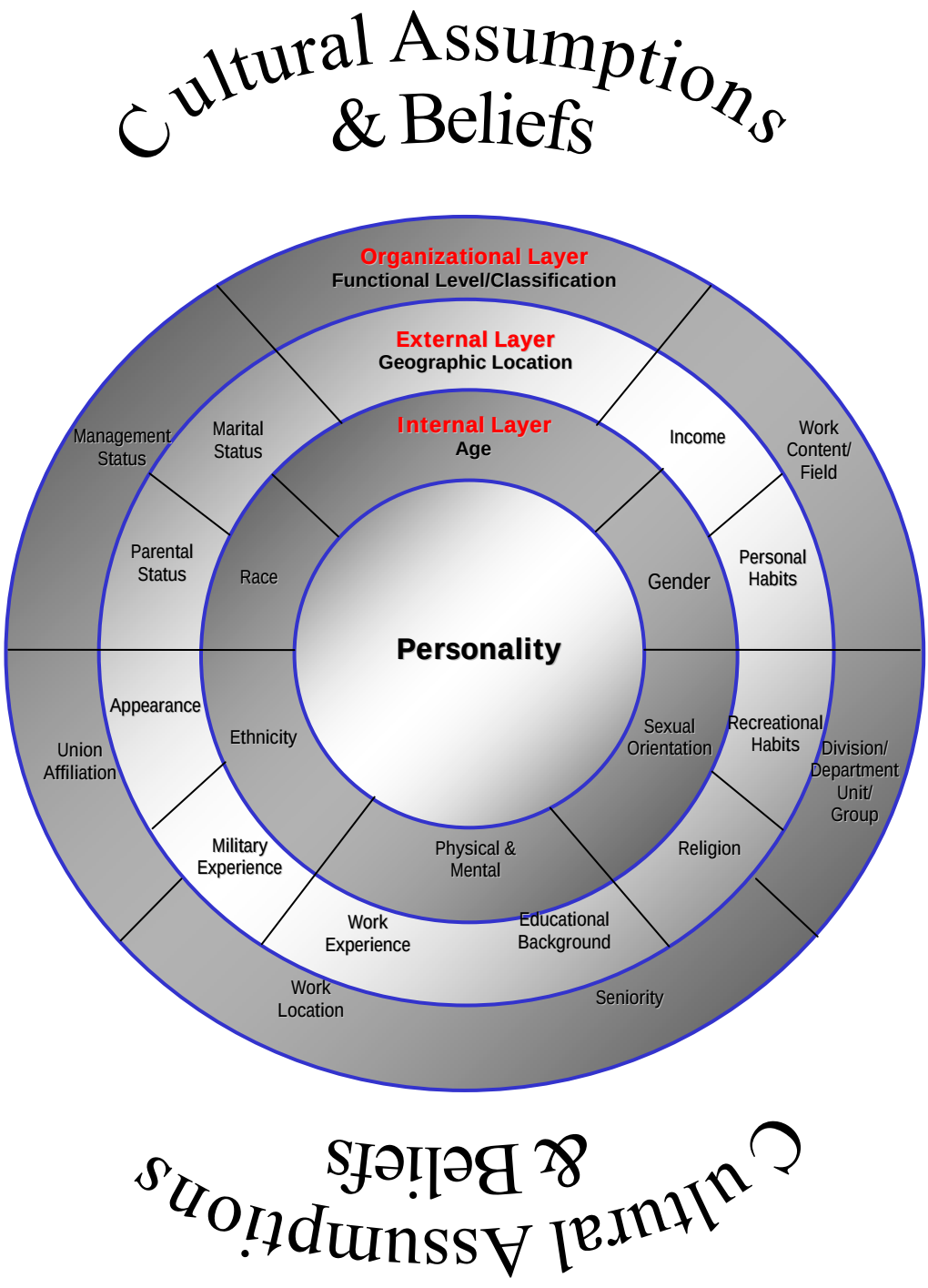
Most simply stated, ***Diversity*** encompasses all of the ways that human beings are both similar and different.

Diversity includes all the characteristics and experiences that define each of us as individuals. It goes beyond the usual list of race, ethnicity, gender, age, religion, sexual orientation, etc.

Diversity is not just about certain groups, it includes everyone.

FOUR LAYERS OF HUMAN DIVERSITY

In order to utilize the benefits of diversity and to deal effectively with the challenges it presents, it is important for all employees to understand its many dimensions.



Source: From Diverse Teams at Work, Gardenswartz and Rowe (Irwin, 1995)

EXAMINING THE FOUR LEVELS OF DIVERSITY

The following dimensions consist of personal, societal, and organizational influences on employees' filters. It is important that we learn about them as much as possible because these dimensions make a difference in assumptions, expectations, and opportunities.

- **Personality:** At the center is each person's individual personality. How each person interacts, their personal style, is unique, no matter what cultural groups the individual belongs to or from where in the world they came. No two people are exactly alike. Identifying and analyzing your and your co-workers personality can help you adjust to and have more realistic expectations of each other. It can also help you avoid misinterpreting each other's behavior.

- **Internal Dimensions:** Our internal dimensions are intrinsic and we have little or no control over them. However, they affect our attitudes and behavior towards others. These dimensions are powerful shapers of opportunities, access, and expectations in organizations. These include ethnicity and/or racial identity, age group, gender, sexual orientation, and physical abilities.

- **External Dimensions:** Our external dimensions are more within our control. However, they still affect our attitudes and behavior. These dimensions also affect how people are treated at work. They include geographic location, income, personal habits, recreational habits, religion, educational background, work experience, appearance, parental status, and marital status.

- **Organizational Dimensions:** These dimensions are job-related factors that impact employees' attitudes and assumptions, as well as their self-esteem, level of participation, and work-group interactions.

PERSONALITY PROFILE EXERCISE

Directions: Place an "X" on the line near the attribute that best describes you

Patient	_____	**I**mpatient
Introvert	_____	**E**xtrovert
Doer	_____	**T**hinker
Leader	_____	**F**ollower
Listener	_____	**T**alker
Serious	_____	**H**umorous
Relaxed	_____	**I**ntense
Realist	_____	**I**dealist
Rational	_____	**E**motional

DEFINING CULTURE

There are many definitions of Culture:

- Culture is the way of life of a group of people, their learned behavior patterns, attitudes, and material artifacts.
- Culture is the systematic body of learned behavior which is transmitted from parents to children.
- Culture is a way of perceiving, believing, evaluating and behaving.
- Culture is a set of rules for constructing the world, interpreting it and adapting to it.
- Human beings see the world through culture-colored glasses.
- Within a group, culture is what everybody knows that everybody else knows.
- Our culture and values influence what we see, hear and feel and how we process information.

VALUES EXERCISE

1. When did your family (family of origin if your parents were born in the United States) first come to the United States and where did they come from?

_____
_____
_____
_____
_____

2. Identify and list the most important values you have received from your family.

_____
_____
_____
_____
_____
_____

ASPECTS OF CULTURE

Directions:

1. Please read the following and identify your own cultural characteristics by putting your initial in the appropriate box.

ASPECTS OF CULTURE	MAINSTREAM AMERICAN CULTURE	TRADITIONAL CULTURES
Communication and Language	**E**xplicit, direct communication **E**mphasis on content... meaning found in words	**I**mplicit, indirect communication **E**mphasis on context... meaning found around words
Dress and Appearance	"**D**ress for Success"... wide range in accepted dress	**D**ress seen as a sign of position, wealth, prestige **R**eligious rules
Time	**L**inear and exact time Consciousness **V**alue on promptness **T**ime is money	**E**lastic and relative time consciousness **T**ime spent on enjoyment of Relationships
Rewards and Recognitions	**E**mphasis on task **R**ewards based on individual Achievement **W**ork has intrinsic values	**E**mphasis on relationships **R**ewards based on seniority, relationships **W**ork is a necessity of life
Relationships	**F**ocus on nuclear family **R**esponsibility for self **V**alue on youth, age seen as a liability	**F**ocus on nuclear & extended family **L**oyalty & responsibility to family **A**ge given status and respect
Values and Norms	**I**ndividual orientation **I**ndependence **P**reference for direct confrontation of conflict	**G**roup orientation **C**onformity **P**reference for harmony
Sense of Self and Space	**I**nformal **H**andshake	**F**ormal **H**ugs, bows, handshakes
Mental Process and Learning	**L**inear, logical, sequential **P**roblem-solving focus	**L**ateral, holistic, simultaneous **A**ccepting life's difficulties
Beliefs and Attitudes	**C**hallenging authority **I**ndividuals control their destiny **G**ender equity	**R**espect authority & social order **I**ndividuals accept their destiny **D**ifferent roles for men/women

DEVELOPING A COMMON LANGUAGE
DEFINITIONS

The following definitions are intended to provide a frame of reference for discussion, and a shared terminology for the concepts addressed in this workshop.

STEREOTYPE – A stereotype is an oversimplified generalization about a person or group of people without regard for individual differences. Even positive stereotypes have a negative impact.

PREJUDICE – Prejudice is an unfavorable opinion or feeling formed beforehand or without knowledge, thought or reason. It is a judgment or opinion held in disregard of facts that contradict it. It is a suspicion, intolerance or irrational hatred of other races, ethnic groups, occupations, etc. Prejudice is also prejudging, making a decision about a person or group of people without sufficient knowledge.

DISCRIMINATION – Discrimination is the behavior that can follow prejudicial thinking. Discrimination is the denial of justice and fair treatment in many arenas, including employment, housing and political rights.

SCAPEGOATING – Scapegoating is the action of blaming an individual or group for something when, in reality, there is no one person or group responsible for the problem. Scapegoating is blaming another person or group for problems in society because of that person's group identity. Prejudicial thinking and discriminatory acts can lead to scapegoating. Members of the scapegoated group can be denied employment, housing, political rights, social privileges or a combination of these. Scapegoating can lead to verbal and physical violence, including murder.

CULTURAL AWARENESS EXERCISES
SMALL GROUP

PERSPECTIVES ON YOUR PAST EXERCISE

I. **M**essages About People Like You

II. **M**essages About Strangers

III. **M**essages About Differences

- Gender

- Age

- Religion

- Race

- People with Disabilities

- Gays and Lesbians

- Immigrants

IV. **I**nsights

V. **W**ork Related Implications

CULTURE AND YOU EXERCISE

To become the "New You," please change your age and ethnicity using the following groups (changing your gender, sexual orientation, or becoming disabled is optional):

I. AGE:

- **O**ver age 50
- **U**nder age 30

II. ETHNIC GROUP:

- **A**frican-American
- **A**sian-American
- **E**uropean-American (Pick a specific country)
- **A**merican Indian
- **H**ispanic-American
- **F**oreign-Born (Pick a specific country)

III. GENDER:

- **F**emale
- **M**ale

IV. DISABILITY:

- **B**lind
- **D**eaf
- **O**ther

V. SEXUAL ORIENTATION:

- **G**ay
- **L**esbian
- **S**traight

CULTURE AND YOU EXERCISE

I woke up and found that I had changed to the following "new" person:

_____	_____	_____	_____	_____
Age	**E**thnicity	**G**ender	**D**isability	**S**ex. Orientation

This is how my life would be the same or different (please check):

	SAME	**DIFFERENT**	**DESCRIBE DIFFERENCE**
▪ **T**he friends you associate with			
▪ **T**he social activities you enjoy			
▪ **T**he foods you prefer			
▪ **T**he religion you practice			
▪ **T**he way you dress			
▪ **T**he community where you live			
▪ **T**he job/position you hold			
▪ **T**he car you drive			
▪ **T**he music you enjoy listening to			
▪ **T**he language(s) you speak			
▪ **T**he political party you belong to			

CHARACTERISTICS & EFFECTS OF STEREOTYPES

Definition of Stereotypes: **A**n oversimplified, false or generalized view of a group of people, which is often inaccurate, and ignores individual differences.

- **W**e all have them!
- **O**ur way of simplifying the world.
- **O**vergeneralizations.
- **C**an have them about any group (including our own).
- **I**gnore characteristics of the individual.
- **C**an be positive or negative.
- **R**esistant to confirming evidence ("the exception").
- **S**elective attention to people who "fit" them as proof of their "truth".
- **I**nfluence how we relate to others and our attitudes about them.
- **C**ause others to feel disrespected and misunderstood.
- **B**arriers to genuine relationships.

DEFINING "ISMs"

"The belief of superiority of one group, with the power to impose their beliefs on others."

Racism: **U**sing one's institutional power to impose negative beliefs about racial differences.

Ethno-centrism: **B**elief in the inherent superiority of one's own group and culture accompanied by a feeling of contempt for other groups and cultures.

Ageism: **U**sing one's institutional power to impose negative beliefs about an individual based on that person's age.

Sexism: **S**tereotyping of females or males, on the basis of their gender, by the gender with greater institutional power.

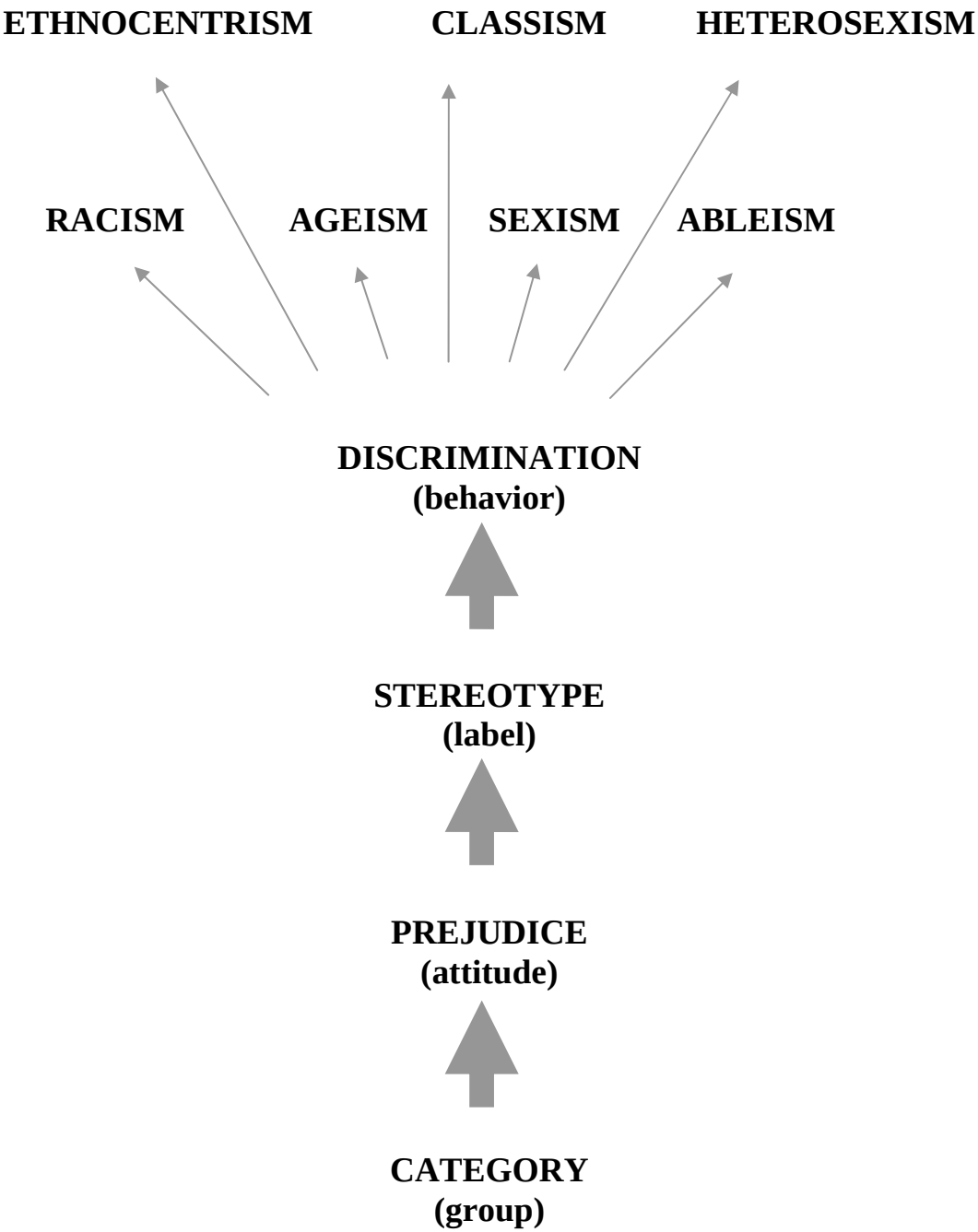
Levelism: **U**sing one's institutional power to negatively impact or impose negative beliefs about an individual based on that person's organizational level, position, job function, or title.

Homophobia: **I**rrational and persistent fear of homosexuality, which often manifest itself in extreme rage or negative reactions toward gay or lesbian individuals.

Ablism: **S**tereotyping people with disabilities as in-capable, inferior or less fortunate, which could result in a feeling of pity or awe regarding the abilities of persons with disabilities.

Classism: **A**ny attitude or institutional practice which subordinates people due to their economic condition.

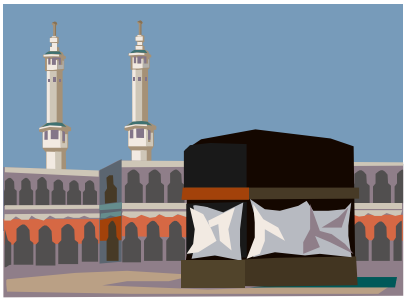
PATH TO "ISMs"


ETHNOCENTRISM
CLASSISM
HETEROSEXISM
RACISM
AGEISM
SEXISM
ABLEISM
DISCRIMINATION
(behavior)
STEREOTYPE
(label)
PREJUDICE
(attitude)
CATEGORY
(group)

DYNAMICS OF CULTURAL DIVERSITY

- **A**ssumptions and beliefs that are accepted and do not need to be stated, questioned, or defended.
- **C**hildren are encultured into a group's "right ways."
- **W**e perceive people and events based on our cultural upbringing.
- **C**ulture determines values.
- **W**e all have biases and prejudices.
- **P**eople are not necessarily evil for being biased and prejudiced.
- **D**iscussing biases and prejudices is risky, because it is easy to be misunderstood or mistaken for a bigot.
- **T**here are cultural problems even when a person stays within his/her culture.
- **N**ot every conflict involving people from different cultures is caused by a cultural problem.
- **W**e cannot know all things about all cultures.
- **C**ultural conflict does not disappear because we decide to ignore it.
- **T**olerance, an open mind, and patience are the minimum requirements for improving our relations with others.

CROSS-CULTURAL COMMUNICATION



CROSS-CULTURAL COMMUNICATION

Communication is verbal and non-verbal:

- 30% is verbal (words, tone, pace, volume).
- 70% is non-verbal (body language, facial expressions).

Mis-communication:

- Same behavior (non-verbal) means different things in different cultures.
- Same words (verbal) may mean different things in different cultures.

COMMUNICATION
WHAT'S YOUR STYLE?

Put an X on each line representing how you communicate.
Put a ✓ on each line representing the communication style you believe is most valued by your workplace.
Connect all of the X's and connect all of the ✓'s.

Indirect/ Subtle	1 2 3 4 5	Direct/ Obvious
Impersonal topics	1 2 3 4 5	Personal topics
Passive, little facial expression	1 2 3 4 5	Animated, much facial expression
No eye contact	1 2 3 4 5	Direct eye contact
No touch	1 2 3 4 5	Frequent touch
Soft	1 2 3 4 5	Loud
Comfortable with silence	1 2 3 4 5	Uncomfortable with silence
Slow, thoughtful	1 2 3 4 5	Fast
Little hand or body movement	1 2 3 4 5	Much hand & body movement

CROSS CULTURAL HOOKS

Check any of these communication behaviors that irritate, frustrate or upset you.

VERBAL

- ☐ Speaking too loudly
- ☐ Speaking too softly
- ☐ Speaking too fast
- ☐ Speaking with a heavy accent
- ☐ Asking personal questions
- ☐ Not Answering questions
- ☐ Not taking initiative to ask questions
- ☐ Withholding or not volunteering information
- ☐ Speaking another language
- ☐ Not speaking English
- ☐ Calling me by my first name
- ☐ Not calling me by my first name
- ☐ Using inappropriate language

NON-VERBAL

- ☐ Standing too close
- ☐ No eye contact
- ☐ Lack of facial expression
- ☐ Soft hand shake
- ☐ Distracting gestures
- ☐ Slouching and leaning
- ☐ Stiff, erect posture
- ☐ Vulgar gestures
- ☐ Glaring eyes
- ☐ Feet on desk
- ☐ Pointing

CROSS CULTURAL COMMUNICATION TIPS

- Take time to create a relationship that builds trust and demonstrates a genuine personal interest in the individual.
- Evaluate the areas and degree of acculturation and the various cultures that apply to an individual.
- Be aware of your own cultural values and that they are your culture and not universal.
- Does this mean what I think it means? Check out your assumptions with the other person or a cultural resource person.
- Figure out what's making it hard for you to be open to what the other person is saying. Try to be open to data and facts that contradict the reasons for your discomfort.
- Don't mistake the impact of someone's behavior as that person's intent. Explain what specific behaviors mean to you and ask what they mean to the other person.
- Make the distinction between what is cultural and what is personal. Be willing to accept other culture-based reasons for behaviors rather than attributing them to a negative personal trait.
- Respect differences but try to find common ground.
- Model the behavior you want in others. Lead by example.

SELF-ASSESSMENT

S **O** **S**=Strength **O=**Opportunity to Learn

___ ___ **C**apacity to understand your own cultural conditioning.

___ ___ **C**apacity to be non-judgmental.

___ ___ **T**olerance for ambiguity.

___ ___ **C**apacity to appreciate and communicate respect for other people's ways, backgrounds, values and beliefs.

___ ___ **C**apacity to demonstrate empathy.

___ ___ **C**apacity to be flexible.

___ ___ **W**illingness to treat people equitably, but not uniformly.

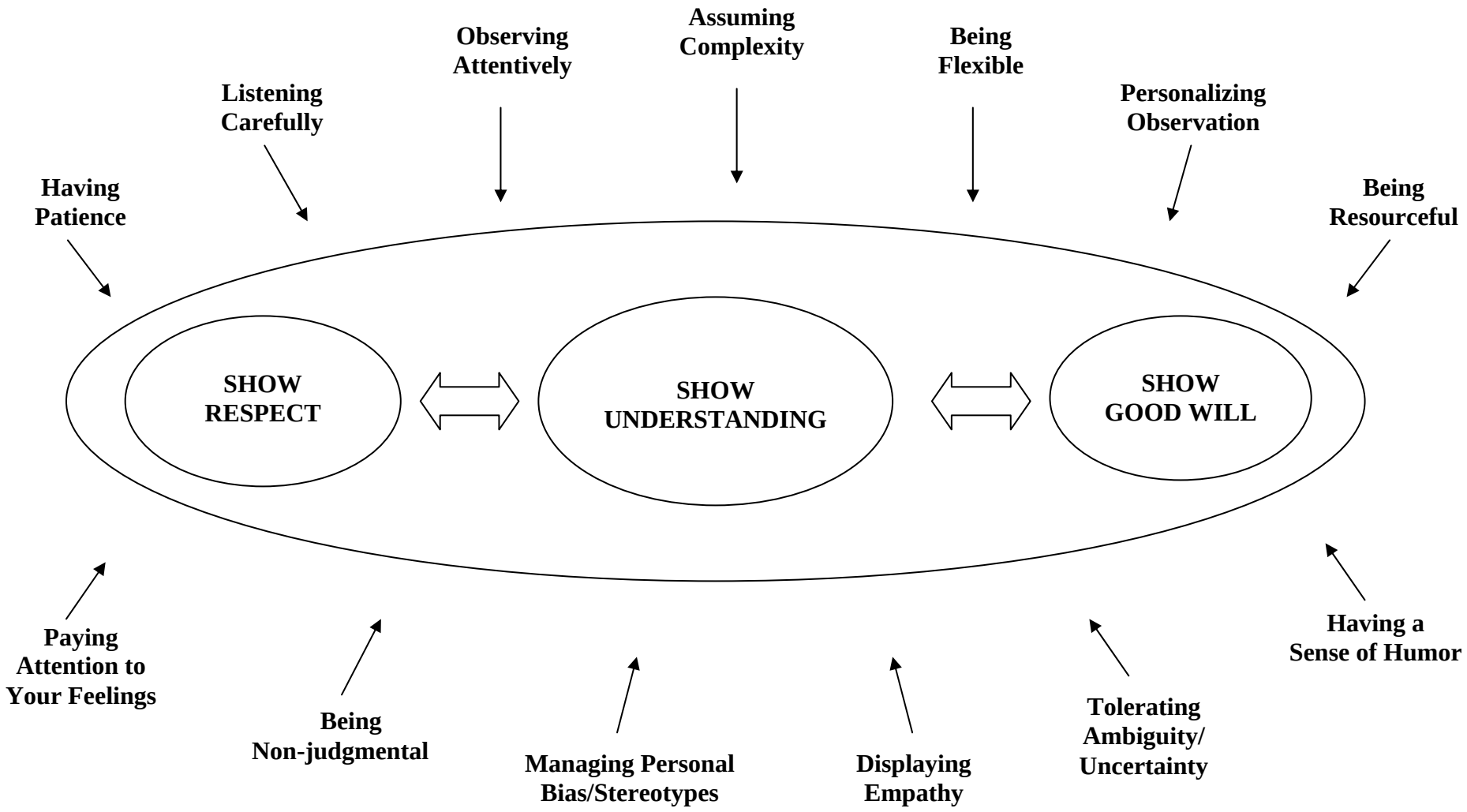
___ ___ **C**apacity to understand that ignoring a situation will not make it go away.

___ ___ **W**illingness to share the unwritten rules of your organization with new members.

___ ___ **W**illingness to acquire new patterns of behavior and belief.

___ ___ **H**umility to acknowledge that you do not know.

HOW PERSONAL COMPETENCIES PROMOTE EFFECTIVE RELATIONS WITH PEOPLE OF DIVERSE CULTURES



The following competencies have been identified by researchers as most important for effective multicultural relationships. Each of the competencies is, to some degree, interrelated with the others, but each is important on its own as well.

Tolerating Ambiguity/Uncertainty: Being able to respond to unpredictable situations without getting stressed and cranky.

Being Flexible: Being able to readjust quickly and effectively to changing situations.

Showing Respect: Being able to behave in respectful manner towards others.

Having Patience: Being able to stay calm, stable and persistent in trying situations.

Being Resourceful: Being able to respond skillfully and promptly in new, uncertain situations. Seek information about the cultures of those with whom you interact.

Listening Carefully: Being able to pay close attention to what is being said.

Observing Attentively: Being able to watch and make mental notes of behavioral patterns of others in order to better understand meaning of behavior.

Personalizing Observations: Being able to recognize and accept that one's personal perceptions may not be shared by others; knowing and accepting that "my way is not the only way.

Paying Attention to Your Feelings: Being able to self-reflect on one's thoughts, feelings, and stress level.

Managing Personal Biases/Stereotypes: Being able to treat people as individuals recognizing that everyone belongs to many groups and that no one represents a group.

Being Non Judgmental: Being able to stop one's tendency to negatively judge others who are different.

Displaying Empathy: Being able to vicariously feel the thoughts, attitudes and experience of another. Results from respecting and interacting with diverse others.

Having a Sense of Humor: Being able to laugh at oneself and with (not at) others; finding humor in the irony of life.

Adapted from C. Dodd and F. Montalzo, *Intercultural Skills for Multicultural Societies*…1987
G. Rerrro *The Cultural Dimension of International Business.*…1990

CASE STUDIES

CASE STUDY #1

Lee is a new employee born in China. He reads English but has difficulty speaking it.

Mark has been assigned to train Lee and he is not happy about it. Mark does not want to work with someone who speaks poor English. Mark has barely spoken two words to Lee in the past few days.

Lee has watched others and has been able to do the work so far, but he needs some help. When Lee asks Mark for assistance, Mark barks, "You're in America. Speak English. I can't understand you."

- **W**hat should Lee do?

- **W**hat could be done by the organization to change this situation?

CASE STUDY #2

Betty, a veteran member of your staff, asks to speak with you about Michael, the new employee under your supervision. Once in your office, Betty begins to complain that Michael is just not fitting in, that he doesn't talk with the other staff, and he never offers to help out. In addition, Michael placed a picture of himself and his boyfriend on his desk. Betty tells you that some of the other staff in the office find it offensive that Michael is allowed to flaunt his sexual lifestyle at work.

Please do the following as a group:

1. List three potential problems this vignette might present.

2. List three possible solutions/ remedies to this vignette.

CASE STUDY #3

Leslie is White; her husband, Gary is Black. Many times Gary has come into the workplace and has met several of Leslie's co-workers.

Last week at lunch, Leslie overheard a colleague at the next table making racial slurs about African Americans while others at the table nodded in approval, some adding comments of their own. Leslie's manager was sitting with the group and uncomfortably looked at Leslie. No one challenged the conversation.

- How is Leslie feeling?
- What should her manager have done?
- What should others at the table have done?

CASE STUDY #4

You supervise a laboratory with eleven employees from a variety of ethnic cultures where the work environment does not require seating assignments. During the work day the four African American employees sit with each other, the three Filipino employees sit near each other and converse in Tagalog, the three Hispanic employees sit near each other and converse in Spanish. This same pattern of relationships continues on breaks and lunch.

- Is this "clustering" of employees based on their ethnicity/culture a diversity issue that the supervisor should address? If so, how should the supervisor address the situation?

- What are some positive and negative factors about this "clustering".

CASE STUDY #5

As a Manager, you have been approached by two of your Muslim employees requesting time during work hours to pray. You remember reading somewhere that the Muslim tradition requires them to pray five times every day. You also know that some of the other members of your unit are uncomfortable with their religious practices. In fact, one employee even told you that he thought the Muslim employees were religious fanatics and that he didn't like working too close them.

- What diversity issues are involved here?

- What remedies would you suggest to address the diversity issues in this case study?

LIFE'S LESSONS

People work best when they feel appreciated/accepted:

- **W**e feel included, part of the group.
- **W**e feel others depend on us, are interested in us, and care about our welfare.
- **W**e are able to build relationships in which we can work together interdependently and synergistically.
- **W**e can have two-way communication.
- **O**ur opinions are solicited and they matter.
- **W**e are included in opportunities.
- **W**e are able to bring our whole self to the world.

People cannot work at their best when they feel tolerated/avoided:

- **W**e feel excluded, apart from the group.
- **W**e share the cultural life and traditions of two distinct and separate groups.
- **W**e hide differences, so we fit in.
- **W**e fear feeling separate from others.
- **W**e feel contradictory feelings of pride and shame.
- **W**e tend to be more sensitive.

SUPPLEMENTAL MATERIALS

PROTECTED CATEGORIES

The Fair Employment and Housing Act and the County Policy provides protection from harassment or discrimination in employment because of:

- **AGE (40 & OVER)**
- **ANCESTRY**
- **COLOR**
- **CREED**
- **DENIAL OF FAMILY AND MEDICAL CARE LEAVE**
- **DISABILITY (MENTAL & PHYSICAL INCLUDING HIV & AIDS)**
- **MARITAL STATUS**
- **MEDICAL CONDITION (CANCER & GENETIC CHARACTERISTICS**
- **NATIONAL ORIGIN**
- **RACE**
- **RELIGION**
- **SEX/ GENDER**
- **SEXUAL ORIENTATION**

BOARD OF SUPERVISORS

EQUAL EMPLOYMENT OPPORTUNITY NON-DISCRIMINATION POLICY

County of Los Angeles

It is the policy of the County of Los Angeles to provide equal employment opportunity for all qualified persons, regardless of race, color, religion, sex, national origin, age, sexual orientation or disability. Our commitment includes ensuring a non-discriminatory workplace where individuals are valued for their differences as well as their similarities.

Every Los Angeles County employee and all persons engaged in business with Los Angeles County have an ongoing responsibility to create a non-discriminatory work environment, through their personal conduct.

Responsibility for the implementation of the County of Los Angeles Equal Employment Opportunity Non-Discrimination Policy rests with the Affirmative Action Compliance Officer. However, all Los Angeles County department heads are responsible for carrying out the County's policy within their department. The Board of Supervisors expects each department head, manager and supervisor to ensure compliance with this policy.

Yvonne Brathwaite Burke
Chair of the Board

LAWS & POLICIES

PROHIBITING EMPLOYMENT DISCRIMINATION

FEDERAL LAWS

- Title VII of the Civil Rights Act of 1964 (Title VII), prohibits employment discrimination based on race, color, religion, sex, or national origin;
- The Equal Pay Act of 1963 (EPA), which protects men and women who perform substantially equal work in the same establishment from sex-based wage discrimination;
- The Age Discrimination in Employment Act of 1967 (ADEA), which protects individuals who are 40 years of age or older;
- Title I and Title V of the Americans with Disabilities Act of 1990 (ADA), which prohibit employment discrimination against qualified individuals with disabilities in the private sector, and in state and local governments;
- Sections 501 and 505 of the Rehabilitation Act of 1973, which prohibit discrimination against qualified individuals with disabilities who work in the federal government; and
- The Civil Rights Act of 1991, which, among other things, provides monetary damages in cases of intentional employment discrimination.

STATE LAWS

- **California Fair Employment Practices and Housing Act.** State law that enforces federal intent on non-discrimination in employment on the basis of a person's protected status defined as race, color, religious creed, martial status, sex, sexual orientation, national origin, ancestry, medical condition (cancer/genetic characteristics), age (40 and above), disability (mental and Physical including HIV and AIDS.

- **California Government Code, Section 12940(i)**. Mandates that an employer, labor organization, employment agency, apprenticeship training program, or any training program leading to employment, must take all reasonable steps necessary to prevent discrimination and harassment.

- **California Equal Pay Act**. State law that prohibits wage discrimination based on sex.

COUNTY'S POLICY ON DIVERSITY

- **I**nclusive workplace environment.
- **I**nnovation from diverse work groups.
- **P**eople are valued based on individual characteristics, rather than stereotypes.
- **D**ifferences are appreciated.
- **U**nderstands and appreciates the heritage and culture of all groups.
- **I**ndividuals learn to work effectively with people different from themselves.
- **A**ll employees have opportunity to reach their full potential in pursuit of organizational objectives.
- **V**aluing diversity requires changes in the way employees interact and in the way services are provided.
- **M**anaging diversity requires changes in policies and practices as departments learn from the different perspectives of employees and clients/customers.

County of Los Angeles
Office of Affirmative Action Compliance

Evaluation Questionnaire

Please be as specific and honest as possible: WE VALUE YOUR FEEDBACK!
Please answer each question by circling a number, on a scale from 1 to 5:

COURSE NAME:_____	**Poor 1**	**Fair 2**	**Average 3**	**Very Good 4**	**Excellent 5**
1. Overall rating for the workshop.	1	2	3	4	5
2. How useful is the course in developing skills and values relevant to your job?	1	2	3	4	5
3. How useful is the course in increasing your knowledge of the subject matter?	1	2	3	4	5
4. How effective was the presenter(s)?	1	2	3	4	5
5. How effective were the visual aids/handouts?	1	2	3	4	5
6. I will recommend this course to others.	Yes	No	(please circle yes or no)		

7. What information did you find most useful?

_____

8. What would you have liked to have heard more about?

_____

9. Specific suggestions or comments (use other side of page, if needed):

_____

_____

Department: _____ **Participant's Name:** (optional) _____

Facilitator's Name: _____ **Training Date:** _____ ☐ **am** ☐ **pm**

CRITERION 5

Cultural Competence Guidelines for Presenters

(Addendum B)

Addendum B

"Cultural competence is knowing what I don't know and learning to understand what other's expectations are. You have to ask questions to be on the same page"
(Deborah Dagit, Silicon Graphic's Director of Diversity)

The Training Division has a responsibility to ensure trainings and/or conferences support ongoing professional development and awareness, knowledge, and skills in the area of cultural and linguistic competence. More specifically, trainings should provide sensitive, responsive, and effective services to consumers of all ages, ethnicities, and cultures who experience mental illness.

Cultural competence is, generally, referred to, as having the knowledge, the skills and the attitudes to work effectively in cross-cultural situations. California Department of Mental Health (2002) defined culture as "the integrated pattern of human behavior that includes thought, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. *Culture* defines the preferred ways for meetings needs. It may involve parameters such as ethnicity, race, language, age, country of origin, acculturation, gender, socioeconomic class, disability, religious and spiritual beliefs, and sexual orientation". *Competence* refers to having the capacity to effectively work within the context of culturally integrated patterns of human behavior as defined by each cultural group (Cross, Barzon, Dennis, & Isaacs, 1989).

Cultural competence needs to be an integral part of all the trainings, not an additional component. The presenter has the responsibility to include a <u>minimum of one learning objective</u> that includes a cultural competence in the Purchase of Service Agreement (POSA). These are the following goals the Training Division has identified to promote the ongoing professional development of staff with respect to cultural competence trainings:

- Increase mental health workers' cultural awareness and development of cultural competence
- Identify and reduce mental health disparities among culturally and linguistically diverse populations in Los Angeles County
- Mitigate risk factors and promote protective factors for consumers and the various cultural and diverse groups they represent
- Assess mental health workers' awareness and sensitivity to specialized mental health needs and dynamics that result from cultural and linguistic differences
- Increase mental health workers' knowledge and skills to identify the presence of mental health needs across cultures
- Increase mental health workers' knowledge necessary to conduct a comprehensive assessment and make appropriate referrals for different cultural and linguistic groups
- Increase mental health workers' knowledge and skill to serve and function effectively in culturally and linguistically diverse communities

Presenter shall consider the following questions when planning to include cultural competence in his/her curriculum:

- Does your training assess the participant's awareness and sensitivity to clients of culturally and linguistically diverse groups?
- Does your training elucidate cultural and linguistic considerations?
- Does your training provide screening methods and tools for clients of cultural and linguistic groups?
- Does your training discuss specific treatment modalities that are appropriate for clients of cultural and linguistic groups?
- Does your training explore available resources and how to link clients to these specialized services when appropriate?

The following are examples of cultural competence learning objectives:

- Identify any cultural factors that may affect treatment for these disorders
- Examine and redefine cultural competence practices in mental health settings
- Define multi-cultural communications between mental health practitioner and client
- Recognize the interpreter's roles with emphasis on the role of cultural broker
- Discuss personal patterns of cultural interactions
- Describe the significance of culturally competent services in service provision
- Discuss the significance of cultural practices on developmental outcomes in early childhood
- Identify at least four techniques and practice the resulting skills for managing the clinical triad between interpreter, client, and the provider
- Include the DSM IV TR Culture-Bound Syndromes in the diagnostic formulation and effectively use the consumer's idioms of distress
- Determine legal and ethical implications of problematic communication based on cultural differences
- Identify and discuss three cultural beliefs for the causes of mental health conditions

References:

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Dagit, D. Cultural Competence, Establishing a Knowledge Structure. *Business Week,* **http://www.businessweek.com/adsections/diversity/diversecompet.htm.**

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CRITERION 5

List of Cultural Competence Staff Trainings for FY 09-10

(Addendum C)

#	Training Event	Description of Training	How long & often	Attendance by Function	No. of Attendees and Total	Date of Training(s)	Name of Presenter(s)	Cultural Formulation	Multicultural Knowledge	Cultural Sensitivity	Cultural Awareness	Social/Cultural Diversity	MH Interpreter Training	Training staff in the use of MH Interpreters	Training in the Use of Interpreters in the MH Setting	Non-Clinical
1	Diversity & Unlearning Prejudice	`	4 hours (6x a year)	Direct Services, County	Total: 36	9/10/09	County of Los Angles Office of Affirmative Action Compliance Staff	X	X	X	X	X				X
2	*15th Annual LBHI Conference* - Partners for Culturally Competent Behavioral Health Delivery to Hispanics	This presentation will focus on the New Jersey Mental Health Institute Inc.'s Model Mental Health Program for Hispanics report, which includes recommended steps to increase access to and the provision of quality mental health services to Hispanics.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/23/09	Henry Acosta, LCSW Luz Alvarez, MA, EdS	X	X	X	X	X				X
3	*15th Annual LBHI Conference* - Working with Latino-Building a Culturally Proficient Drug/Alcohol Treatment Programs	n/a	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/23/09	Judge Rogelio Flores, LCSW Antonio Osegueda, LCSW	X	X	X	X	X				
4	*15th Annual LBHI Conference* - Transforming Traditional Treatment with Bicultural Community Approach	Immigration and acculturation stress can disconnect Latinos from their natural support system. Severe mental illness, substance abuse, immigration, trauma and intergenerational conflicts exacerbate social isolation and further disrupts community and family support. This presentation will discuss specific systems therapeutic and bi-cultural strategies of creating community in a traditional outpatient setting. This approach is an essential step toward reconnecting Latinos to more traditional supports and promoting wellness and recovery in th Latino community.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/23/09	Eleanor Dwyer, LCSW Hector Robles-Moncada, MSW	X	X	X	X	X				
5	*15th Annual LBHI Conference* - Implications of Long Term Drug Use Among Older Mexican Americans	The purpose of the workshop is to understand the health and social consequences of aging Mexican American heroin users. Mexican Americans have consistently had the highest rate of heroin use and AIDS related risk behaviors when compared to other group in the US.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/23/09	Avelardo Valdez, Ph.D	X	X	X	X	X				
6	*15th Annual LBHI Conference* - Dialectical Behavior Therapy (DBT) with Spanish Speaking Latinos	DBT has been effectively used in various clinics in the treatment of Borderline Personality Disorder with English speaking consumers. Although DBT has also been used and adapted to be used with a variety of special population little is known of its use with the Spanish speaking Latino population in the United States. This workshop will provide an overview of what DBT and BPD is and how DBT was adapted and used with the Harbor-UCLA Spanish speaking consumers suffering with BPD.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/23/09	Elizabeth Gonzalez-Jaskulak, LCSW	X	X	X	X	X				
7	*15th Annual LBHI Conference* - The Cognitive Treatment of Criminality	This presentation will review the use of cognitive therapy in the treatment of criminal behavior emphasizing the criminal thinking as described by Yoclelson, Samenow, and Walters. The styles criminal thinking will be examined and examples of such styles will be presented. In addition, this workshop will outline the psychological function of criminal thinking styles and their use in forensic rehabilitation.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/23/09	Adolfo Alvarez, MA					X				
8	Americans with Disabilities Act (ADA)	Persons with disabilities are an emerging consumer group. Since the passage of the Americans with Disabilities Act in 1990, public and private employment, services, and facilities have become accessible to persons with disabilities. This has dramatically increased the number of persons with disabilities who are working and active in our multicultural community.	4 hrs	Direct Services, County	Total: 8	9/23/09	County of Los Angles Office of Affirmative Action Compliance Staff	X	X	X	X	X				X
9	*15th Annual LBHI Conference* - Hombres Preparados HIV/AIDS Education Program: Incorporating Culture into Practice	During this session, we will provide participants with an overview of HIV/AIDS in the Farm worker population, the cultural implications in practice related to th Latino solo male farm workers, key focus group findings and a description of the program tools and how they can be utilized in practice.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/24/09	Alicia Gonzalez, MSW	X	X	X	X	X				
10	*15th Annual LBHI Conference* - Effectiveness of collaborative Care for Depression for Latinos in Public Sector, Primary Care Clinics	Depression is a common and disabling condition in primary care settings. Although collaborative care interventions for depression in primary care have been shown to improve both care and outcomes, they are difficult to sustain in complex systems of care. In order to promote their sustainability in public sector settings the PACT to Improve Depression Care study sough to understand the depression treatment preferences and experiences of patients, providers, and administrators within these settings. In three large public sector primary clinics in Los Angeles serving mostly low-income Latinos, patients, providers, and administrators we asked about their depression care preferences and experiences both before and after exposure to a collaborative care intervention. Outcomes included treatment preference information as well as intervention effectiveness. Following the intervention period, multi-stakeholder panels were conducted at teach primary care center to discuss preferred and sustainable models of care for individual clinics.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/24/09	Isabel Lagomasino, M.D.	X	X	X	X	X				
11	*15th Annual LBHI Conference* - Interface of Health and Mental Health Needs of Latino Migrant Workers	This presentation will focus on discussing MH/SA services to patient seen at DHHS community health center programs and the efforts during the last few years to increase access to these essential health care services enhancing the ability of health centers funded through the Health Resources and Services Administration to provide comprehensive primary health services.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/24/09	Marcia M. Gomez, M.D.	X	X	X	X	X				
12	*15th Annual LBHI Conference* - Treatment of Adolescent Depression	This presentation will review the diagnosis and treatment of depression occurring in adolescents. Scientific literature on the genetic and environmental factors that contribute to depression will be reviewed as well as on the factors that are used to make a clinical diagnosis. Treatment studies for depression in adolescents will be reviewed as well as some data relevant to the recent controversy regarding the association of antidepressant treatment with suicidal behaviors. Finally, relevant aspects of the concept of "personalized medicine" will be reviewed and discussed as they are applicable to the adolescent depression.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/24/09	Pedro Delgado, M.D.	X	X	X	X	X				
13	*15th Annual LBHI Conference* - "Human Trafficking: Federal Government Response and Border Region"	This workshop will help behavioral health clinicians learn about the crime of human traffficking; their role as frontline intermediaries in helping to identify and assist victims; common psychological and health problems seen in victims; special considerations when interacting with a possible victim; support services available through the Federal anti-trafficking law to help victims restore their lives; special support services for child victims; how to initiate victim assistance; and resources available through the US Department of Health and Human Services to identify, rescue, and assist victims.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/24/09	Susan Pamperin, MSW Marisa B. Ugarte, BA	X	X	X	X	X				

14	*15th Annual LBHI Conference* - "Men Working with Men to Sexual and Intimate Partner Violence"	The Hispanic recent immigration population has very important distinctions that presumably have an important effect on the incidence of violence in their communities. As migrants and recent immigrants tend to be less assimilated into the United States culture, many internalized norms and values from the countries of origin persist in the United States. One such norm that has been consistently been found in the Hispanic immigrant population is male-dominate relationships.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/24/09	Sophia Rumanes, MPH Carlos A. Vega-Matos, MPA	X	X	X	X	X				
15	*15th Annual LBHI Conference* - "Mainstreaming HIV Prevention Strategies"	The presentation provides an overview of the impact of HIV among Latinos and discuss technologies and strategies that could greatly reduce new infections and improve health outcomes if integrated in mainstream medical and social service settings.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/24/09	Sophia Rumanes, MPH Carlos A. Vega-Matos, MPA	X	X	X	X	X				
16	*15th Annual LBHI Conference* - "Cultural Elements in Treating Hispanic/Latino Populations"	The purpose of the training is for participants to become aware of the cultural differences that can influence the outcome for substance abusers and their families in the Hispanic/Latino communities. This training will focus on traditional Hispanic/Latino values in comparison to the values of the mainstream.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/24/09	Marco E. Jacome, MA	X	X	X	X	X				
17	*15th Annual LBHI Conference* - "Understanding, Preventing and Treating Suicide Attempts by Adolescent Latinas"	This two hour workshop will cover the research on the high rate of suicide attempts by adolescent Latinas. Prevention and family treatment strategies are proposed and will set the basis for a discussion with participants regarding the clinical experience and cases.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/24/09	Luis Zayas, Ph.D.	X	X	X	X	X				
18	*15th Annual LBHI Conference* - Cultural Elements in Treating Hispanic/Latino Populations	The purpose of this training is for participants to become aware of the cultural differences that can influence the outcome for substance abusers and their families in the Hispanic/Latino communities. This training will focus on the traditional Hispanic/Latino values in comparison to the values of the mainstream. Describing the diverse populations within the Hispanic/Latino community and possible treatment implications will lead to a better understanding of the values, traditions, and customs of this culture.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/24/09	Marco E. Jacome, MA, LPC, CSADC, CEAP	X	X	X	X	X				
19	*15th Annual LBHI Conference* - Consideracions de Competencia Cultural en la Intervencion en Crisis	Explorando el uso de Recursos Bilingues/Biculturales mientras se construyen intervenciones de Crisis Promoviendo el uso de recursos culturales y biculturales para reducir conductas de riesgo.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/24/09	Carlos Morales, M.F.T.	X	X	X	X	X				
20	*15th Annual LBHI Conference* - Evidence Based Practice in Treating Soldiers Returning from Combat	This course will educate concerned person about the signs, symptoms, and behaviors of PTSD: enhance helping skills, provide familiarization with the therapeutic interventions and community resources for soldiers and their families.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/25/09	Colonel Valvincent Reyes, L.C.S.W.	X	X	X	X	X				
21	*Facing Reality in the Golden Years:* Asian American Perspectives - "Addressing the Needs of Older Adults through the Full Service Partnership and Field Capable Clinical Services"	The presentation will cover the demographic and population size and needs of API Older Adults in LAC and share the experiences of developing programs and services working in traditional and non-traditional mental health contracted providers. The presentation will also discuss intervention models in relation to culturally, linguistically and age-appropriate services. A case presentation of challenging and successful interventions will be shared. Lastly the presentation will discuss potential intervention models that incorporate perspectives from community and public health as useful strategies in implementing a holistic approach to mental health services for the API Older Adults.	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 70	10/16/09	David Yim, MSW Yvonne Sun, MSW	X	X	X	X	X				
22	*Facing Reality in the Golden Years:* Asian American Perspectives - "Psychotherapeutic Techniques with Asian American Older Adults"	In this workshop, the presenter will discuss several issues related to providing mental health services to older adults, highlighting ways in which working with older adults differs from working with younger adults. These will include health issues, developmental changes, cognitive changes and generational differences. The presenter will offer practical suggestions which can facilitate work with older adults. Cultural issues specific to working with Asian American elders will be presented and discussed. These will include issues such as how immigration history may affect the elder's mental health; how the elder and his/her children's' views on filial piety affect mental health; how the elder's views cultural background may affect his/her approach to dealing with physical illness as well as mental illness; etc.	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 70	10/16/09	Janet Yang, Ph.D	X	X	X	X	X				
23	*Facing Reality in the Golden Years:* Asian American Perspectives - "Assessment and Treatment of Depression with Asian American Older Adults"	Using case vignettes, special attention will be paid to the practical aspects of diagnosing and managing dementia and depression. Techniques for screening for depression, dementia, and immigration/acculturation issues will be reviewed. In addition, there will be a discussion of cultural aspects of communication, stigma and cultural perspectives on mental illness. Finally, suicide assessment and management will be highlighted. This workshop is intended as a lively forum for participation of professionals and family members working with Asian Americans	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 100	10/16/09	Descartes Li, M.D.	X	X	X	X	X				
24	*Facing Reality in the Golden Years:* Asian American Perspectives - "American Elders from Asian Backgrounds and their Mental Health Needs"	In order to provide appropriate mental health care for elders from Asian backgrounds, it is important to recognize the wide variation in demographic characteristics and historical experiences among elders in different ethnic populations. There is little reliable information on the epidemiology of mental health conditions among older members of many Asian populations in the U.S. with the exception of a few studies conditions on depression in six populations in New York City, in Korean American in Florida and Chinese and Japanese Americans in Los Angeles, and dementia among Japanese Americans in Hawaii.	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 60	10/16/09	Gwen Yeo, Ph.D, AFGS	X	X	X	X	X				
25	*Facing Reality in the Golden Years:* Asian American - Perspectives Assessment and Treatment of Frontotemporal Dementia	The degeneration observed in early Alzheimer's disease (AD) predominantly affects the entorhinal, and posterior parietal and temporal regions. Clinically, AD is characterized by early impairment of episodic memory formation, which reflects atrophy in the hippocampus region of the brain, and spatial deficits resulting from posterior parietal injury. At autopsy, the disease is defined by the presence of extracellular amyloidal plaques and tau-related pathology in the form of intracellular neurofibrillary tangles.	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 237	10/16/09	Bruce Miller, M.D.	X	X	X	X	X				

26	*9th Annual GeroPsy Breakfast:* "Partnership in the Assessment and Treatment of Dementia and Co-Morbid Mental Illness in Older Adults"	The initial portion of the presentation will be an update on the diagnosis, treatment, and management of cognitive disorders, including Alzheimer's disease. The goal is to convey new information that can aid in the manageme of older adults with cognitive deficits. New findings in diagnostic assessment, biomarkers, distinct dementia syndromes, and the phenomenology of mild cognitive impairment are described. New research findings that define the biological underpinnings of the syndromes are included. Contemporary and future disease-modifying treatments are discussed, as well as management of psychiatric and behavioral syndromes and Alzheimer's prevention opportunities. Finally, issues related to care-giving, public health policy, health system collaboration, and health planning are discussed. The final portion of the presentation will include a panel discussion on the different roles of Psychiatrists and Primary Care Physicians.	4 hours (1x a year)	Direct Services, County Direct Services, Contractors	37 18 Total: 55	11/16/09	David Sultzer, M.D. Nitin Nanda, M.D.,	X	X	X	X	X				
27	Language Interpreting in Mental Health Settings	This 6-hour workshop is designed for bilingual clerical and clinical staff who serve as interpreters in a mental health setting. This introductory level training will describe the complex roles of the mental health interpreter. The purpose is to assist the Mental Health and Wellness programs in closing the language gap by training the bilingual workforce in Mental Health Interpreting as well as meet the requirements of Federal and State law.	6.5 hrs	Direct Services, County	Total: 19	11/30/09	Lidia Gamulin, LCSW						X	X	X	X
28	HIV- AIDS: Assessment and Treatment	Los Angeles County Department of Mental Health in conjunction with the Boar of Behavioral Sciences recognized the increasing effect of the HIV/AIDS pandemic on communities of color, generally, and on people with serious and persistent mental illness and substance abuse in particular. HIV can infect the brain causing impairment in memory and thinking, as well as creating ongoing emotional distress. Some HIV/AIDS medications have serious mental health side effects. Workers need to have astute assessment and treatment skills for both HIV/AIDS affected individuals and caregivers.	7 hours (1x a year)	Direct Services, County Direct Services, Contractors	27 2 Total: 29	12/2/09	Linda Poverny, PH.D	X	X	X	X	X				
29	Improving Access - Removing Language Barriers	This 6-hour workshop is designed for cliniciansto gain knowledge and skills in how to successfully use interpreter services. Communicating effectively is the essence of the clinical work and is vital whentrying to help people from differen cultures. This workshop will describe the unique dynamics that play out in the therapeutic triad between provider, client and interpreter. Strategies to improve communication and service delivery within this therapeutic triad will be outlined and practiced.	6 hrs	Direct Services, County	Total: 6	12/7/09	Lidia Gamulin, LCSW							X	X	
30	Improving Access - Removing Language Barriers	This 6-hour workshop is designed for cliniciansto gain knowledge and skills in how to successfully use interpreter services. Communicating effectively is the essence of the clinical work and is vital whentrying to help people from differen cultures. This workshop will describe the unique dynamics that play out in the therapeutic triad between provider, client and interpreter. Strategies to improve communication and service delivery within this therapeutic triad will be outlined and practiced.	6 hrs	Direct Services, County	Total: 6	12/22/09	Lidia Gamulin, LCSW							X	X	
31	Anxiety and Bi-Polar Disorders in Older Adults	This talk will address manic disorders and anxious/obsessive/compulsive disorders in the elderly. Particularly attention will be paid to the following: (1) The distinguishing features of these disorders in older age compared to younger age. (2) The impact of age-related factors (e.g. co morbid medical illness, polypharmacy, functional and cognitive decline) on presentation and treatment of these disorders. (3) Evidence-based guidelines on treatment of these disorders. (4) Case presentations exemplifying elderly patients with bipolar disorder, secondary mania, anxiety, OCD, and hoarding.	2 hrs	Direct Services, County	Total: 18	1/28/10	Denise Feil M.D., MPH	X	X	X	X	X				
32	Promoting Hope, Recovery, and Resiliency in the African American Community	The training will consist of presentations focused on historical and cultural factors associated with trauma, mental illness, and addiction in the African American community. Presenters will identify barriers to seeking treatment and explain how the recovery model can improve outcomes specific to this community.	5 hrs	Direct Services, County Direct Services, Contractors	34 37 Total: 71	2/9/10	Harry Taylor, Ph.D. Ricardo Mendoza, MD Carol Vernon, LCSW	X	X	X	X	X				
33	How to Assist Undocumented Immigrants through the System	The purpose of this training is to teach clinicians how to assist consumers who are currently undocumented to locate and navigate resources. Presenters will talk about topics such as domestic violence and higher education for this population. Presenter will also touch on foreclosures and how this is affecting undocumented consumers. Lastly, participants will learn about general public services available to undocumented individuals.	6 hrs	Direct Services, County	Total: 26	2/10/10	Mexican American Legal Defense & Education Fund and DPSS	X	X	X	X	X				
34	Increasing Respect in the Workplace	A workshop designed to provide an opportunity for participants to discuss behaviors and attitudes needed to increase for effectiveness respect and high morale in the workplace. Personal competencies for effective workplace relationships will be explored and discussed with special emphasis on any specific issue (speaking a language other than English at work, race, accent, gender, religion, age, etc.) requested by the client department.	4 hrs	Direct Services, Counties	Total: 40	2/10/10	Los Angeles County Office of Affirmative Action Compliance Staff	X	X	X	X	X				X
35	250% Medi-Cal Working Disabled Training	The Training will provide information on how a client may be able to receive full-scope Medi-Cal if he/she is a working disabled individual with countable income below 250% of the Federal Income Guidelines (FIG). The information presented will show how a person enrolled in the program can maintain his/her Medi-Cal and In Home Supportive Services (IHSS) benefits while working full-time, part-time, or being self-employed. This Training is open to persons with disabilities and professionals who work with persons with disabilities.	2 hrs	Direct Services, County Direct Services, Contractors	15 13 Total: 28	2/16/10	Teddiejoy Remhild	X	X	X	X	X				X
36	Americans with Disabilities Act (ADA)	Persons with disabilities are an emerging consumer group. Since the passage of the Americans with Disabilities Act in 1990, public and private employment, services, and facilities have become accessible to persons with disabilities. This has dramatically increased the number of persons with disabilities who are working and active in our multicultural community.	4 hrs	Direct Services, County	Total: 26	2/18/10	County of Los Angles Office of Affirmative Action Compliance Staff	X	X	X	X	X				X

37	Combat to: A Primer for Mental Health Professionals on Re-Adjustment Challenges in Returning Global War on Terror Veterans	As of January, 2009, 1.8 million troops have deployed in support of the Global War on Terror (GWOT). Recently returned veterans are at an increased risk for experiencing symptoms of post traumatic stress disorder (PTSD) and traumatic brain injury (TBI). Aggressive and other types of behaviors that push social and legal boundaries can be symptoms of these disorders, and of readjustment into civilian life. These behaviors can lead to increased contact with mental health services. Veterans have a unique culture that includes commonly shared attitudes, values, goals and practices that often characterize service in the military. This culture is not always immediately apparent, and providers who are not familiar with veteran culture or with the presentation of common disorders, such as PTSD, may be at an increased risk of experiencing poor outcomes in their interactions with veterans. This one-day course is an introductory training which will familiarize participants with veteran culture and common readjustment challenges. The course also focuses on the diagnosis and treatment of PTSD and other common disorders in returning veterans.	6 hrs	Direct Services, County	Total: 47	2/25/10	Swords to Plowshares staff	X	X	X	X	X				
38	Combat to: A Primer for Mental Health Professionals on Re-Adjustment Challenges in Returning Global War on Terror Veterans	Same as above.	6 hrs	Direct Services, Counties	Total: 10	2/26/10	Swords to Plowshares staff	X	X	X	X	X				
39	Effective Clinical Assessment of Trauma Exposure for Veterans Returning from Afghanistan and Iraq	9/11 and the resulting Global War on Terrorism continues to re-shape our nation's ideals and sense of commitment to the safety of its citizens and to the rest of the world. An all-volunteer military force is committed in two separate theatres to fight the enemy and achieve peace. Current research indicates that almost 30% of all combat soldiers returning back home to the states are suffering from PTSD and other mental disorders. Governmental agencies historically organized to treat veterans with PTSD are overwhelmed with the large numbers of returning combat soldiers with mental health problems. Successful community reintegration of soldiers with PTSD depends on an effective collaboration between law enforcement, emergency response personnel, medical and behavioral health professionals, employee assistance program counselors, educators, other community service providers and family members.	6 hrs	Direct Services, Counties	Total: 87	3/3/10	Colonel Valvincent Reyes, LCSW Raymond Hsu, Psy.D	X	X	X	X	X				
40	Clinical Treatment of Children with Developmental Disabilities	This training will provide an introduction to developmental disabilities, and assessment and clinical treatment of children and transitional aged youth with developmental disabilities. Specialized Foster Care Clinicians will learn how to assess developmentally disabled youth and utilize appropriate treatment interventions. In addition, the presenter will discuss the unique complexities and barriers to treatment.	4 hours	Direct Services, County Direct Services, Contractors	35 6 Total: 41	3/15/10	Ian Lobell	X	X	X	X	X				
41	Diversity & Unlearning Prejudice	Same as above.	4 hours	Direct Services, County	Total: 19	3/18/10	County of Los Angles Office of Affirmative Action Compliance Staff	X	X	X	X	X				X
42	Clinical Treatment of Children with Developmental Disabilities	This training will provide an introduction to developmental disabilities, and assessment and clinical treatment of children and transitional aged youth with developmental disabilities. Specialized Foster Care Clinicians will learn how to assess developmentally disabled youth and utilize appropriate treatment interventions. In addition, the presenter will discuss the unique complexities and barriers to treatment.	4 hours	Direct Services, County Direct Services, Contractors	30 7 Total: 37	3/25/10	Ian Lobell	X	X	X	X	X				
43	Training Providers in the use of Interpreter Services in Mental Health Settings	This training will benefit clinicians and case managers interested in learning how to successfully use interpreter services in the Mental Health and Wellness provision of services. This training will provide participants with knowledge and skills to understand the unique dynamics that play out in the therapeutic triad between the provider, client and interpreter and techniques to improve communication and service delivery in a therapeutic triad. The main focus of the training is on managing the variables of language, culture, verbal and non-verbal communication and communication in low and high context cultures during the session. To maximize effective communication, techniques used in pre-session, during session and post-session are provided and practiced. The training also addresses Culture-Bound Syndromes and the Importance of Teamwork between provider and interpreter. This interactive class includes role paying, group activities and videos.	7 hrs	Direct Services, County Direct Services, Contractors	8 10 Total: 18	4/15/10	Lidia Gamulin, LCSW						X	X	X	X
44	Training Providers in the use of Interpreter Services in Mental Health Settings	Same as above.	7 hrs	Direct Services, County Direct Services, Contractors	3 11 Total:14	4/22/10	Lidia Gamulin, LCSW						X	X	X	X
45	Effective Clinical Assessment of Trauma Exposure for Veterans Returning from Afghanistan and Iraq	Same as above.	6 hrs	Direct Services, County Direct Services, Contractors	28 10 Total: 38	4/28/10	Colonel Valvincent Reyes, LCSW Raymond Hsu, Psy.D	X	X	X	X	X				
46	Training Providers in the use of Interpreter Services in Mental Health Settings	Same as above.	7 hrs	Direct Services, County Direct Services, Contractors	8 1 Total: 9	4/29/10	Lidia Gamulin, LCSW						X	X	X	X
47	Interventions with Juvenile Justice Minors who have Prostituted and/or Minors who Experienced Sexual Abuse	This training is for Juvenile Justice clinicians only! The purpose of this training is to teach clinicians how to implement short term interventions when working with minors who have been prostituting and/or being sexually abused. The relationship between sexual abuse and prostitution will be explored, with an emphasis on recognizing the signs of abuse in adolescent behavior. Participants will gain an overview of the treatment modalities utilized by the Mary Magdalene Project, such as journalizing and linkage to resources.	6 hrs	Direct Services, County	Total: 35	4/29/10	Martin McCombs, Ph.D.	X	X	X	X	X				
48	Co-Occurring Substance Abuse Disorders Among Older Adults	The purpose of this training is to address the issues of older adult co-occurring disorders, as well as conducting a clinically appropriate and valid assessment. This process would involve the use of effective screening and assessment tools to identify and recognize symptoms, evaluate the inter-relatedness and implications of substance abuse, mental illness and aging, and the development of a viable treatment plan. Besides screening, assessment, clinical interventions and case management support, the philosophy and values of hope and wellness are also germane to a successful recovery process.	6 hrs	Direct Services, County	Total: 65	4/29/10	Karen Miotto, M.D. Jean Brennan, LCSW William Liu, Pharm.D Natayla Bussell, M.D. Catherine Royer, LCSW	X	X	X	X	X				

49	Therapeutic Interventions with Minors Diagnosed with Psychotic Disorders	The purpose of this workshop is to teach clinicians practical, hands-on interventions that could be utilized with minors that are diagnosed with Psychotic Disorders. The presenter will discuss the epidemiology,etiology,risk factors, prognosis, and natural course of these disorders. The presenter will also discuss diagnosis and potential co-morbid disorders associated with Psychotic Disorders. Participants will learn about the uses of CBT and other psychosocial interventions. Participants will also be taught how to integrate social skills training and psycho-education into therapy. Substance abuse and psychotic disorders will also be discussed, as well as challenges with adherence to treatment.	6 hrs	Direct Services, County	Total: 45	5/18/10	Ali Eslami, Ph.D.,	X	X	X	X	X				
50	Culture and Personality Disorder	In this workshop, a review of personality from cross-cultural perspectives will be presented, including childhood development, family structures, parenting skills, socio-cultural values, and norms. A brief update of pharmacological treatments of personality disorders presented in the literature, and case vignettes from the author, will also be presented and discussed. The second part of this workshop will focus on the DSM-IV-TR. Clinical comparison of Borderline Personality Disorder (BPD) and Histrionic Personality Disorder (HPD) will be presented. The third part of the workshop will include a comparative analysis of Bipolar and Borderline Personality Disorders. In this section, presenters will elaborate on the clinical perspectives of these disorders which include: diagnosis, treatment, and long-term management of Borderline Personality Disorder and/or Bipolar Disorder.	4 hours (1x a year)	Direct Services, County	Total: 67	5/19/10	Christopher Chung, M.D., Samson J. Cho, M.D., Bernadette Grosjean, M.D.,	X	X	X	X	X				
51	Parental Depression in Latinos Missing Opportunities	The Institute of Medicine (IOM) and National Research Council (NRC) recently released two reports that summarize the state of the science behind prevention of mental, emotional, behavioral disorders among youth. The presentation will summarize the reports' relevant parental depression on the developing child. This presentation will summarize the reports' relevant literature on the parental depression, its interaction with parenting practices and its effects on children; identify disparities in parental depression detection, treatment, prevention outcomes; identify model programs that have been developed or adapted for Latinos; and provide recommendations for effective interventions for diverse population, including Latinos.	1hr	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	45 DMH	5/20/10	Sergio Aguilar-Gaxiola, M.D., Ph.D.	X	X	X	X	X				
52	Trauma Focused Cognitive Behavioral Therapy and Cultural Considerations when working with Latinos	This presentation will provide an introduction on how clinicians can use TF-CBT while working with the Latino community. TF-CBT is a treatment model that integrates elements of cognitive behavioral, narrative, attachment, family/system, strengths-based, and interpersonal therapy principles into a treatment designed to address the unique needs of children who have experienced a traumatic life event.	1hr	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	45 DMH	5/20/10	Leticia Gutierrez-Lopez, Psy.D. Tania Rojas, Psy.D. Elizabeth Diaz, MFT	X	X	X	X	X				
53	Training Providers in the use of Interpreter Services in Mental Health Settings	Same as above.	7 hrs	Direct Services, Counties,	Total: 4	5/25/10	Lidia Gamulin, LCSW						X	X	X	X
54	Multicultural Communications: Appreciating Diversity and Building Skills	The term "cultural competence" is omnipresent with many definitions available and few actual tools that can be implemented to assist multicultural relationships. Mental health practitioners sometimes find it difficult to even initiate a conversation about cultural issues. The purpose of this training is to enhance multicultural communication awareness and appreciation and to offer specific tools which can be used to improve cultural communication skills.	6 hours	Direct Services, Counties, Direct Service, Contractors,	18 3 Total: 21	5/25/10	Sharon Morrison-Velasco, Ph.D	X	X	X	X	X				X
55	Gangs, Youth Trauma, Domestic/Family Violence, & Field Safety	This is a one-day experientialworkshop on gangs, youth trauma, domestic and family violence. Part of the curriculum will include a guest speaker who will describe his/her experience with domestic and family violence. An overview of commonly used diagnoses and treatment interventions will be presented. Cross cultural differences and how these factors affect diagnoses and treatment will also be discussed. In closing, there will be an outline of best practices readily available.	6 hours	Direct Services, Counties Direct Service, Contractors,	5 81 Total: 86	6/1/10	Jorja Leap, Ph.D Bertha Cordova Agustin Lizama	X	X	X	X	X				
56	"The Power Within" - "Using Spiritual Interventions in the Process of Recovery from Severe Illness: A Biblical Model"	Spiritual interventions are powerful tools. Such interventions were used in a spirituality group at an inner-city psychological rehabilitation program such that 100% of the participants achieved their treatment goals consistently over 3 years. This seminar will: 1) introduce the research on the relationship between spirituality and mental health, 2) describe the spirituality groups as an example, and 3) address how to implement spiritual interventions in the process of assisting people recover from severe mental illness. Spiritual interventions will be discussed from a biblical perspective.	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 30	6/10/10	Ana Wong-McDonald, Ph.D.	X	X	X	X	X				
57	*9th Annual Conference on Mental Health & Spirituality - The Power Within* -"As The Spirit Moves Us: Steps On The Journey to Recovery"	This presentation will cover various Steps on the Journey of Recovery. The presenter will discuss that Recovery is a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices, and opportunities that allow people to reach their full potential as contributing community members.	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 250	6/10/10	Ken Thompson, M.D.	X	X	X	X	X				
58	*9th Annual Conference on Mental Health & Spirituality - The Power Within* - "Native American Spiritual Healing"	Addressing spirituality within the context of providing mental health treatment is an integral component providing culturally competent care to American Indians/Alaska natives. Spirituality and religion continues to be highly-valued components of overall wellness among American Indians/Alaska natives. However, addressing these topics within the therapeutic setting may be challenging. American Indians/Alaska natives are comprised of 562 federally-recognized tribes. Nonetheless, although each tribe possesses its' own unique histories ad cultures, various similarities exist with regards to their spiritual beliefs and practices. The purpose of this workshop is to provide participants the opportunity to lean fundamental concepts with regards to the role of spirituality and religion in mental health treatment among American Indians/Alaska natives. In addition, an overview of traditional healing services for American Indians/Alaska natives with mental health problems will be presented due to the spiritual nature of traditional healing in native American communities. This training will also address co-occurring substance abuse issues, and physical health problems which may be associated with mental illness in this population.	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 30	6/10/10	Dan Dickerson, MD and Ben Hale	X	X	X	X	X				
59	*9th Annual Conference on Mental Health & Spirituality - The Power Within* - " Spiritual Healing of PTSD Among Veterans"	This workshop explains the need for spiritual healing among veterans with PTSD. It also explores how the historical and biblical factors including the Vietnam War, Manifest Destiny, religion, and the morality of war could be linked to the psychological trauma experienced by the veterans. In addition, the history and research data for PTSD will be highlighted.	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 30	6/10/10	Manuel Jimenez, MFT	X	X	X	X	X				

60	*9th Annual Conference on Mental Health & Spirituality - The Power Within* - "Mental Health and Spirituality"	The goal of this workshop is to present a comprehensive and integrated conceptual framework for integrating religion and spirituality in mental health practice. The framework includes how to assess, plan and intervene on behalf of clients' in distress. It will be demonstrated that the paradigm is a holistic approach to working with individuals, couples, and families that includes meeting the client's psychological, cognitive, behavioral, emotional, physical, systemic, spiritual, and supportive needs. Special emphasis, however, will be placed on the body of knowledge and practice skills associated with religious and spiritual interventions.	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 30	6/10/10	Marshall Jung, DSW	X	X	X	X	X				
61	*9th Annual Conference on Mental Health & Spirituality - The Power Within* - "Muslim Perspective on Mental Health & Spirituality"	What are the cultural and religious characteristics of the Muslim American? What are some of their mental health and spirituality issues? Would they seek out counseling assistance outside of their community? What would they expect of the non-Muslim counselor if they do seek out assistance? How can the non-Muslim provider be effective in serving them?	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 250	6/10/10	Imam Yassir Fazaga, MFT	X	X	X	X	X				
62	Diversity and Unlearning Prejudice	This workshop will meet the cultural competency mandatory requirement and provide an overview of basic cultural competency. Participants will engage in interactive exercises that broaden awareness, understanding, and appreciation of differences and similarities within and between cultures. Through this process participants will examine the concepts of diversity, cultural competence, prejudice, stereotyping, and discrimination in the workplace.	4 hours (6x a year)	Direct Services, Counties	Total: 20	6/29/10	Los Angeles County Office of Affirmative Action Compliance Staff	X	X	X	X	X				X
63	Mental Health Interpreter Training (3 consecutive days of training)	This 3–day course will provide the interpreters with basic knowledge about interpreter roles and models of interpreting as well as mental health terms, diagnosis and unique challenges that are faced in this particular area. The training focuses on helping the interpreters see themselves as critical members of a multidisciplinary team that requires understanding of clinical issues and adherence to professional boundaries. It also provides an opportunity to practice their new found skills through role playing and interactive exercises. PREREQUISITES FOR PARTICIPANTS: Participants must be fluent in both English and at least one other language. They must have an interest in becoming an interpreter working either in a mental health setting or working with an agency that provides mental health services. They do not need to have previous experience as an interpreter.	21 hrs	Direct Services, Counties Direct Service, Contractors,	1 25 Total: 26	4/12/10 4/13/10 4/14/10	Lidia Gamulin, LCSW Maria Solano, LCSW						X	X	X	X
64	Mental Health Interpreter Training (3 consecutive days of training)	Same as above.	21 hrs	Direct Services, Counties Direct Service, Contractors,	9 18 Total: 27	4/19/10 4/20/10 4/21/10	D.J. Ida, Ph.D. Lidia Gamulin, LCSW						X	X	X	X
65	Mental Health Interpreter Training (3 consecutive days of training)	Same as above.	21 hrs	Direct Services, Counties Direct Service, Contractors,	8 11 Total: 19	4/26/10 4/27/10 4/28/10	D.J. Ida, Ph.D. Maria Solano LCSW						X	X	X	X
66	Mental Health Interpreter Training (3 consecutive days of training)	Same as above.	21 hrs	Direct Services, Counties Direct Service, Contractors,	6 17 Total: 22	5/17/10 5/18/10 5/19/10	D.J. Ida, Ph.D. Lidia Gamulin, LCSW						X	X	X	X

CRITERION 5

Evaluation Summaries of Trainings

(Addendum D)

Conference Evaluation
Asian American Conference – October 16, 2009

OPTIONAL

Print Name: (Last, First, Middle): _____
Profession: (6) MD, (8) PhD/PsyD/JD/EdD(44) LCSW/MFT (14) RN (76) CAADAC, ***Other*** ___
Email (if you want feedback)**:**

Identification of Session(s) Attended

- ☐ Keynote Part 1 8:45 AM – 10:15 AM Speaker: Gwen Yeo, PhD
- ☐ Workshop Session: 10:30 AM – 12:00 PM
  Title: _____ Speaker: _____
- ☐ Workshop Session 1:00 PM – 2:30 PM
  Title: _____ Speaker: _____
- ☐ Keynote Part 2 2:45 PM – 4:15 PM Speaker: Bruce Miller, MD

Evaluation of Session(s) Attended

PLEASE USE THE FOLLOWING KEY TO RATE EACH QUESTION:

Excellent	Very Good	Satisfactory	Fair	Poor	N/A
5	**4**	**3**	**2**	**1**	**0**

Gwen Yeo Keynote AM **8:45 AM – 10:15 AM**

Degree to which learning objectives were met	44%	39%	15%	2%	0%	0%
Presenter(s) knowledgeable & preparation	57%	34%	9%	0%	0%	0%
Presenter(s) presentation style	38%	36%	23%	1%	1%	0%
Overall presenter(s) rating	42%	40%	15%	2%	0%	0%

Descartes Li, MD

Degree to which learning objectives were met	62%	28%	9%	2%	0%	0%
Presenter(s) knowledgeable & preparation	73%	23%	3%	0%	0%	0%
Presenter(s) presentation style	68%	23%	7%	3%	0%	0%
Overall presenter(s) rating	71%	22%	7%	0%	0%	0%

Janet Yang

Degree to which learning objectives were met	65%	27%	6%	2%	1%	0%
Presenter(s) knowledgeable & preparation	72%	23%	4%	0%	1%	0%
Presenter(s) presentation style	58%	35%	6%	0%	1%	0%
Overall presenter(s) rating	63%	34%	2%	0%	1%	0%

David Yim and Yvonne Sun

Degree to which learning objectives were met	57%	34%	8%	2%	0%	0%
Presenter(s) knowledgeable & preparation	61%	32%	6%	0%	0%	0%
Presenter(s) presentation style	57%	34%	8%	0%	0%	0%
Overall presenter(s) rating	59%	32%	8%	0%	0%	0%

Bruce Millers Keynote PM Workshop **2:45 PM – 4:15 PM**

Degree to which learning objectives were met	65%	23%	9%	2%	0%	1%
Presenter(s) knowledgeable & preparation	76%	16%	7%	0%	0%	1%
Presenter(s) presentation style	66%	22%	9%	1%	1%	0%
Overall presenter(s) rating	69%	20%	9%	1%	0%	1%

Evaluation of Facility

Convenient & comfortable	43%	34%	20%	2%	1%	0%
Accessibility (Americans w/ Disabilities Act)	44%	40%	10%	5%	0%	0%
Overall facility rating	42%	26%	26%	6%	0%	0%

Conference Evaluation
Asian American Conference – October 16, 2009

Overview

Overall conference rating	70%	25%	5%	0%	0%	0%

Additional Comment:

- Great pleasure to be here. Exceeded expectation.
- I think the conference was very successful for everyone. We deeply understood Asian people's psychological problem, every culture has a different background.
- I didn't find the workshop to be very helpful! Rather then discussing criteria alone, it would have been more interesting to discuss more practical approaches and barriers to assessment. We did discuss these but it was confusing.
- Do it here next year, more central to LA County
- Supporting staff is very helpful.
- Congrats to all committees members. I heard positive comments about the facility location, food workshops, topics, and materials.
- I am very glad I came. The people you picked are very helpful and informative in ways to approach the Asian community.
- Good choice to have the training conference, very good food.
- Back to Long Beach, thank you
- Maybe you should provide Spanish workshops or translation. Overall great!!
- I would like to learn how spiritual aspects are related to mental health intervention among Asian seniors your next conference or in the future.
- I am glad that you have consumers involved and the scholarship table appeared very organized.
- During the depression in the Asian Elderly Workshop I felt the speaker did not include the clients that were in attendance. Maybe he was not informed that everyone attending were not professionals in the mental health field. Also myself, and other clients felt lost for the most part during this workshop, I guess I chose the wrong workshop.
- Very well organized training.
- Outstanding speakers.
- Friday is a good day to have the conference.
- David Yim has very good useful information. He needs to slow down in presenting.
- Dr. Li had a very good presentation.
- Depression by Dr. Li, the group is too large to have group participation and takes too much time. The information was excellent and the insights on cultural attitudes were very helpful.

COURSE TITLE: Partnership in the Assessment and Treatment of Dementia and Co-Morbid Mental Illness in Older Adults

INSTRUCTOR (S): David Sultzer, M.D., Nitin Nanda, M.D., Roderick Shaner, M.D., Sarah Gelberd, M.D., & Austina Cho, M.D

FACILITY: Cal Endow Center **DATE:** 11/17/2009

#	Professional Status:	%
20	Physician/Psychiatrist	46.5%
17	Licensed Social Worker, MFT, Licensed Nurse	39.5%
0	Other Non-Licensed Staff or Non-Clinical	0.0%
3	Licensed Psychologist	7.0%
3	Nurse Practitioner	7.0%
43	Total	

#	What was your primary reason for attending	%
30	Important to job	60.0%
3	Management requirement	6.0%
2	Required for license/license renewal	4.0%
8	CE credit offered	16.0%
7	Reputation of the training instructor	14.0%
50	Total	

	LEARNING OBJECTIVES	5	4	3	2	1	n/a
1	Identify upcoming advances in Alzheimer's disease	70.00% 35	26.0% 13	4.0% 2	0.0% 0	0.0% 0	0.0% 0
2	Distinguish between features of normal aging and early dementia	62.00% 31	30.0% 15	6.0% 3	2.0% 1	0.0% 0	0.0% 0
3	Discuss upcoming treatment opportunities for Alzheimer's disease and explore the impact of Alzheimer's disease on the family and	60.00% 30	34.0% 17	6.0% 3	0.0% 0	0.0% 0	0.0% 0
4	Discuss issues when treating indigent and uninsured patients with co-occurring cognitive impairments and mental illness	36.00% 18	30.0% 15	20.0% 10	10.0% 5	2.0% 1	2.0% 1
5	Recognize barriers and techniques to communicate and obtain quality workups of co-occurring cognitive impairments	46.00% 23	36.0% 18	14.0% 7	2.0% 1	2.0% 1	0.0% 0
6	Describe psychosocial issues when treating indigent and uninsured patients with co-occurring cogntive impairments	47.06% 24	31.4% 16	9.8% 5	3.9% 2	7.8% 4	0.0% 0

	PRESENTER (S)	5	4	3	2	1	n/a
	Knowledgeable	88.00% 44	12.0% 6	0.0% 0	0.0% 0	0.0% 0	0.0% 0
	Well prepared	88.00% 44	12.0% 6	0.0% 0	0.0% 0	0.0% 0	0.0% 0
	Presentation style and communication skills	84.00% 42	16.0% 8	0.0% 0	0.0% 0	0.0% 0	0.0% 0
	Overall presenter (s) ratings	90.00% 45	10.0% 5	0.0% 0	0.0% 0	0.0% 0	0.0% 0
	Handout materials facilitated learning	56.00% 28	34.0% 17	10.0% 5	0.0% 0	0.0% 0	0.0% 0
	Curriculum addressed cultural competency	42.00% 21	24.0% 12	14.0% 7	6.0% 3	8.0% 4	6.0% 3
	The length of time was appropriate	66.00% 33	22.0% 11	10.0% 5	0.0% 0	0.0% 0	2.0% 1
	The depth of the presentation was appropriate	56.00% 28	36.0% 18	6.0% 3	0.0% 0	0.0% 0	2.0% 1
	The training provided knowledge/skills that are applicable	66.00% 33	24.0% 12	8.0% 4	0.0% 0	0.0% 0	2.0% 1
	Overall presenter ratings	64.00% 32	28.0% 14	6.0% 3	0.0% 0	0.0% 0	2.0% 1
	Presentation was free of commercial bias	100.00% 50					
	0 Disagrees						
	Accessible of facility (ADA)	84.00% 42	12.0% 6	4.0% 2	0.0% 0	0.0% 0	0.0% 0
	Overall facility rating	88.00% 44	10.0% 5	2.0% 1	0.0% 0	0.0% 0	0.0% 0

Signature (optional): _____ Date: _____

Revised 1/30/08

COMMENTS

I think this was an opportunity to see the great strides that client have made. It was great to hear the presenters. It would have been useful to focus as well on the specific roles of NPs and psychiatrists within centers and might have given set times to speeches and leave time for questions and answers.

Please instruct participants to turn their phones off as a courtesy to everyone else at the start of the lecture.

COURSE TITLE: HIV AIDS- Assessment and Treatment

INSTRUCTOR (S): Linda Poverny, Ph.D, LCSW

FACILITY: Cal Endowment Center **DATE: December 2, 2009**

#	Professional Status:	%
9	Licensed Psychologist	31.0%
16	Licensed Social Worker, MFT	55.2%
1	Licensed Nurse	3.4%
0	Physician/Psychiatrist	0.0%
3	Other (Specify):	10.3%

29 Total

#	What was your primary reason for attend	%
9	Important to job	31.0%
0	Management requirement	0.0%
7	Required for license/license renewal	24.1%
13	CE credit offered	44.8%
0	Reputation of the training instructor	0.0%

29 Total

LEARNING OBJECTIVES		5		4		3		2		1		n/a	Count
Be informed about the ever widening demographic affected by HIV/AIDS, including heterosexual women of color, older women, young gay men, and bi-sexual men.	69%	25	27%	2	4%	1	2%	0	0.00%	0	0.00%	0	28
Improve professionals' knowledge of the changing nature of HIV/AIDS as a progressive, chronic, and only potentially fatal medical condition with various related psychiatric problems.	60%	21	32%	5	5%	1	2%	0	3.57%	1	0.00%	0	28
Identify the direct and indirect effects of HIV on individuals and some of the current complementary treatment approaches available.	63%	22	28%	6	9%	1	0%	0	3.33%	1	0.00%	0	30
Apply assessment and intervention skills related to psychiatric and psychosocial case planning and case coordination.	50%	11	35%	10	12%	6	2%	0	3.57%	1	0.00%	0	28
Implement appropriate intervention skills with caregiver/family members when addressing HIV/AIDS.	55%	11	28%	9	12%	7	4%	0	3.57%	1	0.00%	0	28

PRESENTER (S)		5		4		3		2		1		n/a	Count
Knowledgeable	90%	26	7%	2	3%	1	0%	0	0.00%	0	0.00%	0	29
Well prepared	90%	26	7%	2	3%	1	0%	0	0.00%	0	0.00%	0	29
Presentation style	79%	27	15%	5	6%	2	0%	0	0.00%	0	0.00%	0	34
Overall presenter(s) rating	83%	24	14%	4	3%	1	0%	0	0.00%	0	0.00%	0	29
Handout materials facilitated learning	70%	21	20%	6	7%	2	0%	0	2%	1	0.00%	0	30
Curriculum addressed cultural competency	69%	20	14%	4	10%	3	3%	1	2%	1	0.00%	0	29
Presentation was free of commercial bias	83%	24	10%	3	7%	2	0%	0	0%	0	0.00%	0	29
The length of time was appropriate	55%	16	34%	10	10%	3	0%	0	2%	0	0.00%	0	29
The depth of the presentation was appropriate	59%	17	34%	10	3%	1	3%	1	0%	0	0.00%	0	29
The training provided knowledge/skills that are applicable	76%	22	17%	5	7%	2	0%	0	0%	0	0.00%	0	29

Overall course rating	69%	20	24%	7	7%	2	0%	0	0%	0	0.00%	0	29
Accessible of facility (ADA)	76%	22	21%	6	3%	1	0%	0	2%	0	4%	0	29
Overall facility rating	69%	20	28%	8	3%	1	0%	0	1%	0	0%	0	29

Over All Average Score **4.55**

COURSE TITLE:	**Anxiety and Bipolar Disease in Older Adults**		
	2.5hours of AMA PRA Category 1 Credit ™		
INSTRUCTOR (S):	Denise Feil, M.D., MPH		
FACILITY:	DMH HQ – 550 S. Vermont Ave Ave, 6th floor, Conference Room	**DATE:**	January 28, 2010 1:30p.m. – 3:30p.m

Professional Status:

0	Licensed Psychologist
0	Licensed Social Worker, MFT
0	Licensed Nurse
18	Physician/Psychiatrist
0	Other (Specify): _____

What was your primary reason for attending

15	Important to job
0	Management requirement
1	Required for license/license renewal
3	CE credit offered
1	Reputation of the training instructor

PLEASE USE THE FOLLOWING KEY TO ANSWER QUESTIONS:

Excellent -5 **Very Good -4** **Satisfactory -3** **Fair -2** **Poor -1** **N/A -0**

	5	4	3	2	1	0
LEARNING OBJECTIVES						
1. Outline the current strategies to treating hoarding in the elderly.	49%	22%	27%	0%	0%	0%
2 Identify common causes of secondary mania in the elderly	65%	27%	5%	0%	0%	0%
3. Describe how mood-stabilizing agents need to be adjusted from the impact of older age, co-morbidities and polypharmacy	54%	43%	0%	0%	0%	0%
4. Review age-related differences in the presentation and treatment of anxiety and OCD	54%	43%	0%	0%	0%	0%
PRESENTER (S)						
1. Knowledgeable	77%	16%	5%	2%	0%	0%
2. Well prepared	54%	33%	5%	0%	5%	0%
3. Presentation style	43%	27%	16%	11%	0%	0%
4. Overall presenter(s) rating	54%	22%	16%	5%	0%	0%
OVERVIEW						
1. Handout materials facilitated learning	54%	38%	0%	0%	5%	0%
2. Curriculum addressed cultural competency	43%	27%	0%	0%	11%	16%
3. Presentation was free of commercial bias	54%	22%	16%	0%	5%	0%
4. The length of time was appropriate	65%	27%	0%	5%	0%	0%
5. The depth of the presentation was appropriate	65%	22%	5%	5%	0%	0%
6. The training provided knowledge/skills that are applicable	54%	22%	22%	0%	0%	0%
7. Overall course rating	88%	11%	0%	0%	0%	0%
FACILITY						
1. Accessible of facility (ADA)	60%	22%	5%	0%	0%	11%
2. Overall facility rating	43%	22%	32%	0%	1%	0%

Please add any additional comments you have concerning this training & List recommendations you have for future training topics.

Signature (optional): _____ Date: _____

COURSE TITLE:	PROMOTING HOPE, RECOVERY, AND RESILIENCY IN THE AFRICAN AMERICAN COMMUNITY
Reference#:	**00039237**
INSTRUCTOR (S):	Harry Taylor, PhD and Ricardo Mendoza, MD
FACILITY: Palmdale Culture Center	**DATE: 2-9-10**

Professional Status:

11	Licensed Psychologist
23	Licensed Social Worker, MFT
3	Licensed Nurse
0	Physician/Psychiatrist
34	Other (Specify):

What was your primary reason for attending

42	Important to job
4	Management requirement
2	Required for license/license renewal
19	CE credit offered
18	Reputation of the training instructor

PLEASE USE THE FOLLOWING KEY TO ANSWER QUESTIONS:

Excellent -5 **Very Good -4** **Satisfactory -3** **Fair -2** **Poor -1** **N/A -0**

		5	4	3	2	1	0
	LEARNING OBJECTIVES						
1.	Apply historical and cultural factors associated with trauma and child abuse in treating the African American community.	60%	32%	4%	2%	0%	1%
2	Discuss how a wellness and recovery approach can improve the outcomes for African American consumers.	53%	32%	7%	4%	3%	0%
3.	Identify factors that contribute to resiliency in the African American community.	56%	27%	11%	1%	4%	0%
	PRESENTER (S)						
1.	Knowledgeable	70%	22%	6%	1%	0%	0%
2.	Well prepared	67%	27%	4%	1%	0%	0%
3.	Presentation style	62%	31%	6%	1%	0%	0%
4.	Overall presenter(s) rating	69%	24%	6%	0%	1%	0%
	OVERVIEW						
1.	Handout materials facilitated learning	50%	27%	17%	3%	0%	3%
2.	Curriculum addressed cultural competency	57%	25%	12%	3%	1%	1%
3.	Presentation was free of commercial bias	63%	25%	10%	1%	0%	0%
4.	The length of time was appropriate	62%	22%	11%	3%	0%	1%
5.	The depth of the presentation was appropriate	57%	24%	14%	1%	3%	0%
6.	The training provided knowledge/skills that are applicable	56%	28%	13%	1%	1%	0%
7.	Overall course rating	59%	27%	11%	1%	1%	0%
	FACILITY						
1.	Accessible of facility (ADA)	73%	22%	1%	2%	0%	3%
2.	Overall facility rating	76%	22%	1%	0%	0%	0%

Please add any additional comments you have concerning this training & List recommendations you have for future training topics.

- Longer training with a lunch break next time.
- Dr. Taylor is wonderful and knowledgeable
- Would have liked more time for questions at the end and less questions that interrupted presenter and their train of thought or order presentation
- There was data used that was inaccurate
- Good presentation but more focus ought to be on interventions.
- Would like to have had handouts/ slideshow
- It was great to have food at a training for DMH. That is rare to have breakfast and lunch. I really appreciate all the hard work that the Antelope Valley team put into this event. Black history is important to acknowledge.
-

Signature (optional): _____ Date: 10/30/09

COURSE TITLE:	**Combat to Community: A primer for Mental Health Professionals on Readjustment Challenges in Returning Global War on Terror Veterans**
Reference#:	
INSTRUCTOR (S):	Christopher M. Weaver, Ph.D; David M. Joseph, Ph.D.
FACILITY:	Martin Luther King JR. Hospital, Hudson Auditorium 12021 Wilmington Avenue Los Angeles, CA 90049
DATE:	**February 25, 2010**

Professional Status:

6	Licensed Psychologist
21	Licensed Social Worker, MFT
4	Licensed Nurse
1	Physician/Psychiatrist
10	Other (Specify): _____

What was your primary reason for attending

33	Important to job
2	Management requirement
2	Required for license/license renewal
8	CE credit offered
0	Reputation of the training instructor

PLEASE USE THE FOLLOWING KEY TO ANSWER QUESTIONS:

Excellent -5 **Very Good -4** **Satisfactory -3** **Fair -2** **Poor -1** **N/A -0**

		5	4	3	2	1	0
	LEARNING OBJECTIVES						
1.	You have a better understanding of the issues facing Iraq and Afghanistan era veterans, particularly transition-age veterans who may have post traumatic stress, traumatic brain injury, or other issues related to deployment.	83%	17%	0%	0%	0%	0%
2	You are able to Identify cultural and bureaucratic obstacles to care.	59%	33%	2%	5%	0%	0%
3.	You are better able to Identify clients as veterans, or family members of veterans.	70%	27%	2%	0%	0%	0%
4.	You have a better understanding of the impact military culture and training have on accessing care.	79%	16%	2%	0%	0%	2%
5.	You have a better understanding of a recommended course or evidence-based assessment and treatment for PTSD	83%	17%	0%	0%	0%	0%
	PRESENTER (S)						
1.	Knowledgeable	98%	2%	0%	0%	0%	0%
2.	Well prepared	98%	2%	0%	0%	0%	0%
3.	Presentation style	98%	2%	0%	0%	0%	0%
4.	Overall presenter(s) rating	100 %	0%	0%	0%	0%	0%
	OVERVIEW						
1.	Handout materials facilitated learning	73%	14%	7%	5%	0%	0%
2.	Curriculum addressed cultural competency	76%	17%	7%	0%	0%	0%
3.	Presentation was free of commercial bias	78%	17%	5%	0%	0%	0%
4.	The length of time was appropriate	76%	19%	2%	2%	0%	0%
5.	The depth of the presentation was appropriate	73%	24%	2%	0%	0%	0%
6.	The training provided knowledge/skills that are applicable	88%	12%	0%	0%	0%	0%
7.	Overall course rating	83%	17%	0%	0%	0%	0%
	FACILITY						
1.	Accessible of facility (ADA)	66%	12%	5%	5%	5%	7%
2.	Overall facility rating	52%	31%	9%	5%	1%	0%

Please add any additional comments you have concerning this training & List recommendations you have for future training topics.

- Thank you. Outstanding! Very Informative and insightful
- There is so much to learn about this topic, make the training two days. Also maybe we could train on EBT for PTSD.
- Both presenters were excellent and provided detailed information. Hopefully next time it will be longer
- More Detailed focus on TX elements for PTSD
- Future trainings are necessary to treat veterans
- We need more trainings on this topic
- Great training
- One of the best trainings I have attended at DMH

Signature (optional): _____ Date: _____

Revised 1/30/08

COURSE TITLE:	**Training Providers in the Use of Interpreter Services in Mental Health Settings**
INSTRUCTOR (S):	**Lidia Gamulin, LCSW**
FACILITY:	**Tessie Cleveland Community Services** **DATE:** **4/15/2010**

#	**Professional Status:**	%
0	Licensed Psychologist	**0.0%**
3	Licensed Social Worker, MFT	**16.7%**
3	Licensed Nurse	**16.7%**
0	Physician/Psychiatrist	**0.0%**
12	Other (Specify): _____	**66.7%**
18	**Total**	

#	**What was your primary reason for attending**	%
16	Important to job	**80.0%**
0	Management requirement	**0.0%**
0	Required for license/license renewal	**0.0%**
3	CE credit offered	**15.0%**
1	Reputation of the training instructor	**5.0%**
20	**Total**	

	LEARNING OBJECTIVES	5	4	3	2	1	n/a	Count
1	Describe the fundamental principles of working with interpreters in mental health.	63.16% 12	31.6% 6	0.0% 0	0.0% 0	0.0% 0	5.3% 1	19
2	List three or more Federal and State laws & regulations for Limited English Proficiency (LEP).	78.95% 15	15.8% 3	0.0% 0	5.3% 1	0.0% 0	0.0% 0	19
3	Determine legal and ethical implications of problematic communications.	68.42% 13	21.1% 4	0.0% 0	10.5% 2	0.0% 0	0.0% 0	19
4	Identify at least 4 techniques and practice the resulting skills for managing the clinical triad between interpreter, client and provider.	84.21% 16	10.5% 2	0.0% 0	5.3% 1	0.0% 0	0.0% 0	19
5	Recognize the interpreter's roles with emphasis on the role of cultural broker.	89.47% 17	10.5% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
6	Discuss the guidelines for pre-session, in-session and post-session.	84.21% 16	15.8% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
7	Include the DSMIV Cultural Bound Syndromes in the diagnostic formulation and effectively guide the interpreter in using the consumer's idioms of distress.	78.95% 15	21.1% 4	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19

PRESENTER (S)	5	4	3	2	1	n/a	Count
Knowledgeable	94.74% 18	5.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
Well prepared	94.74% 18	5.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
Presentation style	94.74% 18	5.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
Overall presenter(s) rating	100.00% 19	0.0% 0	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19

OVERVIEW	5	4	3	2	1	n/a	
Handout materials facilitated learning	89.47% 17	10.5% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
Curriculum addressed diversity and cultural competency	84.21% 16	15.8% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
Presentation was free of commercial bias	94.74% 18	5.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
The length of time was appropriate	84.21% 16	15.8% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
The depth of the presentation was appropriate	84.21% 16	15.8% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
The training provided knowledge/skills that are applicable	84.21% 16	15.8% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
Overall course rating	94.74% 18	5.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19

FACILITY	5	4	3	2	1	n/a	
Accessible of facility (ADA)	89.47% 17	10.5% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
Overall facility rating	89.47% 17	10.5% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19

COMMENTS

1 "Truly enjoyed your presentation. Loved the handout booklet. Enjoyed her sense of humor, allowed for comfortable class setting-Professionally at ease."
2 "I've learned a lot. Thank you very much."
3 "Allowing the audience to participate in group setting and role play was very helpful; it allowed me to have the hand-on experience, and also encouraged me to be cautious when interpreter is participating. It also prepared me to be culturally sensitive."
4 "The training has been engaging, lively and filled with great examples. The instructors was great at answering questions.'
5 "Mandatory for those that interpret on the job. As a requirement, one day trainings is not enough."
6 "The Presenter's personality and style was very engaging. I particularly appreciated on low context and high context cultures. Also, the emphasis on the interpreter utilizing 1st person point of view was valuable guidance. The facility was EXCELLENT."
7 "I really enjoyed the training. There were new things I learned that I know will definitely benefit me as an interpreter. It would be very beneficial if therapist in our agency would take advantage of this training as this would help both interpreter and provider /clinician provide a better service to client. "
8 "Enjoyed the interactive sessions and your liveliness."
9 "Very interactive, and good flow of info. Also, like the variation of teaching material."

10 "Lidia G. LCSW was well prepared, organized, made the training fun and gave a lot of great information for the providers to know how to control in sessions."

COURSE TITLE:	Mental Health Interpreter Training
INSTRUCTOR (S):	Lidia Gamulin, LCSW & Maria Solano, LCSW (substituted for D.J. Ida, PhD)
FACILITY:	Tessie Cleveland Community Services
DATE:	4/12-4/14/2010

#	Professional Status:	%
0	Licensed Psychologist	0.0%
2	Licensed Social Worker, MFT	7.7%
0	Licensed Nurse	0.0%
0	Physician/Psychiatrist	0.0%
24	Other (Specify): _____	92.3%
26	Total	

#	What was your primary reason for attending	%
23	Important to job	76.7%
7	Management requirement	23.3%
0	Required for license/license renewal	0.0%
0	CE credit offered	0.0%
0	Reputation of the training instructor	0.0%
30	Total	

	LEARNING OBJECTIVES	5	4	3	2	1	n/a	Count
1	State at least three cultural bound syndromes as outlined in DSMIV.	92.31% 24	7.7% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	26
2	Discuss at least two reasons for stigma associated with mental illness.	84.62% 22	11.5% 3	0.0% 0	0.0% 0	0.0% 0	3.8% 1	26
3	Identify at least three barriers to effective communication and four ways to avoid problems in interpreting.	84.62% 22	15.4% 4	0.0% 0	0.0% 0	0.0% 0	0.0% 0	26
4	List three elements of the mental status exam.	88.46% 23	11.5% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	26
5	Define and practice the four roles of an interpreter with emphasis on the role of cultural broker.	84.62% 22	15.4% 4	0.0% 0	0.0% 0	0.0% 0	0.0% 0	26
6	Identify and apply the major models of interpreting.	88.46% 23	11.5% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	26
7	List effective ways of interpreting the *10 Fundamental Components of Recovery* as identified by the Substance Abuse and Mental Health Services Administration.	57.69% 15	19.2% 5	3.8% 1	0.0% 0	0.0% 0	19.2% 5	26
8	Identify and discuss three cultural beliefs for the causes on mental health conditions.	80.77% 21	15.4% 4	0.0% 0	0.0% 0	0.0% 0	3.8% 1	26

PRESENTER (S)	5	4	3	2	1	n/a	Count
Knowledgeable	92.31% 24	7.7% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	26
Well prepared	76.92% 20	15.4% 4	7.7% 2	0.0% 0	0.0% 0	0.0% 0	26
Presentation style	69.23% 18	30.8% 8	0.0% 0	0.0% 0	0.0% 0	0.0% 0	26
Overall presenter(s) rating	73.08% 19	26.9% 7	0.0% 0	0.0% 0	0.0% 0	0.0% 0	26

OVERVIEW	5	4	3	2	1	n/a	
Handout materials facilitated learning	84.62% 22	11.5% 3	3.8% 1	0.0% 0	0.0% 0	0.0% 0	26
Curriculum addressed diversity and cultural competency	80.77% 21	15.4% 4	3.8% 1	0.0% 0	0.0% 0	0.0% 0	26
Presentation was free of commercial bias	84.62% 22	15.4% 4	0.0% 0	0.0% 0	0.0% 0	0.0% 0	26
The length of time was appropriate	73.08% 19	26.9% 7	0.0% 0	0.0% 0	0.0% 0	0.0% 0	26
The depth of the presentation was appropriate	76.92% 20	19.2% 5	3.8% 1	0.0% 0	0.0% 0	0.0% 0	26
The training provided knowledge/skills that are applicable	76.92% 20	23.1% 6	0.0% 0	0.0% 0	0.0% 0	0.0% 0	26
Overall course rating	76.92% 20	23.1% 6	0.0% 0	0.0% 0	0.0% 0	0.0% 0	26

COMMENTS

1 "I have no comments beside how please I am to be able to attend this workshop. It gives me better understanding and techniques to effective providing interpreting. I enjoy the class"

2 "Maria Solano replaced Dr. Ida the three days".

3 "Maria Solano stepped in as a replacement for Dr. Ida. Maria demonstrated knowledge of Mental Health concepts and intervention. Yet, Lidia Gamulin has extensive experience on the subject interpreting which was highly valuable for me. Lidia's examples and connection between M.H. and interventions was great!!"

4 "Maria Solano was replacement for D.J. Ida. Maria was very good and easy to understand."

5 " Role playing was not beneficial to me when everyone did it due to noise level. control of side conversation need more control. The vignettes were great"

6 "Both Maria and Lidia did an excellent job in teaching the information. Maria Solano was the replacement for Dr. Ida."

7 "Lidia and Maria were very helpful and very nice. They made the training exciting and were attentive to our needs."

8 "It was a very helpful classes to learn there are a lot of material and lectures provided and will be implemented to the community."

9 "Ms. Lidia/Maria were excellent trainers. I would recommend my co-workers to attend this class. I have learned new ways to be a better interpreter. I would like to take this time to say thank you both for taking this time to educate other providers."

10 "Lidia G. LCSW and Maria S., LCSW are excellent trainers. They made it fun and great teaching. Interesting, they kept everyone into it. We had a great and fun learning experience overall. They were on time, punctual and did everything in order. Dr. Ida was not able to come but Maria S., LCSW did a great job in covering and Anna Perne, LCSW has done an awesome job by working behind the scenes and organizing all these trainings."

11 "Training was very informative and useful. Instructor made training interesting and made training interactive for all participants. I am happy to have received this training and I will definitely take it to the work place."

12 "Lidia Gamulin and Maria Solano were good instructors and provide good information and details and made it easy to understand as a interpreter. I had a good time great experience."

13 The training was extremely informative. It will really benefit our agencies and our clients. The facility was perfect for this training. Maria Solano, LCSW replaced Dr. Ida."

14 "It was great experience to have this training with Lidia Gamulin and Maria Solano. Maria Solano was the replacement for DJ Ida PhD."

15 "This training has been extremely helpful in learning how to become an interpreter. I have been given the tools needed to respond in appropriate way in various settings. The role playing was helpful, the vignettes were pertinent and correlated with material, the handouts will continue to be helpful after this training and power point slides were very clear and informative. I have truly enjoyed this 3-day training. It has been fun, interactive, informative and I feel life-changing in the sense that I understand my role better as an interpreter. Thank you for such a well-prepared training (i.e. my own binder) and knowledgeable presenters. * The games were a great icebreaker and transition from breaks to training."

16 "Thank you Maria and Lidia did a very good job"
17 "Maria Solano was the replacement for Ida."
18 "Instructors: Maria Solano, LCSW and Lidia Gamulin, LCSW"
19 "Very good training."
20 "Maria Solano was replacing DJ Ida."
21 "It was nice for instructors to incorporate some educational material outside of Spanish to accommodate non-Spanish interpreters. Maybe update the slide and information in presentation recommended by participants."
22 "Very interesting and helpful. Maria Solana LCSW (replaced Dr. Ida)."
23 "Maria Solano was the replacement for D.J. Ida."
24 "Ms. Maria Solano and Lidia Gamulin they presented their course in a very knowledge way, the presentation and the curriculum was very much informative and will be helpful to my company."
25 "At this moment I don't have any concern but this training was really educational and will help me be a better interpreter and to be able to help clients to better understand the information and services we provide in our clinic."
26 "The video assisted to have a vivid understanding of the material being provided. The term review was the useful and on how to each one defines different words use in a setting due to culture."

COURSE TITLE:	**Mental Health Interpreter Training**
INSTRUCTOR (S):	**D.J. Ida, PhD and Lidia Gamulin, LCSW**
FACILITY:	**Superior Court Building** **DATE: 4/19-4/21/2010**

#	**Professional Status:**	%
0	Licensed Psychologist	**0.0%**
1	Licensed Social Worker, MFT	**4.3%**
0	Licensed Nurse	**0.0%**
0	Physician/Psychiatrist	**0.0%**
22	Other (Specify): _____	**95.7%**
23	**Total**	

#	**What was your primary reason for attending**	%
24	Important to job	**96.0%**
0	Management requirement	**0.0%**
0	Required for license/license renewal	**0.0%**
1	CE credit offered	**4.0%**
0	Reputation of the training instructor	**0.0%**
25	**Total**	

	LEARNING OBJECTIVES	5		4		3		2		1		n/a		Count
1	State at least three cultural bound syndromes as outlined in DSMIV	96.00%	24	4.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25
2	Discuss at least two reasons for stigma associated with mental illness.	84.00%	21	16.0%	4	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25
3	Identify at least three barriers to effective communication and four ways to avoid problems in interpreting.	88.00%	22	12.0%	3	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25
4	List three elements of the mental status exam.	92.00%	23	8.0%	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25
5	Define and practice the four roles of an interpreter with emphasis on the role of cultural broker.	88.00%	22	12.0%	3	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25
6	Identify and apply the major models of interpreting.	88.00%	22	12.0%	3	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25
7	List effective ways of interpreting the *10 Fundamental Components of Recovery* as identified by the Substance Abuse and Mental Health Services Administration.	80.00%	20	20.0%	5	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25
8	Identify and discuss three cultural beliefs for the causes on mental health conditions.	96.00%	24	4.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25

PRESENTER (S)	5		4		3		2		1		n/a		Count
Knowledgeable	88.00%	22	12.0%	3	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25
Well prepared	84.00%	21	16.0%	4	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25
Presentation style	83.33%	20	16.7%	4	0.0%	0	0.0%	0	0.0%	0	0.0%	0	24
Overall presenter(s) rating	84.00%	21	16.0%	4	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25

OVERVIEW	5		4		3		2		1		n/a		
Handout materials facilitated learning	88.00%	22	12.0%	3	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25
Curriculum addressed diversity and cultural competency	80.00%	20	20.0%	5	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25
Presentation was free of commercial bias	88.00%	22	12.0%	3	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25
The length of time was appropriate	68.00%	17	28.0%	7	4.0%	1	0.0%	0	0.0%	0	0.0%	0	25
The depth of the presentation was appropriate	80.00%	20	20.0%	5	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25
The training provided knowledge/skills that are applicable	80.00%	20	20.0%	5	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25
Overall course rating	80.00%	20	20.0%	5	0.0%	0	0.0%	0	0.0%	0	0.0%	0	25

FACILITY	5		4		3		2		1		n/a		
Accessible of facility (ADA)	56.00%	14	28.0%	7	12.0%	3	0.0%	0	0.0%	0	4.0%	1	25
Overall facility rating	52.00%	13	28.0%	7	16.0%	4	4.0%	1	0.0%	0	0.0%	0	25

COMMENTS

1 "Good learning experience I learned a lot more than what I thought was necessary for being an interpreter. Thank you. Trainers were very nice, helpful. And made the training fun and interactive."
2 "a stand up break every hour. - ergonomics chairs should face the presenters."
3 "Overall, the instructors did a great job! There was some side conversation during most of the course but they did a great job in help those people to re-focus."

4 "very informative and effective in explaining the extreme complexity of mental health interpreting."
5 "Thank you and hope to see you guys soon."

6 "Training was thorough, fun, education and enjoyed my peers and the group interaction. Excellent team and presenters. Learned a lot."

7 "Training was excellent. Presenters made it clear, understandable, concise and fun and engaging. I noticed that indeed influenced my interpreting style. Thank you!"
8 "I like very much the training."
9 "Should have a richer 'Glossary of Mental Health Terms' (many more words)."
10 "Both presenters were well prepared and provided great examples and made 3 days of educational and fun activities."
11 " I want to personally address that Dr. D.J. and Ms. Lidia have been the best instructors I've had in a long time. Their patience and knowledge is outstanding. I would definitely encourage our staff to attend this training. Thanks. "
12 "Both D.J. and Lidia were really professional and really funny. I would recommend for other interpreters to attend this training."
13 "Thank you !!"
14 "was a very excellent training and will I am sure will be a good thing to try to put into real life practice."
15 "Thanks very much this training be in help my clients and me."
16 "Thank you very much for this informative training both of the facilitators were excellent and knowledgeable. I enjoyed the training! And would recommend to other bilingual staff. Thank you for the Healthy Snacks!

COURSE TITLE: Training Providers in the Use of Interpreter Services in Mental Health Settings
INSTRUCTOR (S): Lidia Gamulin, LCSW
FACILITY: Superior Court Building **DATE:** 4/22/2010

#	Professional Status:	%
1	Licensed Psychologist	7.1%
0	Licensed Social Worker, MFT	0.0%
2	Licensed Nurse	14.3%
0	Physician/Psychiatrist	0.0%
11	Other (Specify): _____	78.6%
14	Total	

#	What was your primary reason for attending	%
12	Important to job	75.0%
2	Management requirement	12.5%
0	Required for license/license renewal	0.0%
1	CE credit offered	6.3%
1	Reputation of the training instructor	6.3%
16	Total	

	LEARNING OBJECTIVES	5	4	3	2	1	n/a	Count
1	Describe the fundamental principles of working with interpreters in mental health.	71.43% 10	21.4% 3	7.1% 1	0.0% 0	0.0% 0	0.0%	14
2	List three or more Federal and State laws & regulations for Limited English Proficiency (LEP).	57.14% 8	35.7% 5	7.1% 1	0.0% 0	0.0% 0	0.0% 0	14
3	Determine legal and ethical implications of problematic communications.	85.71% 12	7.1% 1	7.1% 1	0.0% 0	0.0% 0	0.0% 0	14
4	Identify at least 4 techniques and practice the resulting skills for managing the clinical triad between interpreter, client and provider.	71.43% 10	28.6% 4	0.0% 0	0.0% 0	0.0% 0	0.0% 0	14
5	Recognize the interpreter's roles with emphasis on the role of cultural broker.	78.57% 11	21.4% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	14
6	Discuss the guidelines for pre-session, in-session and post-session.	64.29% 9	35.7% 5	0.0% 0	0.0% 0	0.0% 0	0.0% 0	14
7	Include the DSMIV Cultural Bound Syndromes in the diagnostic formulation and effectively guide the interpreter in using the consumer's idioms of distress.	78.57% 11	21.4% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	14

	PRESENTER (S)	5	4	3	2	1	n/a	Count
	Knowledgeable	100.00% 14	0.0% 0	0.0% 0	0.0% 0	0.0% 0	0.0% 0	14
	Well prepared	78.57% 11	7.1% 1	14.3% 2	0.0% 0	0.0% 0	0.0% 0	14
	Presentation style	78.57% 11	0.0% 0	21.4% 3	0.0% 0	0.0% 0	0.0% 0	14
	Overall presenter(s) rating	78.57% 11	21.4% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	14

	OVERVIEW	5	4	3	2	1	n/a	
	Handout materials facilitated learning	78.57% 11	21.4% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	14
	Curriculum addressed diversity and cultural competency	85.71% 12	14.3% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	14
	Presentation was free of commercial bias	85.71% 12	14.3% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	14
	The length of time was appropriate	64.29% 9	21.4% 3	14.3% 2	0.0% 0	0.0% 0	0.0% 0	14
	The depth of the presentation was appropriate	71.43% 10	21.4% 3	7.1% 1	0.0% 0	0.0% 0	0.0% 0	14
	The training provided knowledge/skills that are applicable	85.71% 12	7.1% 1	7.1% 1	0.0% 0	0.0% 0	0.0% 0	14
	Overall course rating	76.92% 10	15.4% 2	7.7% 1	0.0% 0	0.0% 0	0.0% 0	13

	FACILITY	5	4	3	2	1	n/a	
	Accessible of facility (ADA)	64.29% 9	28.6% 4	7.1% 1	0.0% 0	0.0% 0	0.0% 0	14
	Overall facility rating	64.29% 9	28.6% 4	7.1% 1	0.0% 0	0.0% 0	0.0% 0	14

COMMENTS

1 "very informative, good tips."
2 "The training was excellent! The flow was great and including the stories (high context) is an awesome way to discuss different situation. Thank you!"
3 "Training was great and I look forward to be able to participate in trainer's future sessions."
4 "Lidia was a wonderful instructor. Very personable and explained everything well. Always asking if we understood the concept or should she explain some more. Excellent!".

COURSE TITLE: Mental Health Interpreter Training
INSTRUCTOR (S): D.J. Ida, Ph.D. & Maria Solano LCSW (substituted for Lidia Gamulin, LCSW)
FACILITY: ENKI Health and Research Systems, Inc. **DATE:** 4/26-4/28/2010

#	Professional Status:	%
0	Licensed Psychologist	0.0%
0	Licensed Social Worker, MFT	0.0%
0	Licensed Nurse	0.0%
0	Physician/Psychiatrist	0.0%
15	Other (Specify): _____	100.0%
15	**Total**	

#	What was your primary reason for attending	%
17	Important to job	81.0%
2	Management requirement	9.5%
0	Required for license/license renewal	0.0%
1	CE credit offered	4.8%
1	Reputation of the training instructor	4.8%
21	**Total**	

	LEARNING OBJECTIVES	5	4	3	2	1	n/a	Count
1	State at least three cultural bound syndromes as outlined in DSMIV	73.68% 14	21.1% 4	5.3% 1	0.0% 0	0.0% 0	0.0% 0	19
2	Discuss at least two reasons for stigma associated with mental illness.	68.42% 13	31.6% 6	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
3	Identify at least three barriers to effective communication and four ways to avoid problems in interpreting.	94.74% 18	5.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
4	List three elements of the mental status exam.	73.68% 14	26.3% 5	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
5	Define and practice the four roles of an interpreter with emphasis on the role of cultural broker.	94.74% 18	5.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
6	Identify and apply the major models of interpreting.	78.95% 15	21.1% 4	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
7	List effective ways of interpreting the *10 Fundamental Components of Recovery* as identified by the Substance Abuse and Mental Health Services Administration.	63.16% 12	26.3% 5	10.5% 2	0.0% 0	0.0% 0	0.0% 0	19
8	Identify and discuss three cultural beliefs for the causes on mental health conditions.	73.68% 14	26.3% 5	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19

	PRESENTER (S)	5	4	3	2	1	n/a	Count
	Knowledgeable	94.74% 18	5.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
	Well prepared	89.47% 17	10.5% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
	Presentation style	94.74% 18	5.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
	Overall presenter(s) rating	94.74% 18	5.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19

	OVERVIEW	5	4	3	2	1	n/a	
	Handout materials facilitated learning	84.21% 16	10.5% 2	5.3% 1	0.0% 0	0.0% 0	0.0% 0	19
	Curriculum addressed diversity and cultural competency	89.47% 17	10.5% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
	Presentation was free of commercial bias	84.21% 16	15.8% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
	The length of time was appropriate	84.21% 16	15.8% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
	The depth of the presentation was appropriate	78.95% 15	15.8% 3	5.3% 1	0.0% 0	0.0% 0	0.0% 0	19
	The training provided knowledge/skills that are applicable	84.21% 16	15.8% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19
	Overall course rating	100.00% 19	0.0% 0	0.0% 0	0.0% 0	0.0% 0	0.0% 0	19

	FACILITY	5	4	3	2	1	n/a	
	Accessible of facility (ADA)	78.95% 15	10.5% 2	5.3% 1	0.0% 0	0.0% 0	5.3% 1	19
	Overall facility rating	73.68% 14	15.8% 3	10.5% 2	0.0% 0	0.0% 0	0.0% 0	19

COMMENTS

1 "The trainers were excellent. The training was very informative. I would definitely recommend it!"

2 "I am now a better interpreter with this training that I had. Thank you."
3 "I would like for more training like this one to be available. Training was very helpful, trainers made it fun and interesting."
4 "I definitely learned a lot. As an interpreter I feel more confident knowing that now I will be returning to my agency, I will perform better. Thank you much."
5 "Very informative training. A lot of good information to take back to the office."

6 "I enjoyed the training. It was very helpful. Thank you!"

COURSE TITLE:	***Effective Clinical Assessment of Trauma Exposure for Veterans Returning from Afghanistan and Iraq***
Reference#:	
INSTRUCTOR (S):	Colonel Valvincent Reyes, LCSW, BCD., Raymond Hsu, Psy.D
FACILITY:	**Center for Healthy Communities (California Endowment Center), 100 Alameda Street Los Angeles, CA 90012** — **DATE:** April 28, 2010

Professional Status:

5	Licensed Psychologist
9	Licensed Social Worker, MFT
7	Licensed Nurse
0	Physician/Psychiatrist
7	Other (Specify): _____

What was your primary reason for attending

15	Important to job
0	Management requirement
1	Required for license/license renewal
8	CE credit offered
4	Reputation of the training instructor

PLEASE USE THE FOLLOWING KEY TO ANSWER QUESTIONS:

Excellent -5 **Very Good -4** **Satisfactory -3** **Fair -2** **Poor -1** **N/A -0**

		5	4	3	2	1	0
	LEARNING OBJECTIVES						
1.	You have a better understanding of types of stressful combat zone experiences unique to Afghanistan and Iraq veterans	60%	35%	0%	4%	0%	0%
2	You are able to identify the three main cluster symptoms Post Traumatic Stress Disorder	71%	25%	4%	0%	0%	0%
3.	You are better able to identify the five belief systems affected by exposure to traumatic combat zone experiences	63%	25%	11%	0%	0%	0%
4.	You have a better understanding of the therapeutic objectives for the treatment of combat related PTSD	63%	28%	4%	4%	0%	0%
5.		67%	28%	4%	0%	0%	0%
	PRESENTER (S)						
1.	Knowledgeable	78%	14%	7%	0%	0%	0%
2.	Well prepared	71%	21%	4%	4%	0%	0%
3.	Presentation style	56%	28%	14%	0%	0%	0%
4.	Overall presenter(s) rating	67%	28%	0%	4%	0%	0%
	OVERVIEW						
1.	Handout materials facilitated learning	17%	24%	28%	17%	10 %	0%
2.	Curriculum addressed cultural competency	28%	21%	21%	7%	14 %	7%
3.	Presentation was free of commercial bias	53%	35%	4%	0%	4%	4%
4.	The length of time was appropriate	42%	35%	18%	0%	4%	0%
5.	The depth of the presentation was appropriate	31%	49%	14%	0%	3%	0%
6.	The training provided knowledge/skills that are applicable	49%	32%	11%	4%	4%	0%
7.	Overall course rating	49%	32%	11%	4%	4%	0%
	FACILITY						
1.	Accessible of facility (ADA)	77%	15%	7%	0%	0%	0%
2.	Overall facility rating	78%	14%	7%	0%	1%	0%

Please add any additional comments you have concerning this training & List recommendations you have for future training topics.

- The first presenter was excellent, but the second one did not seem to be well prepared. He doesn't seem to know how to ust the thought record given the way he presented it.
- If I see another training by Raymond Hsu I definitely would not go.
- Handout for power point slides would have been helpful
- Great presenters
- Training did not address / discuss cultural competency
- Hearing Mr. Colonel Reyes and Dr. Hsu speak very informative and motivational

Co-Occurring Substance Abuse Disorders among Older Adult
4-29-10

OPTIONAL

Print Name (Last, First, Middle): _____

Profession: (3) MD, (13) PhD/PsyD/JD/EdD(32) LCSW/MFT (10) RN (7) CAADAC, ***Other*** _21_____

Email (if you want feedback): _____

PLEASE USE THE FOLLOWING KEY TO RATE EACH QUESTION:

Excellent	Very Good	Satisfactory	Fair	Poor	N/A
5	4	3	2	1	0

LEARNING OBJECTIVES

		5	4	3	2	1	0
1.	Identify the clinical definitions and parameters of co-occuring disorders pertaining to substance abuse and mental illness among the older adult population	53 %	39 %	6 %	1%	0%	0 %
2	Describe various aspects of substance abuse that are specific to older adults e.g. alcohol, prescribed and over-the-counter medications	63 %	31 %	5 %	1%	0%	0 %
3.	Implement the appropriate clinical response/action between mental illness and substance abuse that affect older adults.	47 %	37 %	13 %	2%	0%	0 %
4.	List 2-3 clinical assessment tools/approaches that would effectively evaluate substance abusing mentally ill older adults and develop effective treatment plans	57 %	28 %	12 %	2%	0%	1 %
5.	Identify the values of hope, wellness and empowerment in the older adult's recovery process	63 %	23 %	13 %	0%	1%	0 %

Evaluation of Session(s) Attended

Karen Miotto, MD

Degree to which learning objectives were met	65 %	32 %	1 %	1 %	0 %	0 %
Presenter(s) knowledgeable & preparation	79 %	19 %	2 %	0 %	0 %	0 %
Presenter(s) presentation style	66 %	31 %	2 %	0 %	0 %	0 %
Overall presenter(s) rating	66 %	31 %	1 %	1 %	0 %	0 %

Bill Liu, Pharm. D.

Degree to which learning objectives were met	72 %	22 %	6 %	2 %	0 %	0 %
Presenter(s) knowledgeable & preparation	81 %	15 %	2 %	1 %	0 %	0 %
Presenter(s) presentation style	78 %	16 %	5 %	1 %	0 %	0 %

Co-Occurring Substance Abuse Disorders among Older Adult
4-29-10

Overall presenter(s) rating	72 %	24 %	3 %	0 %	0 %	0 %

Sarah Gelberd, MD

Degree to which learning objectives were met	66 %	21 %	6 %	0 %	0 %	7 %
Presenter(s) knowledgeable & preparation	74 %	20 %	6 %	0 %	0 %	0 %
Presenter(s) presentation style	74 %	17 %	9 %	0 %	0 %	0 %
Overall presenter(s) rating	68 %	17 %	8 %	0 %	0 %	6 %

Catherine Royer, LCSW

Degree to which learning objectives were met	71 %	23 %	6 %	0 %	0 %	0 %
Presenter(s) knowledgeable & preparation	74 %	23 %	2 %	0 %	0 %	0 %
Presenter(s) presentation style	70 %	24 %	6 %	0 %	0 %	0 %
Overall presenter(s) rating	66 %	28 %	6 %	0 %	0 %	0 %

Jean Brennan, LCSW

Degree to which learning objectives were met	40 %	32 %	23 %	2 %	1 %	0 %
Presenter(s) knowledgeable & preparation	45 %	29 %	21 %	3 %	1 %	0 %
Presenter(s) presentation style	40 %	25 %	30 %	3 %	0 %	0 %
Overall presenter(s) rating	43 %	27 %	27 %	3 %	0 %	0 %

Natayla Bussell, MD

Degree to which learning objectives were met	37 %	40 %	18 %	1 %	2 %	0 %
Presenter(s) knowledgeable & preparation	52 %	34 %	10 %	3 %	0 %	0 %
Presenter(s) presentation style	30 %	21 %	35 %	12 %	2 %	0 %
Overall presenter(s) rating	37 %	31 %	24 %	5 %	2 %	0 %

Evaluation of Facility

Convenient & comfortable	65 %	32 %	2 %	2 %	0 %	0 %
Accessibility (Americans w/ Disabilities Act)	74 %	23 %	2 %	0 %	0 %	0 %
Overall facility rating	68 %	29 %	2 %	0 %	0 %	0 %

Co-Occurring Substance Abuse Disorders among Older Adult
4-29-10

Overview

Overall workshop rating	45 %	53 %	1 %	0 %	0 %	0 %

ADDITIONAL COMMENTS:

- **All the speakers truly addressed the Co-occurring disorders among older adults. It was listening to people who actually work with this population and understand the challenges we face**
- **Having 5 different presenters covering overlapping but different aspects of the subject helped to capture and keep the interest of the attendees**
- **The facility was very comfortable**
- **Afternoon session was great**
- **Longer font on power point handouts would be better**
- **Speakers were excellent, engaging. Except for the two after lunch Bussell and Brennan**
- **Very good**
- **Brennan was great; would have liked her to have more time. Overall still a great training**
- **Needed more time**
- **More time perhaps 2 days would better exhaust the topics discussed**
- **Great job with the structure of workshop. The presentations were enjoyable and informative and the spacing of the breaks was great**
- **Enjoyed most of the program's speakers. Wonderful focus on older adults. Thanks**
- **Needs to address Co-occurring disorders and culture**
- **Some handouts are not readable**
- **I would like a larger training from Mr. Pharm or Ms. Miotto. I feel both have extremely valuable information that I would benefit from having a lager training**
- **Poyer was a great and enjoyable speaker wish she hade more time**
- **Printed materials are informational but occasional print are too small**
- **Dr Bussell's presentation had too much information and was to hard to stay focused with all of that material. Also too much info per slide, and she just read from that. Dr. Bussell don not stop for air break, which was frustrating, or someone should have stopped her.**
- **Dr. Lui did a great job, and his presentation was very helpful and interesting**
- **St. Anne's was a nice and clean facility**
- **Would have liked to kill time allotted for Catherine Royer, she provided the clinical aspect I was hoping for**
- **I think the many attempts to focus on differentiation of cognitive functioning do not attempt to help use act on or for our patients.**
- **Dr. Bussell context was too technical; more appropriate for audience of orators**
- **Natayla's presentation was too basic for this audience**
- **Very interesting training would benefit from learning more actual clinical interventions and techniques to use with older adults**

COURSE TITLE: Training Providers in the Use of Interpreter Services in Mental Health Settings
INSTRUCTOR (S): Lidia Gamulin, LCSW
FACILITY: ENKI Health and Research Systems, Inc. **DATE:** 4/29/2010

#	Professional Status:	%
0	Licensed Psychologist	0.0%
0	Licensed Social Worker, MFT	0.0%
0	Licensed Nurse	0.0%
0	Physician/Psychiatrist	0.0%
8	Other (Specify):	100.0%
8	Total	

#	What was your primary reason for attending	%
10	Important to job	100.0%
0	Management requirement	0.0%
0	Required for license/license renewal	0.0%
0	CE credit offered	0.0%
0	Reputation of the training instructor	0.0%
10	Total	

	LEARNING OBJECTIVES	5	4	3	2	1	n/a	Count
1	Describe the fundamental principles of working with interpreters in mental health.	81.82% 9	18.2% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
2	List three or more Federal and State laws & regulations for Limited English Proficiency (LEP).	90.91% 10	9.1% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
3	Determine legal and ethical implications of problematic communications.	81.82% 9	18.2% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
4	Identify at least 4 techniques and practice the resulting skills for managing the clinical triad between interpreter, client and provider.	72.73% 8	27.3% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
5	Recognize the interpreter's roles with emphasis on the role of cultural broker.	100.00% 11	0.0% 0	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
6	Discuss the guidelines for pre-session, in-session and post-session.	90.91% 10	9.1% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
7	Include the DSMIV Cultural Bound Syndromes in the diagnostic formulation and effectively guide the interpreters in using the consumer's idioms of distress.	72.73% 8	18.2% 2	9.1% 1	0.0% 0	0.0% 0	0.0% 0	11

PRESENTER (S)	5	4	3	2	1	n/a	Count
Knowledgeable	100.00% 11	0.0% 0	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
Well prepared	90.91% 10	9.1% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
Presentation style	90.91% 10	9.1% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
Overall presenter(s) rating	90.91% 10	9.1% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11

OVERVIEW	5	4	3	2	1	n/a	
Handout materials facilitated learning	72.73% 8	27.3% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
Curriculum addressed diversity and cultural competency	54.55% 6	45.5% 5	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
Presentation was free of commercial bias	72.73% 8	27.3% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
The length of time was appropriate	63.64% 7	36.4% 4	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
The depth of the presentation was appropriate	81.82% 9	18.2% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
The training provided knowledge/skills that are applicable	72.73% 8	27.3% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11
Overall course rating	90.91% 10	9.1% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11

FACILITY	5	4	3	2	1	n/a	
Accessible of facility (ADA)	63.64% 7	27.3% 3	9.1% 1	0.0% 0	0.0% 0	0.0% 0	11
Overall facility rating	63.64% 7	36.4% 4	0.0% 0	0.0% 0	0.0% 0	0.0% 0	11

COMMENTS

1 "I thought Lidia was an excellent instructor she made the class fun and very informative."
2 "Thank you for providing resources to several culture and thank you for guidance in finding additional cultural resources. "
3 "Thank you so much for having a training in service area 3. It' s so great not to drive 40 miles to be trained."

COURSE TITLE:	**Intervention with Juvenile Justice Minors Who Have Prostituted and/or Minors Who Experienced Sexual Abuse**
Reference#:	
INSTRUCTOR (S):	Mary Magdalene Project
FACILITY:	**Barry J Nirdoff Juvenile Hall, Sylmar, California** — **DATE: 04/29/10**

Professional Status:

0	Physician/Psychiatrist
8	Licensed Psychologist
10	Licensed Social Worker, MFT
1	Licensed Nurse
16	Other (Specify): _____

What was your primary reason for attending

29	Important to job
0	Management requirement
1	Required for license/license renewal
3	CE credit offered
o	Reputation of the training instructor

PLEASE USE THE FOLLOWING KEY TO ANSWER QUESTIONS %:

Excellent -5 **Very Good -4** **Satisfactory -3** **Fair -2** **Poor -1** **N/A -0**

		5	4	3	2	1	0
	LEARNING OBJECTIVES						
1.	Identify the signs of sexual abuse in adolescent behavior	26	46	17	6	0	o
2	Describe the relationship between sexual abuse and prostitution	31	49	23	3	0	o
3.	Define sexual abuse and prostitution according to the law	46	29	26	0	0	o
4.	List options for interventions with abused or prostituting minors	23	37	14	20	2	o
5.	Describe successful treatment modalities for prostitution recovery programs	23	26	20	9	9	
6.	Implement short term interventions that can beused with Juvenile Justice minors	9	17	26	14	11	
	PRESENTER (S)						
1.	Knowledgeable	57	34	9	0	o	o
2.	Well prepared	46	34	14	3	0	o
3.	Presentation style	31	31	23	3	3	o
4.	Overall presenter(s) rating	43	43	11	3	3	o
	OVERVIEW						
1.	Handout materials facilitated learning	23	40	23	11	3	o
2.	Curriculum addressed cultural competency	14	43	20	11	0	o
3.	Presentation was free of commercial bias	40	37	17	0	0	o
4.	The length of time was appropriate	31	57	6	0	0	o
5.	The depth of the presentation was appropriate	26	34	23	11	3	o
6.	The training provided knowledge/skills that are applicable	34	29	29	6	3	o
7.	Overall course rating	23	49	20	6	3	o
	FACILITY						
1.	Accessible of facility (ADA)	31	26	26	6	3	o
2.	Overall facility rating	20	34	29	11	3	o

Please add any additional comments you have concerning this training & List recommendations you have for future training topics.

Best comments from Diane, Martin, and Jody/ I really appreciated hearing Diane's personal experience//need to focus more on intervention/presentation seemed fragmented toward the beginning became more cohesive toward the middle/room too cold

RESPONSE/ACTION BY TRANING COORDINATOR

Presenter did not meet the needs of the Juvenile Justice staff despite clear instruction from the Training Coordinator. The presenter will not be utilized for future trainings.

Signature (optional): _____ Date: _____

COURSE TITLE:	**Mental Health Interpreter Training**
INSTRUCTOR (S):	**D.J. Ida, PhD and Lidia Gamulin, LCSW**
FACILITY:	**San Fernando Mental Health Center** **DATE: 5/17-5/19/2010**

#	**Professional Status:**	%
0	Licensed Psychologist	**0.0%**
	Licensed Social Worker, MFT	**0.0%**
2	Licensed Nurse	**8.7%**
0	Physician/Psychiatrist	**0.0%**
21	Other (Specify): _____	**91.3%**
23	**Total**	

#	**What was your primary reason for attending**	%
21	Important to job	**84.0%**
2	Management requirement	**8.0%**
0	Required for license/license renewal	**0.0%**
0	CE credit offered	**0.0%**
2	Reputation of the training instructor	**8.0%**
25	**Total**	

	LEARNING OBJECTIVES	5	4	3	2	1	n/a	Count
1	State at least three cultural bound syndromes as outlined in DSMIV	100.00% 22	0.0% 0	0.0% 0	0.0% 0	0.0% 0	0.0% 0	22
2	Discuss at least two reasons for stigma associated with mental illness.	95.65% 22	4.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	23
3	Identify at least three barriers to effective communication and four ways to avoid problems in interpreting.	95.65% 22	4.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	23
4	List three elements of the mental status exam.	95.65% 22	4.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	23
5	Define and practice the four roles of an interpreter with emphasis on the role of cultural broker.	95.65% 22	4.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	23
6	Identify and apply the major models of interpreting.	100.00% 23	0.0% 0	0.0% 0	0.0% 0	0.0% 0	0.0% 0	23
7	List effective ways of interpreting the *10 Fundamental Components of Recovery* as identified by the Substance Abuse and Mental Health Services Administration.	78.26% 18	8.7% 2	13.0% 3	0.0% 0	0.0% 0	0.0% 0	23
8	Identify and discuss three cultural beliefs for the causes on mental health conditions.	95.45% 21	4.5% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	22

	PRESENTER (S)	5	4	3	2	1	n/a	Count
	Knowledgeable	100.00% 23	0.0% 0	0.0% 0	0.0% 0	0.0% 0	0.0% 0	23
	Well prepared	86.96% 20	8.7% 2	4.3% 1	0.0% 0	0.0% 0	0.0% 0	23
	Presentation style	91.30% 21	8.7% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	23
	Overall presenter(s) rating	95.65% 22	4.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	23

	OVERVIEW	5	4	3	2	1	n/a	
	Handout materials facilitated learning	95.65% 22	4.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	23
	Curriculum addressed diversity and cultural competency	95.65% 22	4.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	23
	Presentation was free of commercial bias	95.45% 21	4.5% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	22
	The length of time was appropriate	91.30% 21	0.0% 0	8.7% 2	0.0% 0	0.0% 0	0.0% 0	23
	The depth of the presentation was appropriate	95.65% 22	0.0% 0	4.3% 1	0.0% 0	0.0% 0	0.0% 0	23
	The training provided knowledge/skills that are applicable	95.65% 22	4.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	23
	Overall course rating	95.65% 22	4.3% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	23

	FACILITY	5	4	3	2	1	n/a	
	Accessible of facility (ADA)	86.36% 19	13.6% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	22
	Overall facility rating	86.96% 20	13.0% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	23

COMMENTS

1 "This training was top notch. Very well presented and trainers worked very well together and excellent!! Thank you very much."

2 "Thank you so much you made this a very enjoyable training and I could have not asked for two better people. You both are very informative and I liked the fact that we were able to interact."
3 "Thank you very informative."
4 "After the training I feel I can now professionally interpret and feel comfortable doing it"
5 " I really enjoyed the training. I though both trainers were very knowledgeable and taught me a lot of interesting and important information. I loved the class."
6 "Excellent Job."
7 "Thank you for all your insight and guidance and the material."

COURSE TITLE:	**Culture and Personality Disorder**
Reference#:	**00040810**
INSTRUCTOR (S):	Christopher Chung, MD; Samson J. Cho, MD; Bernadette Grosjean, MD
FACILITY:	**Superior Court, Los Angeles, California** — **DATE:** **May 19, 10**

Professional Status:

11	Licensed Psychologist
23	Licensed Social Worker, MFT
4	Licensed Nurse
0	Physician/Psychiatrist
12	Other (Specify): _____

What was your primary reason for attending

27	Important to job
0	Management requirement
4	Required for license/license renewal
19	CE credit offered
0	Reputation of the training instructor

PLEASE USE THE FOLLOWING KEY TO ANSWER QUESTIONS:

Excellent -5 **Very Good -4** **Satisfactory -3** **Fair -2** **Poor -1** **N/A -0**

		5	4	3	2	1	0
	LEARNING OBJECTIVES						
1.	Relation of Culture and Personality	40%	43%	14%	2%	0%	0%
2	Psychotherapeutic and Clinical Management skills of similar clinical symptom profiles such as Borderline Personality Disorder (BPD), Histrionic Personality Disorder, Hwa-Byung, and BPD with Bipolar Disorder	22%	47%	24%	4%	2%	0%
3.	Categorical (DSM III & IV) approach vs. Dimensional perspectives on personality and culture	34%	38%	24%	2%	2%	0%
	PRESENTER (S)						
1.	Knowledgeable	62%	30%	8%	0%	0%	0%
2.	Well prepared	58%	24%	16%	2%	0%	0%
3.	Presentation style	38%	43%	14%	2%	2%	0%
4.	Overall presenter(s) rating	40%	40%	18%	0%	2%	0%
	OVERVIEW						
1.	Handout materials facilitated learning	44%	34%	18%	4%	0%	0%
2.	Curriculum addressed cultural competency	48%	40%	10%	2%	0%	0%
3.	Presentation was free of commercial bias	70%	26%	4%	0%	0%	0%
4.	The length of time was appropriate	48%	38%	12%	0%	0%	0%
5.	The depth of the presentation was appropriate	38%	40%	18%	4%	0%	0%
6.	The training provided knowledge/skills that are applicable	34%	45%	16%	2%	2%	0%
7.	Overall course rating	30%	53%	14%	0%	2%	0%
	FACILITY						
1.	Accessible of facility (ADA)	28%	26%	26%	4%	8%	8%
2.	Overall facility rating	24%	32%	28%	8%	1%	2%

Please add any additional comments you have concerning this training & List recommendations you have for future training topics.

- Dr. Grojean's presentation was excellent! However Dr. Samson Cho's presentation was poor, very shallow and didn't learn anything. Dr. Chung's presentation was also good but a little difficult to understand. Overall the course topic is very important and interesting.
- I appreciate the genuine information provided.
- The room was not good, and needs to change to another place.
- Tables were too close together
- Parking was too expensive
- Needs more space for # of attendees, needs microphones
- Facility very awkward for training session. Couldn't find the door, took wrong elevator, couldn't find conference room, then couldn't get into the conference room. No Restrooms on floor, and 3 blocks from parking
- It would be appreciated if DMH could bring microphone to the training
- Adding a component in providing best therapeutic interventions appropriate in working with those, with disorders
- Not as in depth as I would like but half day schedule limited this
- The 3rd presentation did not have a power point presentation

Signature (optional): _____ Date: _____

Revised 1/30/08

COURSE TITLE:	**Training Providers in the Use of Interpreter Services in Mental Health Settings**
INSTRUCTOR (S):	**Lidia Gamulin, LCSW**
FACILITY:	**San Fernando Mental Health Center** **DATE:** **5/25/2010**

#	**Professional Status:**	%
0	Licensed Psychologist	**0.0%**
1	Licensed Social Worker, MFT	**9.1%**
1	Licensed Nurse	**9.1%**
0	Physician/Psychiatrist	**0.0%**
9	Other (Specify): _____	**81.8%**
11	**Total**	

#	**What was your primary reason for attending**	%
10	Important to job	**58.8%**
3	Management requirement	**17.6%**
0	Required for license/license renewal	**0.0%**
3	CE credit offered	**17.6%**
1	Reputation of the training instructor	**5.9%**
17	**Total**	

	LEARNING OBJECTIVES	5	4	3	2	1	n/a	Count
1	Describe the fundamental principles of working with interpreters in mental health.	80.00% 8	20.0% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10
2	List three or more Federal and State laws & regulations for Limited English Proficiency (LEP).	70.00% 7	30.0% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10
3	Determine legal and ethical implications of problematic communications.	70.00% 7	20.0% 2	10.0% 1	0.0% 0	0.0% 0	0.0% 0	10
4	Identify at least 4 techniques and practice the resulting skills for managing the clinical triad between interpreter, client and provider.	60.00% 6	30.0% 3	10.0% 1	0.0% 0	0.0% 0	0.0% 0	10
5	Recognize the interpreter's roles with emphasis on the role of cultural broker.	60.00% 6	40.0% 4	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10
6	Discuss the guidelines for pre-session, in-session and post-session.	80.00% 8	20.0% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10
7	Include the DSMIV Cultural Bound Syndromes in the diagnostic formulation and effectively guide the interpreter in using the consumer's idioms of distress.	70.00% 7	20.0% 2	10.0% 1	0.0% 0	0.0% 0	0.0% 0	10

PRESENTER (S)	5	4	3	2	1	n/a	Count
Knowledgeable	90.00% 9	10.0% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10
Well prepared	90.00% 9	10.0% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10
Presentation style	70.00% 7	30.0% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10
Overall presenter(s) rating	70.00% 7	30.0% 3	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10

OVERVIEW	5	4	3	2	1	n/a	
Handout materials facilitated learning	90.00% 9	10.0% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10
Curriculum addressed diversity and cultural competency	90.00% 9	10.0% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10
Presentation was free of commercial bias	90.00% 9	10.0% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10
The length of time was appropriate	80.00% 8	20.0% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10
The depth of the presentation was appropriate	90.00% 9	10.0% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10
The training provided knowledge/skills that are applicable	90.00% 9	10.0% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10
Overall course rating	80.00% 8	20.0% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10

FACILITY	5	4	3	2	1	n/a	
Accessible of facility (ADA)	80.00% 8	20.0% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10
Overall facility rating	80.00% 8	20.0% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0	10

COMMENTS

1 "This was very informative and a must for everyone. I enjoyed the presentation. Thank you."
2 "Happy to attend to this meeting, I did learn a lot."

CRITERION 5

List of Trainings that Include Clients Personal Experiences

(Addendum E)

#	Training Event	Description of Training	How long & often	Attendance by Function	No. of Attendees and Total	Date of Training	Name of Presenter(s)
1	*Hope and Recovery Conference* - Spanish Language	The keynote presenter, Maria Ostheimer, Regional Field Coordinator for the California Network of Mental Health Clients, is a popular presenter to mental health audiences. She is working on her MSW while working with the Network doing outreach to clients in the Far South Region of the state. She will be joined by a local panel of clients representing diversity of ethnicity/culture, gender, and age who will share their path of wellness and recovery. Eduardo Vega, Chief of Empowerment and Advocacy, will reprise the popular "Ask the Director" segment where participants can ask questions.This year we are offering five informative workshops for participants. Conference participants will be entertained by cultural performers. During breaks clients can visit resource booths for information. Free continental breakfast and lunch will be served for clients and family members. Donations are welcome from staff that attends. All donations go to the Latino Client Coalition. This conference has provided numerous clients with significant insights into viable paths to recovery from a variety of mental health, substance abuse, and other conditions.	7 hrs	Direct Services, Counties Direct Services, Contractors, Community Members/General Public Community Event	14 Total: 300	7/10/09	Maria Ostheimer, Regional Field Coordinator for California Network of Mental Health Clients
2	Working Together: Inclusion, Collaboration, and Vision	The MHSA cultural shift included consumer employees becoming a vital part of the workplace culture. Due to the cultural shift, it is imperative to gather staff and consumers together to discuss the positive and not so positive impact of the shift and how barriers could be overcome. During the presentation, participants will learn topics such as identifying communication breakdown, active listening, and how to make meetings productive.	8 hrs	Direct Services, Counties	Total: 30	9/9/09	Custom Training

3	*15th Annual LBHI Conference* - Promotores de Salud Mental: A New Approach, A New Lesson Learned, A New Partnership	Promotores de Salud mental is a pilot project aimed to provide mental health education in culturally and linguistically appropriate manner and attempt to remove stigma in the underserved Latino community of the County of San Bernardino. The focus of the workshop will cover the development, planning, collaboration, and partnership between the County of San Bernardino Department of Behavioral Health, and a Community Based Organization (CBO) serving the Latino population. The lessons learned throughout the pilot program will assist other organizations as they develop Promotores de Salud in Mental Health while working with County entities.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/23/09	Alexander Fajardo, MPA Maribel Gutierrez, BA Arelis John Martinez, LCSW
4	*15th Annual LBHI Conference* - "A Cognitive - Shamanic Expressive Arts Approach: Workers with Two Immigrant Latina Woman Transcending Anxiety in an Urban Community Mental Health Clinic"	Latinos/Latinas constitute the vast majority population in California. Immigrant Latina women in urban setting often experience many barriers to treatment including barriers to the notion that treatment is accessible or helpful to them. An anxiety disorders treatment group using the arts and CBT was offered in Spanish and Immigrant Latina women in an urban community mental health clinic setting. The cases for two of these women and their treatment experience in the group are presented. These women were assessed prior to treatment using the CIDI - Spanish Version.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/24/09	Rosa Granadillo-Schwentker, Ph.D. Susan M. Wilde, PsyD
5	*15th Annual LBHI Conference* - "Findings from Unclaimed Children Revisited California Case Study: Perspectives from Community Stakeholders' of Latino Descent in the Public Mental Health Care System"	The workshop presents findings from Unclaimed Children Revisited California Case Study, an in-depth study of the mental health delivery system for children and youth in 11 California counties. The presentation will highlight findings related to service delivery and usages among Latino children and youth in comparison to other racial/ethnic groups on the interviews/focus groups. We will highlight types of services youth and family members find most helpful as well as barriers they face in getting services based. We will also pay particular attention to the program county policy choices and the ways they report they are support capacity building in providing culturally and linguistically competent services. The workshop will conclude with policy recommendations and discussions with participants on improving access to quality mental health services for Latino children and youth.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/24/09	Janice Cooper, PhD Yumiko Aratani, PhD

6	*15th Annual LBHI Conference* - "Advancing Latino Behavioral Health: From Marriage to Mainstream"	The federally funded Hispanic Healthy Marriage Initiative (HHMI) seeks to identify the unique cultural, linguistic demographic, and other factors that need to be considered in designing and delivering healthy marriage and other family-strengthening services to Hispanics. Study findings will provide information that federal policymakers, grantees, and other interested in providing healthy marriages and other psycho-educational interventions to Latinos can use to tailor their programs to better meet their needs.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/24/09	Luis R. Torres, Ph.D Karen Gardiner, MPP
7	*15th Annual LBHI Conference* - "Cultural Intergenerational Considerations for Latino Families"	One of the most replicated research findings in Latino mental health has been that the mental health status of Mexican immigrants is better than that of second-generation, US-born Mexican Americans. This consistent finding has been an enigma prompting a quest to better understand the protective factors of immigrant status. This workshop will address this enigma from the perspective of the family dynamics that occur between the first generation and second generation Mexican immigrant that might be associated with this consistent finding. Presenters will reflect on the question of how intergenerational conflicts may be associated to the relationship between immigration and mental health. Presenters will also discuss possible roles that intergenerational conflict may play or creating and maintaining these differences.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/25/09	Sergio Aguilar-Gaxiola, MD, Ph.D.
8	*15th Annual LBHI Conference* - "Preventing Substance Use and HIV Risk Behaviors in Hispanic Youth: The Familias Unidas Program of Research"	Preventing/reducing substance use and HIV among Hispanic youth is essential to eliminating the health disparities that exist between Hispanics and other segments of the population. To date, there is only one published behavioral intervention with demonstrated efficacy in preventing both substance abuse and unprotected sexual behavior among this population. The objective of this presentation will be to describe a program of research involving Familias Unidas, a Hispanic-specific, parent-centered intervention, aimed at reducing substance use and HIV health disparities among Hispanic youth. This presentation will focus on the theoretical foundation of the intervention, the empirical research supporting the theoretical model, the intervention model itself, the findings of the program of research, and the translation of this intervention into community practice.	2 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 50	9/25/09	Raymond T. Garza, PhD Stella Lopez, Ph.D.

9	Introduction to Wellness Recovery Action Plan	The purpose of this workshop and follow-up session is to present an overview of the Wellness Recovery Action Plan (WRAP). This workshop will present the essential elements of the plan, as well as strategies for assisting consumers in discovering their strengths and how to use those strengths as a basis for developing life goals in employment, mental health treatment, housing, and developing positive relationships and self-reliance. Participants will gain knowledge of the values underlying the Recovery Model. Participants will also learn about the key concepts and how they merge with the WRAP.	6hrs	Direct Services, Counties	Total: 5	10/7/09	Lidia Gamulin, LCSW
	Introduction to Wellness Recovery Action Plan	Same as above.	6 hrs	Direct Services, Counties	Total: 7	11/4/09	Lidia Gamulin, LCSW
11	Introduction to Wellness Recovery Action Plan - Follow-up Session	The follow-up session will be utilized to review the concepts of WRAP and assist participants with any questions they may have regarding the WRAP.	3 hrs	Direct Services, Counties	Total: 12	12/2/09	Lidia Gamulin, LCSW
12	Employment Specialist Certification Training (Part 1) 4 sessions: 02/02/10; 02/09/10; 02/16/10; 02/23/10	The Employee Specialist Certification Course is a fourteen-week training that requires participants to meet once a week. The training provides participants with the skills, knowledge, and resources necessary to effectively engage, prepare, and place individuals with mental illness into competitive employment. Through didactic instruction, small group activity, and role play, participants will learn evidence-based interventions to facilitate the transition of individuals through the four primary stages of employment services.	8 hrs per session	Direct Services, Counties	10	2/2/10	Pacific Clinics
13	Introduction to Wellness Recovery Action Plan	Same as above.	6 hrs	Direct Services, Counties	10	2/9/10	Lidia Gamulin, LCSW
14	Countywide Client Activity Fund (CCAF)	County of Los Angeles - Department of Mental Health Office of Empowerment and Advocacy presents an open informational meeting.	2 hrs	Community Members/General Public Community Event	n/a	2/12/10	Edwardo Vega, Director of Empowerment and Advocacy and Staff

15	Integrated Mobile Health Team Street Medicine	To end homelessness for some of the poorest and most vulnerable Los Angeles County residents, many with multiple disabling conditions, LAC-DMH and its stakeholders have designed a model that will reach out to these individuals who are located throughout the county using an Integrated Mobile Health Team. The Integrated Mobile Health Team is client-centered and uses a housing-first approach with harm reduction strategies across all modalities of mental health, physical health, and substance abuse treatment. This will be done in collaboration with the housing developers that have units available for this population in addition to accessing Federal housing subsidies and other housing resources. In this model, the primary goal is to address the fragmentation of services to individuals who are homeless and who have mental health, physical health, and substance abuse treatment needs. The Integrated Mobile Health Team Model is innovative because it will operate in a complex urban environment under one agency or point of supervision and the model includes innovative leveraging of various funding st	6 hrs	Direct Services, Counties,	n/a	2/19/10	James O' Connell, M.D.
16	Employment Specialist Certification Training (Part 2) 4 sessions: 03/02/10; 03/09/10; 03/16/10; 03/23/10	Same as above.	8 hrs per session	Direct Services, Counties	10	3/2/10	Pacific Clinics
17	Introduction to Wellness Recovery Action Plan	Same as above.	6 hrs	Direct Services, Counties	19	3/10/10	Lidia Gamulin, LCSW
18	*6th Annual Childhood Grief and Traumatic Loss* - "Working with Children/Youth/Teens Impacted by Violence, Homicide, Loss, Trauma and Juvenile Justice System"	An overview of the developmental stages and responses to grief, victim treatment issues and emotional/psychological effects of grief, homicide and trauma on children, youth, teens and how the current juvenile system handles these issues. There will be particular focus on how after experiencing events such as, a parent beating a sibling to death, the youth then follows that same pattern of behavior and what can be done to help prevent the re-occurrence of violence in their lives.	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 60	3/17/10	Arvis Jones, BA, MT Herman Perrault, LMFT

19	*6th Annual Childhood Grief and Traumatic Loss - "*Understanding & Helping Children, Teens, and Families After a Homicide and Other Crimes"	Children, teens, and families who have been victimized by crime, or have lost a family member or friend to homicide experience a host of responses beyond the direct loss. Understanding these fundamental changes and losses is integral to responding helpfully and appropriately. Resiliency literature, PTSD literature, trauma and grief literature all help inform an understanding of their needs and effective ways to help. This course will cover three areas: understanding the changes imposed by crime: explaining the top three needs faced by crime victims; and methods for addressing these changes and needs.	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 60	3/17/10	Donna Schuurman, EdD, FT
20	*6th Annual Childhood Grief and Traumatic Loss - "*Best Practices to Support the Family when a Child Dies"	When a child dies in a hospital setting the emotional toll on parents, siblings, and relatives is devastating. Their grief reactions will heal overtime and the memories of their loved one will last for a lifetime. At the same time, the memories of their last moments with their loved one and how they were treated by health care professionals will never be forgotten. Health care professionals are challenged to balance their own emotions while supporting a family when a child dies. Well prepared and trained professionals must be ready to respond to any grief reactions in addition to supporting when a family asks for support in telling the surviving siblings that their loved one has died and facilitating the rituals of closure.	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 60	3/17/10	Linda Garcia, MA, CCLS Maria Tome, CCLS
21	*6th Annual Childhood Grief and Traumatic Loss - "*Working with Multi-Cultural Children, Youth, & Teens, Exposed to Violence, Loss and Trauma: Using Music as an Intervention, also, How to help yourself with Music"	This presentation will focus on using music therapy techniques for the non-musician clinician, teacher, volunteer and anyone involved with children exposed to violence, loss, trauma, and grief. The focus is on how music (from different cultures) interventions can help address issues and responses to grief, victim treatment issues and the emotional/psychological effects of grief, homicide and trauma on children, youth, and teens.	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 60	3/17/10	Arvis Jones, BA, MT

22	Navigating the DPSS System Training	The Department of Public Social Services (DPSS) has a vast amount of programs and resources available that are beneficial to our clients and the clinics in the community. This training will provide basic information regarding the following programs: Medi-Cal, CALWORKS, GAIN Program, General Relief Program, In-Home Supportive Services (IHSS), Food Stamps Program, Cash Assistance Program for Immigrants (CAPI), and the Refugee Employment Program. Each program will be presenting an overview of the services and resources they have available to consumers. If you are looking for basic knowledge and information on these programs, this training will be beneficial. This training is appropriate for line staff having direct contact with consumers.	6 hrs	Direct Services, Counties, Direct Service, Contractors,	40 20 Total: 60	4/6/10	Department of Public Social Services (DPSS)
23	Employment Specialist Certification Training (Part 3) 4 sessions: 04/06/1004/13/10; 04/20/10; 04/27/10	Same as above.	8 hrs per session	Direct Services, Counties	10	4/6/10	Pacific Clinics
24	Connections for Life through Employment and Education - A Mental Health Services Act (MHSA) Funded Event	Beginning in 2007, Connections for Life has celebrated the successes that consumers have had in achieving their employment and educational goals and provided inspiration and hope to other consumers to make the final connection needed to fulfill their employment and/or educational goals. Community resource information about services and programs is also available.	5 hrs	Direct Services, Counties,	47	4/7/10	
25	Employment First	The purpose of this training is to teach participants the principles of Employment First and how to work within this model. Employment First involves placing and training a consumer as opposed to the previous employment model that directed a clinician to first train, then place a consumer. The presenter will explore the concept of making employment services accessible for consumers at all stages of recovery. In addition, participants will learn about specific strategies and resources for motivating consumers to work.	3 hrs	Direct Services, Counties,	11	4/8/10	Paul Barry, M.Ed., C.P.R.P.,

26	*2nd Annual Advocacy Conference* - "Multiple Stigmas I: Unrecognized, Unserved, Unheard"	This panel discussion will provide an overview of the cultural, social, and historical factors that have a significant impact on American Indians and Alaska Natives (AI/ANs) with mental health problems. This presentation will provide strategies to effectively work with AI/AN, including an overview on the integration of traditional healing services.	1 hr	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 400	4/15/10	Plenary Panel
27	*2nd Annual Advocacy* - "Mental Health Law: Human Dignity and the Evolution of Legal Remedies"	Over the centuries, the way people have been treated who have been identified and/or diagnosed with mental illnesses has been problematic at best. Whether having been officially labeled at different historical periods or geographical locations as “lunatics,” “demon possessed,” “madmen,” “mentally disordered,” “mentally defective,” “mental patients,” “mentally ill.” or even now, “mental health clients” or “consumers,” people so labeled have often been treated as second-class citizens and denied basic human rights and legal remedies both in and out of treatment situations. This workshop will give an historical overview of the professional and societal treatment of people identified and/or diagnosed with mental illnesses, the ongoing struggle to attain full human dignity and civil rights, and the legal rights and related remedies that currently exist.	1 hr & 15 minutes	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 80	4/15/10	Ron Schraiber, MA, Kevin Bayley, J.D. Matthew Fishler, J.D.
28	*2nd Annual Advocacy* - "Addressing Public Stigma when Siting New Programs and Housing in the Community. How Knowing Your Rights Can Fight Stigma and Discrimination and Using Fair Housing Law to Advocate for Oneself as Tenant"	This workshop will help individuals understand the type of public stigma that can occur when mental health programs, shelter providers or supportive housing developers try to locate their programs or projects in new communities. It will also give individuals some tools to successfully address this type of stigma and begin to develop collaborative relationships with community members. The second part of the workshop will help tenants with mental disabilities, as well as their advocates, understand how to recognize illegal discrimination and how to respond to it productively. They will also learn how to use the law to request changes in certain rules, and, when possible, to negotiate with a landlord to present an eviction.	1 hr & 15 minutes	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 80	4/15/10	Sarah Mitchell, MSW Carey Stone, J.D.

29	*2nd Annual Advocacy Conference* - Eliminating Stigma and Discrimination	Homeboy Industries traces its roots to “Jobs For A Future” (JFF), a program created in 1988 by Fr. Greg at Dolores Mission parish. In an effort to address the escalating problems and unmet needs of gang-involved youth, Fr.Greg and the community developed positive alternatives, including establishing an elementary school, a day care program and finding legitimate employment for young people. JFF’s success demonstrated the model followed today that many gang members are eager to leave the dangerous and destructive life on the “streets.” In 1992, as a response to the civil unrest in Los Angeles, Fr. Greg launched the first business (under the organizational banner of JFF and Proyecto Pastoral, separated from Dolores Mission Church): Homeboy Bakery with a mission to create an environment that provided training, work experience, and above all, the opportunity for rival gang members to work side by side. The success of the Bakery created the groundwork for additional businesses, thus prompting JFF to become an independent non-profit organization, Homeboy Industries, in 2001. T Home recognized as the largest gang intervention program in the cou and has become a national model.	1 hr	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 400	4/15/10	Farther Gregory J. Boyle, S.J., Director Patrick Corrigan, PsyD.
30	*2nd Annual Advocacy* - "Ethnic Realities– the intersection of stigma, prejudice, race and culture. Asian, African-American, and Middle Eastern realities"	Presenters provide an overview of Asian, Black, and Middle Eastern history, and experiences with a focus on how in-group and out-of group stereotypes and attitudes can impact self-identify and mental health.	1 hr & 15 minutes	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 80	4/15/10	Marissa Lee Tracy Love Renu Garg Peterlinz
31	*2nd Annual Advocacy Conference* - "National Initiatives to Promote Social Inclusion and Dignity"	Federal Efforts to Promote Social Inclusion. Over the past decade, the Substance Abuse and Mental Health Services Administration (SAMHSA) has undertaken a series of initiatives to promote the social inclusion of people with mental health problems. This session will describe those efforts including the Campaign for Mental Health Recovery, the Voice Awards, the ADS Center, and Dialogue Meetings. A special focus will be on new efforts that focus on diverse cultural audiences.	1 hr	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 400	4/16/10	Paolo DelVecchio

32	*2nd Annual Advocacy Conference* - "Multiple Stigmas II. Unrecognized, Unserved, Unheard"	The panel will discuss the client experience within closed, unrecognized and historically oppressed communities in the United States and elsewhere. Panelists will explore how being a member of Middle Eastern, Asian immigrant and African-American minority communities adds to the burden of illness, stigma and misunderstanding as well as those cultural resources that exist that can support personal recovery.	1 hr	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 400	4/16/10	Plenary Panel
33	*2nd Annual Advocacy Conference* - "Mind Beautiful, JYOTI: A Candle in the Dark"	Gayathri's signature keynote takes audiences on a cross-continental journey from the entrapment of mental illness to a life of empowerment, healing and global activism on behalf of the mentally ill. The presentation provides a unique insight into the saga of a young woman cradled between the diametric cultures of the ancient East – India, and the modern West – America, and her capacity to harness their collective potential to heal.	1 hr	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 400	4/16/10	Gayathri Ramprasad, MBA
34	*2nd Annual Advocacy Conference* - "Minds on the Edge"	The treatment of severe mental illness in America is potentially at a tipping point. So much is known about what works, what doesn't work and where the problems lie. But systemic change is difficult. To push the process forward we need more than the facts; we need emotionally and intellectually compelling tools that empower providers to be thought leaders, help make the case for systemic transformation, and motivate the public to demand change. "Minds on the Edge", a PBS TV special/national engagement campaign offers you turnkey tools to engage target audiences, provide a structure for productive discussion, and build consensus for change. A free program DVD will be provided to each participant.	1 hr	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	Total: 400	4/16/10	Barbara Margolis Fred Frese, Ph.D Eduardo Vega, MA Keris Myrick, Ph.D
35	Employment Specialist Certification Training (Part 4) 2 sessions: 05/04/10; 05/11/10	Same as above.	8 hrs per session	Direct Services, Counties	10	5/4/10	Pacific Clinics

36	*13th Annual Latino Conference* - "The Effectiveness of Culturally/Clinically Adapted Multifamily Groups for Latinos with Schizophrenia"	Upwards of 50% of individuals with serious mental disorder do not adhere to their medication and psychosocial treatment regimens. Notably, the rate of non-adherence to treatment among Mexican Americans with Schizophrenia approaches 70%. This increased rate has been associated with socioeconomic, language, immigration, and other cultural barriers in accessing professional mental health services. This course will describe a culturally adapted, family-based intervention designed to promote treatment adherence among Mexican-Americans with Schizophrenia. Particular attention will be paid to the utility of Ajzen's Theory of Planned Behavior, which form the conceptual foundation for the cultural adaptation and to McFarlane's multifamily group (MFG) approach, which was the structural basis for the treatment.	1 hr	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	45 DMH	5/20/10	Alex Kopelowicz, M.D. Roberto Zarate, Ph.D.
37	*13th Annual Latino Conference* - "The Stigma and Spirituality of HIV-AIDS"	HIV positives in the Latino community face a greater challenge than non-Latino populations because of the cultural dynamics, prejudice, discrimination, and stigma they face. The presentation will explore the cultural characteristics that contribute to sexual orientation and HIV/AIDS and how these characteristics play a role in zero conversion. The presentation discusses the intersection of faith/spirituality and self-acceptance when it comes to sexuality.	1 hr	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	45 DMH	5/20/10	Richard Zaldivar
38	*13th Annual Latino Conference* - "Movilzadonos por nuestro Futuro: Strategic Development of a Behavioral Health Workforce for Latinos"	The Federal Office of Minority Health (OMH) works in partnership to develop and support new efforts aimed at eliminating disparities among racial and ethnic minority populations and is actively addressing health and behavioral health workforce development as a key strategy. In 2009, OMH focused on the lack of Latino bilingual/bicultural providers for the behavioral health workplace. Issues involved in convening a national expert panel, developing a subsequent steering committee and consensus statements will be discussed.	1 hr	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	45 DMH	5/20/10	Teresa Chapa, Ph.D., MPA

39	*Partnership for Mental Health - A Conference on Academic-Public Collaborations for Research on Mental Health Recovery and Wellness* - "The Options for a Recovery-Oriented Mental Health System under Health Care Reform"	N/A	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	107 DMH	5/21/10	Alicia D. Smith, MHA
40	*Partnership for Mental Health - A Conference on Academic-Public Collaborations for Research on Mental Health Recovery and Wellness* - "Changing Stigma: Where and What is the Evidence?"	Many of the goals of people with serious mental illness are blocked by the stigma of mental illness. This presentation seeks to describe stigma in three ways: public stigma, the discrimination that results when the general population endorses stereotypes; self-stigma, the harm that results from these stereotypes; and label avoidance, people's hesitance to seek out treatments to avoid labels that come with these treatments. Ways are then considered to address stigma including education about the myths and facts of mental illness and contact with people with these illnesses.	1.5 hrs	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	107 DMH	5/21/10	Patrick Corrigan, PsyD
41	*Partnership for Mental Health - A Conference on Academic-Public Collaborations for Research on Mental Health Recovery and Wellness* - "Steps on the Road to a Recovery Model of Care"	N/A	1 hr	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	107 DMH	5/21/10	Stephen Mayberg, PhD Catherine Bond, MFT

42	*Partnership for Mental Health - A Conference on Academic-Public Collaborations for Research on Mental Health Recovery and Wellness* - "Combined Self-Help Agency and Community Mental Health Agency Services"	Self-help agencies (SHAs) are consumer-operated services (COSPs) that are run as participant democracies. Like other COSPs they are non-government organizations directed by a current/former service user, with a majority of service users on their governing board that have the power to hire/fire professional employees. SHAs emphasize self-help through a community meeting process allowing members to be involved in all aspects of the organization's operations. The theory involves the assumption that individuals empowered to run their own help organization will become more empowered in their own life. SHAs differ from board-directed/staff-controlled COSPs that do not allow full participation of their membership in significant organizational decision making. This study seeks to determine the effectiveness in the promotion of recovery objectives of the SHA working in conjunction with a community mental health agency (CMHA) in the provision of services for persons with severe mental illness. It provides an evaluation of COSPs based on the character of their helping process—self help participant democracy—as opposed to relying on the cor	40 mins	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	107 DMH	5/21/10	Steven Segal, PhD
43	*Partnership for Mental Health - A Conference on Academic-Public Collaborations for Research on Mental Health Recovery and Wellness - "* Comparison of Outcomes between Consumers in Full-Service Partnership Programs and Usual Care in the California Public Mental Health System"	Our research used data from the California Department of Mental Health on consumers participating in Full-Service Partnerships and consumers receiving usual care in the public mental health system. We used a quasi-experimental design that statistically assigned individuals to treatment and control groups to determine the causal effects of participating in Full-Service Partnership programs on overall satisfaction, outcomes, and quality of care. We find evidence that Full-Service Partnerships provide better satisfaction, outcomes, and quality care relative to usual care in the public mental health system.	40 mins	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	107 DMH	5/21/10	Timothy Bown, PhD

44	*Partnership for Mental Health - A Conference on Academic-Public Collaborations for Research on Mental Health Recovery and Wellness* - "Cultural Competence and Recovery in Mental Health"	I. Definition and operationalization of cultural competence in mental health care II. Examination of the knowledge base and research grounding and resources III. Understanding the complex relationships of clinician knowledge and skills, cultural competence, organizational quality improvement and processes of care, and patient engagement and outcomes IV. Identifying the continuing dilemmas that form the research agenda for cultural competence V. Identifying the Impediments to progress in basic and applied cultural competence research.	40 mins	Administration/Management Direct Services, Counties Direct Service, Contractors, Support Services Community Members/General Public Community Event	107 DMH	5/21/10	William Vega, PhD
45	Common Ground: Recovery Oriented Practice from Patienthood to Personhood	The first half of the training focuses on training the mental health workforce to obtain the skills required to support consumers in their recovery. In this workshop, participants will learn a range of practical interventions to assist consumers when they are making choices that seem inappropriate to the clinician. Participants will learn skills associated with supporting client choice in ways that maximize client autonomy and self- efficacy. Scenarios from clinical practice are the focus, and participants are encouraged to bring examples from their own work. The second half of this training seeks to answer the questions: what does recovery look like and how does one achieve recovery? The trainer will discuss fears and obstacles that may deter the consumer from recovering. Participants will learn strategies and techniques to help consumers begin and remain on a recovery-oriented path. The trainer will present various tools to move consumers from patienthood to personhood.	6 hrs	Direct Services, Counties,	Total: 37	5/25/10	Amy Long, LPN
46	Common Ground: Recovery Oriented Practice from Patienthood to Personhood	Same as above.	6 hrs	Direct Services, Counties,	Total: 37	5/26/10	Amy Long, LPN

47	Immigration Resources 101	This training is for mental health clinicians and case managers. The purpose of this training is to assist line staff working with consumers that are either documented or undocumented to locate and navigate resources. Participants will also learn the procedures of immigrating to the U.S., the different levels of immigration and various housing issues. Participants will learn about general public services such as health care resources and other services available to undocumented and documented individuals.	4 hrs	Direct Services, Counties, Direct Service, Contractors,	55 15 Total: 70	6/9/10	Donald Nollar Dave Douglas Rico Cabrera
48	*Hoarding Forum Conference - "*Compulsive Hoarding: From Collecting to Cluttering to Hoarding"	The County of Los Angeles Department of Mental Health employees are invited to attend the 2010 Hoarding Forum on June 17, 2010 at the Arboretum, 301 North Baldwin Avenue, Arcadia 91007. This forum will focus on "Compulsive Hoarding": From Collecting to Cluttering to Hoarding." It is designed to provide information and help increase awareness and knowledge to enhance support skills of clinicians, first responders, consumers, family members and others involved in intervention for compulsive hoarding. Disseminate knowledge, interventions, and community resources for compulsive hoarding, provide support solutions for caregivers and family of compulsive hoarders. Increase empathy, and understanding among clinicians regarding impact of hoarding on communities.	4 hrs	Direct Services, Counties, Direct Service, Contractors,	90 100 Total: 190	6/17/10	Roseanne Kotzer Dr. Anat Louis
49	"Mente, Cuerpo, y Espiritu Saludable" - Healthy Mind, Body, and Spirit	Auto defensa y Mentes Saludables/Self defense and healthy minds	2 hrs	Administration/Management Community Members/General Public Community Event	n/a	6/19/10	Latino Behavioral Institute (LBHI)
50	"Taking Charge as Introduction to Recovery" (8 sessions in total)	This 8-session course will meet once weekly for 8 weeks in two hour sessions and will introduce the attendees to Recovery, Inc.'s self-half group model through the use of its mental fitness tools "Taking Charge." In the first 3 sessions, techniques to deal with the effects of stress, the basic need to feel safe and the role of muscles in mental health will be addressed. Session 4 and 5 will address angry responses, self-applause/endorsement, stretching out of the comfort zone, and weighting the events (defining triviality). Sessions 6, 7, 8 will focus on the review of the previous lessons and in the practice of the tools presented.	2 hrs per session	Community Members/General Public Community Event	Total: 25	1/06/10 to 2/24/10	Robert Dey

51	California Network of Mental Health Clients: Reaching Across our Regions	Keynote: "Visioning Ourselves into Wellness" Workshops: (1) MHSA Advocacy and Leadership (2) Consumer Employment (3) Racial, Ethnic, Cultural Perspectives in Sanism (in English and Spanish) (4) Showcasing Self-Help/Building on our Grassroots (5) Consumer Employment	6 hrs per session	Direct Services, Counties, Direct Service, Contractors, Community Event	30 DMH n/a	5/28/10 5/29/10	**Bruce Anderson** **(keynote speaker)** Tina Wooton, Blanca Deleon, & Maria Ostheimer Keris Myrick, Ruth Montoya, Janice Oye, & Ron Schreiber Ruth Hollman Andy Posner & Keris Myrick (workshop presenters)
52	*3rd Annual Housing Specialist Training Institute* - Restoring Hope and Resiliency through Supportive Housing"	The Department of Mental Health employees are invited to attend The Third Annual Housing Specialist Training Institute. This two-day Institute is beneficial to housing specialists and others who assist consumers with housing. The Institute will provide an opportunity for participants to gain and/or enhance their skills and knowledge to provide quality housing services that will promote hope and support wellness and recovery for the consumers of mental health services in Los Angeles County.	45 minutes	Direct Services, Counties, Direct Service, Contractors,	50 100 Total: 150	6/14/10 6/15/10	Jonathan Hunter
53	*3rd Annual Housing Specialist Training Institute* - "Meeting the Medical Needs of Individuals with a Mental Illness with a Focus on the Homeless Population"	This workshop will be conducted by community health clinic representatives with expertise in working with the homeless population. They will discuss and explore the importance of assisting individuals that are homeless and have a mental illness with establishing a medical home. They will also discuss common medical issues affecting the homeless population and how to navigate various systems to address their medical needs.	45 minutes	Direct Services, Counties, Direct Service, Contractors,	50 100 Total: 150	6/14/10 6/15/10	Paul Gore, Ph.D Elda Lazaro Leda Grembowski
54	*3rd Annual Housing Specialist Training Institute* - "Meeting the Housing Needs of Consumers Leaving Jail"	This workshop will provide an overview of the needs of the mail re-entry population and the barriers that impact their ability to secure a place to live. It will include recommendations to address the barriers, ways to effectively work with the criminal justice system, i.e. probation, parole, Los Angeles Sheriff's Department Community Transition Unit and the courts. The workshop will identify specific resources available for the jail re-entry population.	2 hours	Direct Services, Counties, Direct Service, Contractors,	50 100 Total: 150	6/14/10 6/15/10	Bert Paras

55	*3rd Annual Housing Specialist Training Institute* - "Client Panel - How housing was the Catalyst for Change in My life - Sharing My Recovery Story"	Through a "Dr. Phil" like forum, six individuals of various ages, ethnicities, and life-experiences will share their stories of recovery and the importance of hope and resiliency in making their respective journeys from homelessness to housing. This session will help inform housing specialists and case managers about what they found to be most helpful to successfully secure housing and where past efforts may have failed. This session will also focus on how securing housing enabled individuals to be able to develop other positive outcomes include reuniting with families and friends, taking chare of their personal health and pursuing vocation and professional goals.	1 hr	Direct Services, Counties, Direct Service, Contractors,	50 100 Total: 150	6/14/10 6/15/10	Ruth Schwartz (moderator)
56	*3rd Annual Housing Specialist Training Institute* - "The Value of Employment and Education and the Connection to Housing and Recovery"	This "Employment 101" presentation will cover employment and education modes, approaches, and evidence-based practices. The value of work and education and its connection to housing and recovery will be examined. Employment, education and volunteer resources will be provided.	1 hr and 15 minutes	Direct Services, Counties, Direct Service, Contractors,	50 100 Total: 150	6/14/10 6/15/10	Kecia Coker

CRITERION 6

(No Attachments)

CRITERION 7

MHSA Mental Health Loan Assumption Program

(Attachment 1)

MENTAL HEALTH SERVICES ACT (MHSA)
WORKFORCE EDUCATION AND TRAINING (WET)

OCTOBER 2010

County of Los Angeles
Department of Mental Health

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

Dennis Murata, M.S.W.
Deputy Director
Program Support Bureau
MHSA Administration

Contact:
Angelita Diaz-Akahori, Psy.D.
WET Coordinator
Program Support Bureau
WET Administration
550 S. Vermont Ave., 6th Fl
Los Angeles, CA 90020
Phone: (213) 639-6307
Fax: (213) 383-8234
E-mail: adiaz@dmh.lacounty.gov

STATE DEPARTMENT OF MENTAL HEALTH
MHSA MENTAL HEALTH LOAN ASSUMPTION PROGRAM

A loan assumption program for mental health professionals in the public mental health system (DMH and its community-based contracted programs) is being offered by the State Department of Mental Health and administered by the Foundation . This program will provide awardees up to $10,000 for repayment of educational loans. A limited number of awards are available for the County of Los Angeles public mental health workforce. This program requires that eligible applicants work in a "hard-to-fill/retain" position, as defined by the County of Los Angeles - Department of Mental Health. Please refer to the attached document for the "hard-to-fill/retain" criteria established for the County of Los Angeles public mental health workforce.

To download a fillable application or obtain additional information regarding the MHLAP Program, please visit the MHLAP homepage at http://oshpd.ca.gov/HPEF/MHLAP.html. To assist with the application process, a Power Point Presentation is also available at the MHLAP homepage.

After reviewing the online information, applicants may participate in the MHLAP Question & Answer Conference Calls listed below. No RSVP is required. Participants can email questions prior to the conference calls by using the following link: jmelson@oshpd.ca.gov. Please identify on the email subject line "MHLAP Conference Call Question." Conference calls are scheduled during the following Wednesdays, from 11:30am - 1:00pm:

October 20th and 27th
November 3rd, 10th, 17th, and 24th
December 1st and 8th

Conference Call #: 1-877-213-1782 , Participation Code #: 439482

The entire application, with required documentation, must be mailed, postmarked no later than December 10th, 2010 (faxes will not be accepted) to the following address:

Health Professions Education Foundation
ATTN: MHLAP
400 R Street, Suite 460
Sacramento, CA 95811

Other great financial incentive opportunities can be found at:
http://dmh.lacounty.gov/AboutDMH/MHSA/MHSA_Plans/WET/financial_incentive_programs.html

To learn more about the County of Los Angeles' WET Plan, please visit:
http://dmh.lacounty.gov/AboutDMH/MHSA/MHSA_Plans/workforce_education_and_training.html

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU

MHSA WORKFORCE EDUCATION AND TRAINING (WET) ADMINISTRATION

PROPOSED HARD-TO-FILL/RETAIN CRITERIA FOR LOS ANGELES COUNTY APPLICANTS TO THE HEALTH PROFESSIONS EDUCATION FOUNDATION – MENTAL HEALTH LOAN ASSUMPTION PROGRAM (MHLAP) FOR FISCAL YEAR 2010-2011

REQUIREMENTS	***DIRECT CLINICAL SERVICE STAFF ****	***DIRECT CLINICAL SERVICE SUPERVISOR ****
Work/Volunteer Hours	Work a minimum 40 hours per week in a public mental health program.	Work a minimum 40 hours per week in a public mental health program, with primary duty being the immediate supervision of direct clinical service staff. Management level position will not be considered.
Total Weekly Hours of Direct Clinical Service	Must render a minimum of 20 hours.	Must render a minimum of 10 hours.
Work Location	Within a County of Los Angeles - Department of Mental Health program or one of its contracted agencies.	Within a County of Los Angeles - Department of Mental Health program or one of its contracted agencies.
Previous Financial Incentive Awards	Must not have received previous financial incentive award.	Must not have received previous financial incentive award.
	AND AT LEAST ONE OF THE FOLLOWING	
Qualified Facility	• MHSA Funded • Specialized Foster Care • Juvenile Justice Programs	*All Qualified Facilities*****
	OR	
Eligible Language Capabilities	▪Arabic ▪Armenian ▪Cambodian ▪Cantonese ▪Farsi ▪Korean ▪Mandarin ▪Other Chinese ▪Russian ▪Spanish ▪Tagalog ▪Vietnamese ▪Sign Language	*n/a*

*** Refer to the Application Package, 2nd Page (Program Background and Eligibility), section "What Professions Are Considered Eligible?"**
**** Refer to the Application Package, 2nd Page (Program Background and Eligibility), and section "What Is A Qualified Facility?"**

HEALTH PROFESSIONS EDUCATION FOUNDATION
Giving Golden Opportunities

CALIFORNIA DEPARTMENT OF MENTAL HEALTH

Mental Health Loan Assumption Program

The Mental Health Loan Assumption Program is intended to increase the number of mental health providers available to work in the Public Mental Health System. Qualified applicants may receive up to $10,000 in educational loan repayments in exchange for working and volunteering 12 consecutive months in a hard to fill or retain position in the Public Mental Health System.

Eligible Professions

Licensed Marriage & Family Therapists
Marriage & Family Therapist Interns
Licensed Clinical Social Workers
Associate Clinical Social Workers
Licensed Psychologists
Registered Psychologists
Postdoctoral Psychological Assistants
Postdoctoral Psychological Trainees
Licensed Psychiatrists
Registered Psychiatrists
Licensed Psychiatric Mental Health Nurse Practitioners
Certified Psychiatric Mental Health Nurse Practitioners
Registered Psychiatric Mental Health Nurse Practitioners

To be eligible to participate in the MHLAP, applicants must:

- Have valid legal presence and ability to work and provide care in the state of California, and
- Have no outstanding service obligation to an entity other than the Foundation, and
- Submit a complete application that is postmarked on or before December 10, 2010, and
- Have met all requirements of the appropriate certifying Board to practice their profession, and
- Have a current, full, permanent, unencumbered, unrestricted health professional license, registration or waiver
- Have outstanding educational debt from a commercial or governmental lending institution, and
- Work or volunteer in the Public Mental Health System for a minimum of 20 hours per week.

THIS PROGRAM IS SUPPORTED BY FUNDS SECURED FROM THE MENTAL HEALTH SERVICES ACT AND IN PARTNERSHIP WITH THE CALIFORNIA DEPARTMENT OF MENTAL HEALTH.
For a copy of the application, guidelines, funding information, or to learn more about other loan forgiveness programs sponsored by the Health Professions Education Foundation, please visit our web site www.healthprofessions.ca.gov or call us at (800) 773-1669.

Application Postmark Deadline: December 10, 2010

Please note that applications and required documents postmarked after December10, 2010 will not be reviewed . Faxes will not be accepted.

HEALTH PROFESSIONS
EDUCATION FOUNDATION
Giving Golden Opportunities

CALIFORNIA DEPARTMENT OF
MENTAL HEALTH

Mental Health Loan Assumption Program Application

Application Postmark Deadline:
December 10, 2010

Applications or other required documents postmarked after December 10, 2010 will not be reviewed. Faxes will not be accepted.

Giving Golden Opportunities by:

Increasing the supply of mental health providers in underserved areas

Improving access to healthcare in rural and urban areas of California

Awarding mental health providers who are dedicated to practicing in underserved communities

MHLAP is funded through the Workforce Education and Training component of the Mental Health Services Act (MHSA).

Version 2010-3 PDF 09/16/2010

Program Background and Eligibility

MHLAP

OVERVIEW

The Mental Health Loan Assumption Program (MHLAP) encourages mental health providers to practice in underserved locations in California by authorizing a plan for repayment of some or all of their educational loans in exchange for their service in a designated hard-to-fill/retain position in the Public Mental Health System. The MHLAP is jointly administered by the Health Professions Education Foundation (Foundation) and the Department of Mental Health. It is funded through the Workforce Education and Training component of the Mental Health Services Act (MHSA). California voters passed the MHSA in November 2004 to strengthen the Public Mental Health System by providing increased funding, personnel and other resources to support County Mental Health Agencies, and to monitor progress towards statewide goals.

BEFORE YOU APPLY, CHECK YOUR ELIGIBILITY!

To be eligible to participate in the MHLAP, applicants must:

- *have valid legal presence and ability to work in the state of California, and*
- *have no outstanding service obligation to any entity, and*
- *have met all requirements of the appropriate certifying Board to practice their profession, and*
- *have a current, full, permanent, unencumbered, unrestricted health provider license, registration or waiver (whichever is applicable), and*
- *have outstanding educational debt from a commercial or U.S. governmental lending institution, and*
- *work or volunteer in the Public Mental Health System for a minimum of 20 hours per week, and*
- *submit a complete application that is postmarked on or before December 10, 2010, and*
- *after submission of the application, be verified as working in a hard-to-fill/retain position in the Public Mental Health System by the County Mental Health Director.*

HOW LONG WOULD MY SERVICE OBLIGATION BE?

You must complete a minimum 12 month consecutive or equivalent paid or unpaid service obligation and work or volunteer either full-time or part-time.

WHAT IS A QUALIFIED FACILITY?

When submitting an application, the applicant must be working at or have entered into an agreement to begin work in the Public Mental Health System. The Public Mental Health System includes publicly funded mental health programs/services and contractor services that are administered, in whole or in part, by County Mental Health Agencies. *It does not include* programs and/or services administered, in whole or in part, by federal, state, county or private correctional entities or programs or services provided in correctional facilities.

WHAT PROFESSIONS ARE CONSIDERED ELIGIBLE?

"Mental health provider" means a licensed psychologist, registered psychologist, postdoctoral psychological assistant, postdoctoral psychological trainee, licensed marriage and family therapist, marriage and family therapist intern, licensed clinical social worker, associate clinical social worker, licensed psychiatrist, registered psychiatrist, licensed or certified psychiatric mental health nurse practitioner or registered psychiatric mental health nurse practitioner.

HOW MUCH WOULD MY AWARD BE?

Participants may receive up to $10,000. In no event shall the amount of the award exceed the amount of the participant's outstanding educational debt. Payment(s) will be made directly to lender(s) at the end of 12 consecutive months of service.

WILL I NEED TO SIGN A CONTRACT?

Yes. Loan assumption award recipients will be required to sign a written contract with the Office of Statewide Health Planning and Development/ Foundation outlining the provisions under this program.

WHAT IF MY PRACTICE LOCATION CHANGES?

The County and Foundation shall periodically verify the participant's compliance with all requirements of the MHLAP. The applicant's new practice location must meet the hard-to-fill/retain criteria in the same county where the original award was made. If the new practice location is in a different county, the award shall be terminated. Any award recipient who changes county of employment, no longer works in a hard-to-fill/ retain position or does not comply with his/her loan assumption contract, shall be removed or suspended from the program.

WHAT IS THE SELECTION CRITERIA FOR THE AWARD?

The County Mental Health Director is responsible for verifying an applicant's position as hard-to-fill/retain and to identify which applicants best meet local workforce demands and/or shortages. Consideration will be given to those applicants with the likelihood of long-term employment in the Public Mental Health System even after the service obligation has ended as well as meeting one or more of the following criteria:

- Work Experience – Mental health work experience in the Public Mental Health System.
- Cultural and Linguistic Competence – The applicant's interest and ability to understand and respond effectively to the cultural and linguistic needs of consumers of public mental health services. This could include competency in the cultures of unserved and under-served populations such as homeless, LGBTQ or persons with disabilities.
- Fluency – Language abilities must be verified on the County Employment or Volunteer Verification Form. The County Mental Health Director or designee must verify that the applicant's language skills are needed in that county. Needed language skills may include English as well as American Sign Language.
- Personal and Community Background – How life experiences, socio-economic background and the community in which the applicant was raised impacted the desire or decision to work with public mental health services.
- Community Service – Unpaid service to your community, volunteer activities and/or professional organization membership.
- Professional Goals – Professional goals for the next five to ten years.

Application Instructions

SUBMIT THE FOLLOWING

For your application to be considered eligible for MHLAP, each of the items listed below must be filled out completely. *ALL MATERIALS MUST BE POSTMARKED BY THE DEADLINE* (application, lender statement(s) and proof of license, registration or waiver).

1. PAGES 1-7 OF THE APPLICATION

- ☐ All spaces must be completely filled in.
- ☐ All questions must be answered.
- ☐ Each lender must be listed on the Educational Debt Report (EDR) Part D, page 4 of the application.
- ☐ **List the Lending Institutions in the order you wish them to be repaid.**
- ☐ County Employment or Volunteer Verification, Part C, page 3 is to be completed by you and/or your direct supervisor, and signed by your direct supervisor or an authorized entity who can verify your employment, hours and other required information.
- ☐ The Application Certification and Letter of Understanding, Part I, page 7 must be signed and dated by the applicant.

2. LENDER STATEMENT(S)

- ☐ Lending Institution/Company name must be on the statement. Provide the name of the Institution/Company the check would be made payable to (if different).
- ☐ Applicant's name must be listed on each submitted lender statement(s). If the name on your lender statement(s) does not match your legal name, please submit a copy of a marriage certificate or other documents which verify any name changes.
- ☐ Lender's name and payment address must be current and correct.
- ☐ The lender statement(s) must be dated within the last six months of deadline date.
- ☐ The current balance for each lender statement must match the corresponding current balance entered on the EDR.
- ☐ Account numbers on the lender statements must match what is shown on the EDR.

3. PROOF OF LICENSURE, REGISTRATION OR WAIVER

- ☐ Include a copy of license, registration or waiver issued by one of the following California Boards: Registered Nursing, Medical Board, Behavioral Sciences and/or Psychology.
- ☐ If applicable, waivers are to be issued by California Department of Mental Health.

QUESTIONS ABOUT THE APPLICATION

For assistance, please call the Health Professions Education Foundation at (800) 773-1669 or (916) 326-3640.

APPLICATION SUBMISSION

Applications and all supporting documentation must be postmarked by the deadline of December 10, 2010. In order to be reviewed, each part of the combined application must be complete. The Foundation encourages applicants to submit all materials three to six weeks early.

NOTIFICATION OF AWARDS

The Foundation will notify applicants of their application results within 120 days of the final filing date.

SUBMIT ALL APPLICATION MATERIALS POSTMARKED ON OR BEFORE DECEMBER 10, 2010 TO:

Health Professions Education Foundation
Attn: MHLAP
400 R Street, Suite 460
Sacramento, CA 95811

Please do not staple any portion of the application.
This page must be completed and submitted for your application to be considered complete. Faxes will not be accepted.

MHLAP

Application

Please refer to the application instructions when completing the application. Complete all pages of the application and make sure all supporting documents are submitted with your application. All documents must be postmarked by the application deadline of DECEMBER 10, 2010. Late or incomplete application packets will not be evaluated.

PART A **PERSONAL INFORMATION** Please type answers in the space provided.

All personal and identifying information provided will remain private and confidential and will not be disclosed outside the MHLAP award process.

Drivers License or ID #: *Social Security #:

Ms.

First Name: Initial: Last Name:

Employment County :

Mailing Address:

Street:

City: St: ***CA*** Zip:

County:

Permanent Address *(if different than above)*

Street:

City: St: ***CA*** Zip:

County:

License and Board Information:

License #:

Registered Intern #:

Waiver # (if applicable):

With which California Board are you registered or licensed?

Behavioral Sciences

Contact and Personal Information:

Home Phone:

Work Phone: ***X***

Cell Phone:

E-mail :

Date of Birth: (mm/dd/yyyy)

Gender: Male ☐ Female ☐ Other ☐

Questionnaire:

Which best describes your ethnic background?

The Foundation will utilize this information for statistical purposes only.

Other

Other:

Do you currently owe a service obligation to any entity? (i.e. CalSWEC, County MHSA Stipend Programs, NHSC, or other)

Yes ☐ No ☐

Are you a prior awardee of the Foundation?

Yes ☐ No ☐

PERSONAL INFORMATION NOTIFICATION The Information Practices Act of 1977 and the Federal Privacy Act require this program to provide the following to individuals who are asked by the Office of Statewide Health Planning and Development, Health Professions Education Foundation to supply information: The principal purposes for requesting personal information are for verification of identification, establishment of eligibility and program administration. Title 22 of the California Code of Regulations, Sections 97900 et seq. and Title 9 of the California Code of Regulations, Sections 3100 et seq. require every individual to furnish appropriate information for application to the Mental Health Loan Assumption Program. All requested information is required unless it is specifically identified as voluntary. Failure to furnish this information will result in the application being deemed incomplete and ineligible. An individual has a right of access to records containing his/her personal information that are maintained by the Office of Statewide Health Planning and Development, Health Professions Education Foundation. The person responsible for maintaining the information is the Executive Director, Health Professions Education Foundation, 400 R Street, Room 460, Sacramento, CA 95811, (916) 326-3640. The Foundation may charge a small fee to cover the cost of duplicating this information.

*MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS Disclosure of your U.S. Social Security Number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application will not be processed AND you will be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

PART B PERSONAL AND COMMUNITY BACKGROUND

1. Have you ever considered yourself to be a part of an underserved or unserved population? ☐ Yes ☐ No If yes, please elaborate:

2. How have your personal, educational and professional experiences contributed to your ***cultural or linguistic competence***? (see *Definitions* on page 8) *Select ONLY the option(s) below* which best describe your experience. *For each option you select*, provide a ***brief example*** in the space provided of how you have incorporated the experience into your delivery of service to mental health clients. Check all that apply:

Example:
z. ☒ I have experience interacting with mental health patients.
Example: I have 4 years experience in a public mental health clinic working 75% of the time in face-to-face counseling.

a. ☐ I provide equal access to services of equal quality, without disparities among racial/ethnic, cultural and linguistic populations or communities. Example:

b. ☐ I have participated in treatment interventions and outreach services to engage and retain individuals of diverse racial/ethnic, cultural and linguistic populations. Example:

c. ☐ I have identified and measured disparities in services, developed and implemented strategies and programs, and made adjustments to existing programs to eliminate these disparities. Example:

d. ☐ I have incorporated an understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups into policy, program planning, and service delivery.Example:

e. ☐ I have incorporated an understanding of the impact that historical bias, racism, and other forms of discrimination have upon policy, program planning, and service delivery. Example:

f. ☐ When delivering services, I have incorporated an understanding of the impact that bias, racism, and other forms of discrimination have on the mental health of each individual served. Example:

g. ☐ I have utilized the strengths and forms of healing unique to an individual's racial/ethnic, cultural, and linguistic population or community when providing services or support. Example:

h. ☐ I have attended trainings to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve. Example:

i. ☐ I have developed and implemented strategies to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community. Example:

j. ☐ I have participated in assessing the strengths and weaknesses of my facility, agency and/or program's proficiency to achieve cultural competency. Example:

k. ☐ I am able to communicate effectively and convey information in a manner that is easily understood by individuals with Limited English Proficiency. Example:

l. ☐ I am able to communicate effectively and convey information in a manner that is easily understood by individuals who have few literacy skills or are not literate. Example:

m ☐ I am able to communicate effectively and convey information in a manner that is easily understood by individuals with disabilities that impair communication. Example:

n. ☐ I have helped establish structures, policies, procedures and dedicated resources to effectively respond to the literacy needs of the populations being served. Example:

Please do not staple any portion of the application. This page must be signed and dated by the applicant's direct supervisor or authorized entity. ***Faxes will not be accepted.***

Last Name:

First Name:

PART C COUNTY EMPLOYMENT or VOLUNTEER VERIFICATION FORM

*Pursuant to Title 9 of the California Code of Regulations Section 3852(c), the **County Mental Health Director or designee** must certify that each applicant is employed in a Public Mental Health System position that is hard-to-fill or in which it is hard to retain staff to be eligible for MHLAP. The Foundation will forward this form to the **County Mental Health Director** or his/her authorized designee.*

Items **a.** through **j.** are to be completed by the ***applicant*** and/or ***the applicant's direct supervisor***. This page must be ***signed and dated*** by the applicant's ***direct supervisor or authorized entity*** who can verify the applicant's information and hours.

a. Employment or Volunteer Facility/Agency Name:

Program Name:

Address:

City: State: ***CA*** Zip: County:

b. Supervisor Name or Authorized Entity:

Title: Phone #: Email:

c. Applicant's Start Date: (mm/dd/yyyy) ***X***

d. What is the applicant's mental health profession?

Licensed/Certified Psychiatric Mental Health Nurse Practitioner
Marriage & Family Therapist Intern

e. Applicant's Work Status

☐ Full Time Full time means working or volunteering 40 hours per week or the equivalent for a minimum of 45 weeks per year.

☐ Part Time Part-time means a minimum of 20 hours per week for a minimum of 45 weeks per year.

f. The applicant is currently employed in a program that is funded by the Mental Health Services Act.

☐ Yes ☐ No

g. The applicant can fluently speak the following language(s) needed in a work setting:

English ***N/A*** ***N/A*** Other:

h. On a weekly basis, how many hours per week (average) does/will the applicant spend providing the following services: Fill in the average hours worked in each service, the total average weekly hours worked is calculated.

1. Face-to-face interaction with clients: hours
2. Administration: hours
3. First Line Supervision: hours
4. Management: hours

Average Weekly Hours Worked: ***0*** Total hours

i. Which best describes the applicant's ethnic background? The Foundation will utilize this information for statistical purposes only.

Other Other:

African American

j. What are the applicant's primary program responsibilities or job functions:

I certify that I am the supervisor or authorized administrative officer at this facility/agency and that the facility/agency will pay the applicant (if in a paid capacity) prevailing wages and that I agree not to use the Program's award of educational loan repayments as a means to reduce the recipient's salary or offset those salaries (e.g., deduction of funds from paychecks, etc.). I verify that the information provided on this page of the MHLAP application is true and accurate to the best of my knowledge.

DIRECT SUPERVISOR or AUTHORIZED ENTITY SIGNATURE and DATE REQUIRED!

Signature: _____ Date: _____

Direct Supervisor or Authorized Entity Signature

For Office Use: Leave blank.
HF: _____ LAN: _____

PART D EDUCATIONAL DEBT REPORT (EDR)

Instructions:

1. ***All*** spaces must be completed on this form for each loan you have, ***even if the information appears on the lender statements.*** Any missing information will make the application incomplete and ineligible.
2. All of the requested lender information below should correspond with the lending institution and location where your payments are processed. If additional pages are required, please include them with the application.
3. Submit current lender statements (dated within 6 months) for the educational debts listed below. They must include the current balance, account number, your name, the name of the lender, and address to which payment is submit ted. **Enter loans in the order you would like them to be repaid.**

Total Educational Debt Owed: $ ***0.00***

LOAN 1

Lending Institution:
The name of the company/institution that you make your check payable to (if different than above):

Account Number:
Payment Address:
City: State: ZIP:
Enter the Outstanding Balance: $

LOAN 2

Lending Institution:
The name of the company/institution that you make your check payable to (if different than above):

Account Number:
Payment Address:
City: State: ZIP:
Enter the Outstanding Balance: $

LOAN 3

Lending Institution:
The name of the company/institution that you make your check payable to (if different than above):

Account Number:
Payment Address:
City: State: ZIP:
Enter the Outstanding Balance: $

LOAN 4

Lending Institution:
The name of the company/institution that you make your check payable to (if different than above):

Account Number:
Payment Address:
City: State: ZIP:
Enter the Outstanding Balance: $

If you have ***5 or more loans***, provide the details on additional sheets and enter the ***total of the 5 or more loans here***:
$

PART E WORK EXPERIENCE AND PROFESSIONAL GOALS

1. WORK EXPERIENCE

In the space provided below, please list up to three employers where you have served the Public Mental Health System.
Please refer to the *Definitions* section of the application (page 8) for more information.

Employer	Postion	Length of Employment

2. PROFESSIONAL GOALS

a. Prioritize your *professional career goals* as they relate to a mental health profession.
Rank ONLY 3 of the following that most closely match your professional goals (1=highest priority, 3=lowest priority):

- - Obtain Licensure/ Board Certification
- - Further my education (e.g., Doctoral Degree)
- - Stay with my current employer
- - Join or start a private practice, for profit
- - Become a professor, teach
- - Supervise interns and train other mental health professionals
- - Learn a second language
- - Other:

b. Prioritize the type of *community* where you are interested in working.
Rank ONLY 3 of the following that most closely match your professional goals (1=highest priority, 3=lowest priority):

- - Anywhere in California
- - Outside of California
- - An underserved community
- - A specific cultural or linguistic group (please specify):
- - A specific geographic group (please specify):
- - Other:

c. Prioritize the type of *facility* where you would like to provide services.
Rank ONLY 3 of the following that most closely match your professional goals (1=highest priority, 3=lowest priority):

- - Non-profit community based facility
- - Correctional facility
- - Private practice, for-profit
- - County/ City publicly-funded facility
- - HMO, such as Kaiser or Health Net
- - Other:

Last Name:

First Name:

PART F COMMUNITY SERVICE

1. In the table below, please list any community service, volunteer activities, and/or professional organization memberships in which you have been involved *within the past three (3) years.*

If you have had no such service in the last three (3) years, please check here: ☐

Community Service	Length of Time involved (yy/mm)	Your Role	Was this service paid or required by your employer?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

PART G PERSONAL STATEMENT

1. In the space provided (500 words or less), elaborate how your life experience and/or training has contributed to your committment to work in the Public Mental Health System.

PART H REFERENCES

Provide three personal references:

Name	Address-City-State-Zip	Primary Phone	Cell Phone	E-mail

PART I APPLICATION CERTIFICATION and LETTER OF UNDERSTANDING

APPLICATION CERTIFICATION

I certify that I am the person herein named submitting this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct and that I am willing to sign, or have signed a written contract with a practice setting committing to a minimum one year of full-time or part-time practice in the Public Mental Health System. I authorize the Foundation to verify any information submitted as part of this application. I understand that falsification of information contained in this application will disqualify my application. I understand that once submitted my application and supporting documents become the property of the Foundation and selected non-confidential information may be used including but not limited to, advertising/ marketing, program reports, newsletters, and other publications.

LETTER OF UNDERSTANDING

I understand that the Mental Health Loan Assumption Program is a financial incentive program designed to recruit and retain qualified professionals in hard to fill/retain positions in the Public Mental Health System. By submitting a complete application and signing this letter, I understand that I am not guaranteed an award. If selected to participate in the program, I agree to:

1. For the period of 6/30/11 through 6/29/12 provide permanent full-time or part-time service at the County Department of Mental Health or at an organization that contracts or subcontracts with the County Department of Mental Health. This does not include programs and/or services administered, in whole or part, by federal, state, county or private correctional facilities.
2. Remain in the same County of Employment, in a position that is approved by the County Mental Health Director as hard-to-fill/retain, until after my service obligation is complete.
3. Continue to make any required payments on all outstanding educational loans concurrent with any payment made by the OSHPD/Foundation.
4. Notify the Foundation in writing of any and all phone, address, name and educational lender changes within 30 days of the change. *This includes any notification you may receive regarding lender payment address or lender name changes*.
5. Notify the Foundation in writing to request any changes in practice location within 30 days prior to starting at the new practice location.
6. Submit all requested information during the 12 (twelve) month service obligation to the Foundation by required deadlines, including 2 (two) Employment Verification Forms, paystubs, and lender statements.
7. Only enter into one Contract or Agreement at any given time throughout the application process or period of service with the Foundation or any other loan repayment entities in exchange for financial assistance, tuition reimbursement, scholarship or a loan repayment.

Signature & Date Required! **Signature:** _____ **Date:** _____

SUBMISSION CHECKLISTS

Postmark to Foundation by ***December 10, 2010:***

- ☐ 1. Completed Application Pages 1-7. Signed and dated on this page.
- ☐ 2. Lender Statements, including your name (if different from your legal name, provide marriage certificate, the current balance, account number, the name of the lender and the address to which payment is submitted.
- ☐ 3. Proof of Licensure, Registration, or Waiver.

Definitions

DEFINITIONS

Administrative Positions: Non-direct client care positions within the Public Mental Health System may be eligible to receive an MHLAP award, so long as the County Mental Health Director designates the position as hard-to-fill or retain.

Change in Practice Location within County: Any participant who does not comply with his/her loan assumption agreement shall be removed or suspended from MHLAP. The service obligation must be completed within 24 months of the original contractual start date. Any participant who changes County of employment may be removed from MHLAP.

Contract: A written agreement between the Office of Statewide Health Planning and Development/Foundation and a participant in the loan repayment program that obligates the participant, in exchange for financial assistance, to practice his or her profession for a specified period of time in a hard-to-fill/retain position in the Public Mental Health System.

County Mental Health Director: The Director of one of California's 58 County Mental Health Departments, the Director of two or more County Mental Health Departments acting jointly, and/or the Director of the City of Berkeley or Tri-City Mental Health Department receiving funds per Welfare and Institutions Code Section 5701.5.

Cultural Competence: Incorporating and working to achieve each of the goals listed below into all aspects of policy-making, program design, administration and service delivery. Each system and program is assessed for the strengths and weaknesses of its proficiency to achieve these goals. The infrastructure of a service, program or system is transformed, and new protocol and procedure are developed, as necessary to achieve these goals.

(1) Equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.

(2) Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations.

(3) Disparities in services are identified and measured, strategies and programs are developed and implemented, and adjustments are made to existing programs to eliminate these disparities.

(4) An understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups is incorporated into policy, program planning, and service delivery.

(5) An understanding of the impact historical bias, racism, and other forms of discrimination have upon each racial/ethnic, cultural, and linguistic population or community is incorporated into policy, program planning, and service delivery.

(6) An understanding of the impact bias, racism, and other forms of discrimination have on the mental health of each individual served is incorporated into service delivery.

(7) Services and supports utilize the strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic population or community.

(8) Staff, contractors, and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve.

(9) Strategies are developed and implemented to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community.

Department or DMH: The California Department of Mental Health

Eligible Educational Loans: Government (Federal, State, or local) and commercial loans obtained by the recipient for school tuition, reasonable educational expenses, and reasonable living expenses. Certain types of debt are not eligible for repayment, such as international loans, lines of credit, home equity loans, credit card debt, business loans, mortgages, and personal loans.

Fluency in a Second Language: County Mental Health Director or designee will verify whether an applicant's fluency in a language is required to meet local workforce needs.

Full Time and Part Time: Full time means working or volunteering 40 hours per week or the equivalent of, for a minimum of 45 weeks per year. Part-time means a minimum of 20 hours per week for a minimum of 45 weeks per year. Special consideration will be given to involuntary furlough hours or work hours impacted by budget cuts.

Foundation: The Health Professions Education Foundation

Linguistic Competence: Organizations and individuals working within the system are able to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including individuals with Limited English Proficiency; individuals who have few literacy skills or are not literate; and individuals with disabilities that impair communication. It also means that structures, policies, procedures and dedicated resources are in place that enable organizations and individuals to effectively respond to the literacy needs of the populations being served.

Mental Health Services Act (MHSA): The law that took effect on January 1, 2005 when Proposition 63 was approved by California voters and codified in the Welfare and Institutions Code.

Public Mental Health System: Publicly-funded mental health programs/services that are administered, in whole or in part, by County Mental Health agencies including contractor services. It does not include programs and/or services administered, in whole or in part, by federal, state, county or private correctional entities or programs or services provided in correctional facilities.

Renewal of Awards: For each year in which the participant wishes to continue to participate in the MHLAP, prior to the expiration of the loan assumption agreement he/she shall submit a loan assumption program application.

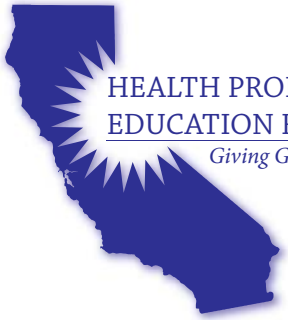
Service Obligation: The contractual obligation agreed to by the recipient of a loan repayment or stipend where the recipient agrees to practice their profession for a specified period of time in or through a designated facility. This includes, but is not limited to, CalSWEC or other MHSA stipend programs.

Underserved: Clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services.

Unserved: Those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.

Valid Legal Presence: Legal presence means that a person is a citizen or permanent legal resident of the United States or is otherwise legally present in the United States under federal immigration laws.

This page does not need to be included with your application.



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Giving Golden Opportunities
400 R Street, Suite 460
Sacramento, CA 95814
www.healthprofessions.ca.gov
(800)773-1669

For additional information please refer to the Foundation website:
www.healthprofessions.ca.gov

CRITERION 7

DMH P&P 202.21 Language Interpreters

(Attachment 2)

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT: **LANGUAGE INTERPRETERS**	POLICY NO. **202.21**	EFFECTIVE DATE **08/01/04**	PAGE **1 of 2**
APPROVED BY: Director	SUPERSEDES **202.21**	ORIGINAL ISSUE DATE **05/14/04**	DISTRIBUTION LEVEL(S) **2**

PURPOSE

1.1 To provide Department of Mental Health (DMH) policy and guidelines to ensure all non-English speaking DMH consumers receive equal access to services in the language of their choice (i.e., consumer's primary or preferred language).

1.1.1 **Under no circumstances shall a consumer be denied services because of language barriers.**

POLICY

2.1 DMH will continue to recruit and hire mental health professionals who are proficient in non-English languages

2.2 In accordance with applicable Federal, State and County Policy and Agreements, DMH will provide equal access to all non-English speaking mentally ill consumers in Los Angeles County.

PROCEDURE

3.1 The DMH Training and Cultural Competency Bureau will make annual training available in the use of interpreter services for staff that have direct consumer contact.

3.2 Brochures and other forms of literature will be made available in the eleven (11) threshold languages for directly operated and contract clinic sites. Other than English, the threshold languages are: Armenian, Cambodian/Khmer, Cantonese, Farsi, Korean, Mandarin, other-Chinese, Russian, Spanish, Tagalog and Vietnamese.

3.2.1 Directly operated and contract programs will have access to AT&T Language Line Services interpreter services 24 hours a day, 7 days a week, via ACCESS CENTER at 800-854-7771.

3.2.2 Directly operated and contract programs will maintain an internal roster of staff proficient in non-English languages.

3.2.2.1 DMH staff identified by the Human Resources Bureau as proficient in a non-English language may qualify for bilingual compensation.

3.2.2.2 Identified bilingual staff available for interpreting services will be provided training.

3.2.3 Exception: Consumer needs may better be served by referral to an agency provider of similar but more culturally or language-specific services. The referral process will allow latitude for clinical judgment in some cases.

4.1 Interpreter services are available at no additional cost to the consumer.

4.2 In accordance with Title VI (Civil Rights Act) requirements, the expectation that family members provide interpreter services is prohibited. See Section 3.2.1 on the availability of AT&T language line services.

4.2.1 If a consumer **insists** on using a family member or friend as an interpreter, they may do so only after being informed of the availability of free interpreter services.

4.2.2 It is strongly recommended that minor children not be used as interpreters.

4.3 Emergency involuntary hospitalization assessment shall be made providing appropriate interpretive services.

AUTHORITY

Voluntary Compliance Agreement
OCR 09-89-3143/US
Department of Health and Human Services
Office of Civil Rights
CCR Title 9, Chapter 11, Section 1810.410(b)(4)

REVIEW DATE

This policy shall be reviewed on or before May 15, 2009

CRITERION 7

DMH P&P 202.17 Hearing Impaired Mental Health Access

(Attachment 3)

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT **HEARING IMPAIRED MENTAL HEALTH ACCESS**	POLICY NO. **202.17**	EFFECTIVE DATE **4/7/10**	PAGE **1 of 3**
APPROVED BY: Director	SUPERSEDES **202.17** **2/15/06**	ORIGINAL ISSUE DATE **9/01/93**	DISTRIBUTION LEVEL(S) **2**

PURPOSE

1.1 To update the Los Angeles County Department of Mental Health (LAC-DMH) policy regarding access by the hearing impaired to all mental health services regardless of the County Department providing services.

POLICY

2.1 In accordance with applicable Federal, State, and County policies and agreements, DMH shall provide equal access to services for clients with mental illness and hearing impairment at all LAC-DMH directly operated and contracted clinic programs.

2.2 Interpretation services coordinated by DMH are available at no cost to clients with hearing impairment.

2.3 Access to interpretation services is managed by contacting LAC-DMH, ACCESS Center.

2.4 Sign language interpretation/translation services are available 24 hours a day, seven days a week, via the DMH agreement with Accommodating Ideas, Interpreter Unlimited, and LifeSigns.

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
HEARING IMPAIRED MENTAL HEALTH ACCESS	**202.17**	**4/7/10**	**2 of 3**

PROCEDURE

3.1 Non-Emergency Sign Language Interpreter Service

3.1.1 DMH American Sign Language (ASL) Liaison shall coordinate all requests for sign language interpreter services.

3.1.1.1 DMH directly operated and contracted clinics must contact DMH ASL Liaison at 800-854-7771.

3.1.1.2 Live telephone contact is available 24 hours per day, 7 days per week.

3.1.2 DMH requires four (4) business days prior to date of service to schedule an ASL appointment for non-emergency services.

3.2 Emergency Sign Language Interpreter Services

3.2.1 Emergency interpretation/translation services are available and must be coordinated by contacting the DMH ASL Liaison at 800-854-7771.

3.2.1.1 Live telephone contact is available 24 hours per day, 7 days per week.

3.2.1.2 Emergency interpreter requests will be dispatched within 45 to 60 minutes of the request. (Travel time will vary depending on distance and time of day).

3.3 Cancellation of Requests

3.3.1 DMH directly operated and contracted clinic programs are required to provide notice of cancellation per the following schedule:

3.3.1.1 For assignments lasting two hours or less, cancel at least 24 hours in advance.

3.3.1.2 For assignments lasting more than two hours, cancel at least 48 hours in advance.

3.3.1.3 Note that interpreters will arrive on schedule if assignments are not cancelled and DMH will be billed for the full service.

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
HEARING IMPAIRED MENTAL HEALTH ACCESS	**202.17**	**4/7/10**	**3 of 3**

3.4 Hearing Impaired Access to DMH and Contractor Sites

3.4.1 The hearing impaired public can access DMH services information via a Teletype/Telecommunications Device for the Deaf (TTY/TDD) using telephone number 562-651-2549, staffed by the ACCESS Center Emergency Outreach Bureau, 24/7.

3.5 DMH and contractor staff can make calls to and take calls from any client with hearing impairment in Los Angeles County with the assistance of the California Relay Service (CRS). This Statewide service of the telephone company, free to all users, facilitates communication via centrally located telephone interpreter. Calls from standard DMH and contractor office telephones to clients with hearing impairments and who possess TTY/TDD can be accessed by linking via the CRS at 800-735-2922. Similarly clients with hearing impairment using personal TTY/TDD may call mental health offices via this CRS linking service.

3.6 Signs in English and other languages, denoting the TTY/TDD telephone numbers for the DMH 24-hour ACCESS Center and for the CRS shall be posted in each directly operated and contract service site.

AUTHORITY

Voluntary Compliance Agreement OCR 09-89-3143/US
Department of Health and Human Services, Office of Civil Rights

REVIEW DATE

This policy shall be reviewed at the same time that the contracts in Section 2.4 are renewed or replaced.

RESPONSIBLE PARTY

DMH ACCESS Center

CRITERION 7

ACCESS Center Program Protocol 2010

(Attachment 4)

ACCESS CENTER

Program Protocol

2010

(Last revised 10/12/10)

Table of Contents

Table of Contents

DESCRIPTION OF SERVICES

The ACCESS (Access to Community Care and Effective Services and Support) Center is the gateway for mental health services in Los Angeles County (LAC), providing referral and linkage resources to the Los Angeles County Local Mental Health Plan (LMHP) and gatekeeping.

ACCESS Center Vision:

To be the premier gateway to mental health services and information in Los Angeles County.

ACCESS Center Mission:

To provide customers compassionate, timely, and reliable mental health services and information in collaboration with others providers in LAC.

All staff must identify themselves by first name, the program as Los Angeles County-Department of Mental Health (DMH) ACCESS Center, offer interpreter services, and inquire if this is a “Crisis or Emergency call”.

A team of multi-disciplinary personnel provides the following services 7 days a week 24 hours per day:

- Information and referrals
- Crisis intervention for mental health crisis in the community
- Telephone interpreter services provided by multi-disciplinary staff or by using the contracted interpreter services
- Face to face interpreter services must be requested through the Department of Mental Health (DMH) program managers of the Directly Operated clinics and/or by using the link http://dmh.lacounty.gov/appASPNET/MLMHSPSearch/MLMHSP_Providers/Providers.aspx
- Hearing Impaired services is provided through the Telephone Device for Deaf/Tele-Type Writer (TDD/TTY) and through appointments for American Sign Language interpreters who provide face to face hearing impaired services
- Providing mental health consultation services to Primary Care Physicians (PCP) under the LMHP
- Mobilizing the Field Response Operations (FRO) Teams which consist of Psychiatric Mobile Response Team (PMRT), System-Wide Mental Assessment Response Team (SMART), Mental Evaluation Team (MET), Long Beach Mental Evaluation Team (LBMET), Metro Transit Authority-Crisis Response Unit (MTA-CRU), Homeless Outreach Psychiatric Evaluation Team (HOPE), Mental Evaluation Unit (MEU), Case Assessment and Management Program (CAMP), Homeless Outreach Mental Evaluation (HOME), and School Threat Assessment Response Team (START) to resolve crisis in the community
- Mobilizing the Private Psychiatric Evaluation Teams (PET) designated by DMH
- Centralized authorization of patient transportation services (ambulance/ambulette)
- Tracking after-hour gatekeeping of Psychiatric Diversion Program (PDP) and Short/Doyle (S/D) beds in LAC
- DMH after-hour point of contact for special/critical incident reporting
- Recipient of 2-1-1 mental health referrals
- Provide services for after-hour Patient’s Rights calls

DESCRIPTION OF SERVICES cont.

- The Continuing Care Unit (CCU) provides placement to the Metropolitan State Hospital LAC patients
- Child Welfare Hotline provides mental health services to children placed in Foster Care or at risk of entering the Child Welfare System
- Initiate referrals to the Impact Team for Full Service Partnership (FSP) programs for clients who are eligible per the FSP enrollment criteria
- Coordinate crisis and non-crisis care for clients enrolled in 24/7 programs like FSP through their Single Fixed Point of Responsibility (SFPR)
- Back up DMH Disaster Operation Center (DOC)

RECORDING ACCESS CENTER CALLS

To ensure all calls into the ACCESS Center receive quality assurance, calls may be recorded. The ACCESS Center personnel have the capability to record their conversations by using the "ConvSav" button on the telephone at their discretion.

The purpose of this feature is for quality assurance and high probability for lethal consequences or impending law suits, complaints and difficult clinical call.

ACCESS personnel are advised to save the conversation, report the time and the date of the incident to their immediate supervisor for further review. The "ConvSav" button can be pushed at anytime during the call and the call will be recorded from the beginning to end of call.

MEDI-CAL VERIFICATION

All calls received in the ACCESS Center requesting a mental health linkage or PMRT needs their Medi-Cal status verified. The procedure for verifying Medi-Cal is a follows:

Click on the Medi-Cal On-Line icon on your desktop or click on this link:
https://www.medi-cal.ca.gov/Eligibility/TimeOut.asp?GoBack=Eligibility.asp

To login to the Department of Health Care Services Medi-Cal enter:
User I.D.: # 000007206
Password: 01376707
Click Submit to go to Transaction Services
Click on Single Subscriber this will take you to Eligibility Verification
In the Subscriber's ID enter the Social Security Number or Medi-Cal number
Enter Subscriber's Birth Date
Enter Issue Date and Service Date
Click Submit
Eligibility Response will verify if client has Medi-Cal or not.

DOCUMENTATION

ACCESS CENTER CONTACT MANAGER (ACCM)

These guidelines are for recording and tracking of calls received in the ACCESS Center for mental health services.

ACCESS personnel must have the ability to access the ACCESS Center Contact Manager (ACCM), Crisis Response Tracking (CRT) system, Patient Transportation Orders (PTO), Medi-Cal Administrative Activity (MAA), Community Outreach Services (COS), Full Service Partnership (FSP) Referral Tracking, Team and Bed Tracking, the Big Book Online, Internet capability and the ability to print Incidents from the ACCM.

All calls received on the 1-800-854-7771 or 1-800-801-7886 must be documented in the ACCM if the clients name is provided. All calls are required to be searched in the Medi-Cal verification website by clicking on the Medi-Cal Log-In Icon on your desktop. The Final Disposition is always documented in the ACCM and CRT on each Crisis Field Visit or Telephone Consultation.

All ambulance calls dispatched to transport the client from pick-up locations to drop-off locations must be documented in the ACCM with the name of the ambulance company and dispatch time.

All calls received on the 1-800-854-7771 without providing client information needs to be entered in the Contact Tracking System.

All Disaster related calls are to be documented in the ACCM or Contact Tracking.

All calls received in the ACCESS Center must be searched in the ACCM search engine and the client with an IS number and the longest mental health history is selected for documentation purpose. Each call is to be documented in each tab as follows:

Consumer Tab:

Enter the Clients name, Date of Birth, Ethnicity, Language, Sex, Insurance Status, Social Security Number and IS number.

If applicable clearly document Veteran status, military and/or criminal history

Address Tab:

If available current address and telephone number.

The Staff Assessment Tab:

Presenting Problem is to thoroughly identify the purpose of the call, medication if any, description of client, additional information on client, unique physical characteristics and nearest cross streets

Emergency/Urgent identifies if the call is Suicidal, Homicidal, Violent, Weapons, Alcohol, Drugs and/or Animals if applicable. If call is not emergent select N/A

DOCUMENTATION

ACCESS CENTER CONTACT MANAGER (ACCM) cont.

Previous Psychiatric Treatment – if caller or client has had previous psychiatric treatment select – Counsel, Hospital, Meds, PMRT and/or Suicide Attempt. If available include Treatment Date and Specify where last treated. If no previous psychiatric treatment or not sure select – None or Not Known

Incident Tab:

Reported By – Select who is reporting the call (i.e., Agency, Consumer, Collateral, Medical ER, 211, etc.) and what service

Service Type -

Service Area

Interpreter Services

Contact Disposition Tab:

Enter Dispo Type

Detail

Refer to Agency

Referral Type

Disposition

Caller Information Tab:

Contact With

Callers Name, address and phone number

Transportation Tab:

Click Ambulance

Select a Company

Click DMH Pays

Add Legal Status:

DOCUMENTATION cont.

ACCESS CENTER CONTACT MANAGER (ACCM) cont.

All ACCM Contacts resulting in a mental health referral to a clinic must be printed and placed in the Mental Health Referral folder located at each printer by all ACCESS personnel.

ACCESS personnel are not to share or provide Incident numbers to callers who are not DMH employees

DOCUMENTATION cont.

CRISIS RESPONSE TRACKING (CRT) SYSTEM

These guidelines are to ensure ACCESS personnel track the dispatching, response to requests, and arrival and end time of Psychiatric Mobile Response Teams (PMRT) only.

The CRT is available to track and dispatch requests, response, arrival and ending time of Psychiatric Mobile Response Team (PMRT) only.

Any crisis related call leading to the response from PMRT must be documented into the CRT at the beginning of the call.

ACCESS personnel are to verify the address/location, including the major cross streets.

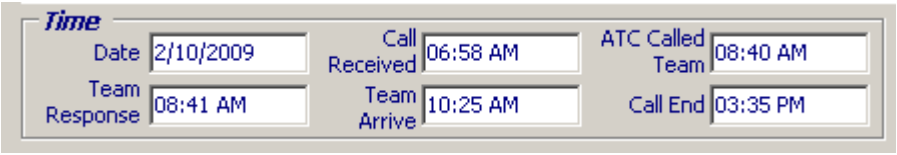
Basic physical description of the client in term of height, weight, hair color, eye color, ethnicity, and any unique physical characteristics (i.e., tattoos, scars, etc) is mandatory.

ACCESS personnel must clearly document in the CRT the team and/or team member(s) dispatched.

Incomplete CRT's must be communicated to the next shift for final resolution.

Refer to CRT field definitions below:

Date and Time



Field Definitions

Date:	**Date the call was started.**
Call Received:	**Time the consumer first contacts a team or the Access Center.**
ATC Called Team:	**Time the Access Center attempted to contact the team.**
Team Response:	**Time the team acknowledges receipt of the information and the team notifies Access they are responding.**
Team Arrive:	**Time the team arrived at the location.**
Call End:	**Time the team leaves the scene.**

DOCUMENTATION cont.

CRISIS RESPONSE TRACKING (CRT) SYSTEM cont.

If there is “No Psychiatric Bed Available (AKA Stranded Report)” then ACCESS personnel must document in the ACCM/CRT Disposition “No Psychiatric Bed Available” with the time the hold (5150/5585) was initiated by PMRT. The assigned ACCESS personnel on the next shift must follow-up on all “No Psychiatric Bed Available” dispositions in CRT to document the final disposition and the time the client left the ER.

DOCUMENTATION cont.

CONTACT TRACKING SYSTEM

These guidelines are to ensure ACCESS personnel track all calls received in the ACCESS Center as mandated by the State for the Managed Care Medi-Cal carve out for mental health services.

This application is designed to capture calls when the caller or identified client is not revealing demographic information or calls that are specific to request information on health or human service agencies without any mental health needs at the time of request.

The Contact Tracking is to be utilized for entering information as follows:

INFO REQUEST:

TYPE OF REQUEST – This field is to be used to enter when the caller is requesting the following information:

- Other Info Request
- Request for address, phone number and/or service are for mental health clinics
- Request for Human Resource/Personnel
- Request for Out-Of-County mental health services
- Request for non-DMH ACCESS Transportation
- Schedule Changes
- Gatekeeping
- Request for DMH/Government programs (i.e., GENISIS, AB3632, TAR, etc.)
- Disaster Related

DISPOSITION – This field is used to enter the outcome of the call. Once call is completed submit.

JANE/JOHN DOE'S ONLY

This field is used on calls into the ACCESS Center when the caller does not provide demographic information but require assistance. The following is to be completed when required:

INFORMATION

- Staff Code/Employee #
- Title
- Number of Contacts
- Service Time Duration (0-15 minute)
- Homeless Outreach

JANE/JOHN DOE'S ONLY cont.

CHARACTERICS CODES:

- Ethnicity
- Handicap
- Age Category
- Primary Language
- Program Area

DISPOSTION - This field is used to enter the outcome of the call. Once call is completed submit.

211 INFO

This field is used for callers requesting other services provided in Los Angeles County. The following is required to complete these calls:

- Caller's Name, if not available check Not Provided
- Caller's Phone Number. If not available check Not Provided
- Caller's Request in detail
- Choose one of the following selections from the drop down box
  - Health Services
  - Social Services
  - Child & Family Services
  - Senior Services
  - Other
- If you have any further comments add it to the box under the Disposition and click enter to submit

SIGN LANGUAGE

This field is to be completed for calls that are requesting sign language interpreter for hearing impaired clients in the clinics or on emergency crisis assessments in the community by FRO. The form is to be completed as follows:

APPOINTMENT INFORMATION:

- Clients Name
- Date of Appointment
- Time of Appointment
- Language Provider (Accommodating Ideas or Interpreters Unlimited)
- Reason Code
  - Best ETA
  - No Interpreter Available
  - No Interpreter Available in Service Area

<u>SIGN LANGUAGE</u> cont.

- Request for Specific Interpreter (specify name of Interpreter)
- Other

- Specific Interpreter Requested (if any) enter name

LOCATION OF SERVICE

- Include Provider's Name or enter Home if it is PMRT request
- Street Number
- Street Name
- City
- State (CA)
- Zip Code

TYPE OF SERVICES – Enter the type of service to be provided such as:

- Individual/Family Therapy
- Individual Therapy
- Group Therapy
- Parenting Therapy
- Family Therapy
- Assessment
- Intake
- Psychiatric Appointment
- Psychiatric Education Group
- Med Evaluation
- Med Management
- Life Studies
- Training
- Other

CONTACT INFORMATION – Enter the Requestor's name and telephone number.

Once the request is completed click submit, print the request and put request in ASL Coordinator's mail box.

DOCUMENTATION cont.

PATIENT TRANSPORTATION ORDER (PTO) FOR MEDI-CAL AND INDIGENT CLIENTS GUIDELINES

These guidelines are ensure centralized tracking and dispatching of DMH contracted ambulance companies and calls related to ambulance dispatching/transporting of clients from pick-up locations to drop-off locations, name of the ambulance company and dispatch time.

The ACCESS Center provides transportation within LAC to a request from PMRT, Directly Operated Clinics, and DMH Contracted Clinic LPS designee for a client on a 5150/5585 or on Voluntary status for an Acute Care Psychiatric Hospitalization.

ACCESS personnel must dispatch an ambulance from the LAC-DMH authorized Contract Ambulance Provider list only.

For transportation arrangement for a client to be transferred from an Acute Psychiatric Hospital to an Institute for Mental Disease (IMD) facility, ACCESS personnel must confirm the IMD bed authorization with LAC-IMD Administration at (323) 226-4447/4448 before transportation arrangement can be made.

The ACCESS Center provides transportation within LAC to Private Psychiatric Emergency Team (PET) for an Indigent client only if dispatched by the ACCESS Center.

The ACCESS Center provides transportation with the LAC boundaries only. If the client has to be picked up or dropped off at an Out-Of-County facility, it must be approved by the LAC-DMH Medical Director and his approval documented on the PTO.

If you have a problem concerning the ambulance transportation, please report to your immediate supervisor.

The Ambulance request screen contains these four tabs: Request, Contact Information, Ambulance Companies and Ambulance Dispositions.

TWIN TOWERS:

ACCESS Center provides transportation for an ambulance request from Twin Towers (male) Facility and/or the Century Regional Detention Facility/Women's Forensic Outpatient. The minimum ETA for an ambulance transport for Twin Towers may be at least two hours from the time of request. A booking number of an inmate is required for all jail transportation requests.

A transportation request from Twin Towers may or may not have a name of an "ACCEPTING PHYSICIAN" at the County Hospitals. If an Accepting Physician's name is provided, you can include Accepting Physician's name on the PTO form and save it. If no name is provided for the Accepting Physician at the County Hospital, you will need to enter "COUNTY DOCTOR" as the ACCEPTING PHYSICIAN on the PTO form. This will enable you to close out the PTO form and save it.

URGENT CARE CENTER FOR SERVICE AREA #2 REQUIRING TRANSPORTATION

If there is a transportation request for the DMH- URGENT CARE CENTERS listed below for clients on 5150/5585, the ACCESS Center provides transportation from these three Urgent Care Centers to Olive View Medical Center **ONLY:**

1) **DMH Urgent Care Hillview**
   12408 Van Nuys Blvd.
   Pacoima, CA
   Phone # (818) 366-0325

2) **DMH Urgent Care Olive View**
   14445 Olive View Drive
   Sylmar, CA
   Phone # (818) 366-0325

3) **DMH Urgent Care San Fernando**
   10605 Balboa Blvd. Suite 100
   Granada Hills, CA
   Phone # (818) 366-0325

LAC-DEPARTMENT OF MENTAL HEALTH PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

The ACCESS staff must follow department policy numbers 500-599 HIPAA/500 HIPAA PRIVACY regarding client's Protected Health Information (PHI).

COMMUNICATION BETWEEN SHIFTS

This guideline is to ensure all ACCESS personnel communicate between shifts all calls, building issues, and computer or telephone issues and provide real-time communication on all on-going issues dealing with the ACCESS Center to ACCESS personnel on the next shift.

ACCESS personnel must communicate any on-going Crisis calls or any on-going incomplete CRT's, to include "No Psychiatric Bed Available" client(s) from their shift to the designated person through "Shift Change Communication Log" before the end of their shift to the next shift for intervention, follow-up, and completion.

A completed copy of the Shift Change Communication Log is located in a **BLUE** folder on the center console between workstations 64 and 70. A soft copy of the "Shift Change Communication Log" is located on the "**K" drive** in the "Shift Change Communication Log" folder. The Excel document is titled Shift Change Communication Log_Template.

The designated Gatekeeper must communicate any on-going calls to the next designated Gatekeeper or ACCESS personnel for intervention, follow-up and completion.

Any building issues that arise during any shift must be communicated to an ACCESS Lead Person who in turn reports the problem to an ACCESS Administrator or the ACCESS Safety Office for instructions, follow-up and completion.

Any computer or telephone issues are to be reported to the IT person on duty or contact (213) 471-3089, the ACCESS Administrator and/or the Lead Person on the next shift.

RETRIEVING VOICEMAIL MESSAGES FOR CRT UPDATES:

Designated ACCESS personnel is to periodically check the CRT messages and the voicemail on the 5000 line during their shift.

To check the CRT messages the following is to be completed:

1. From the outside line (your 5000 line – 2nd right button below "ConSav") press the 5000 button, press the "Message" (1st button on the bottom of the screen)
2. Prompt will ask you for mailbox
    a. For the 1st mailbox, enter 2033 and #, enter password 1234 and #
    b. For the 2nd mailbox, enter 5000 and #, enter password 9631 and #

Retrieve messages and enter into the ACCM and CRT, and erase messages after completion.

INTERPRETER SERVICES

TELEPHONE INTERPRETER SERVICES GUIDELINES

These guidelines are to provide telephone interpreter services to non-English clients and the community in their language, 24 hours 7 days a week as mandated by the State of California.

ACCESS personnel contacts the LAC contracted telephone interpreter services, “Open Communications International, Inc. (OCI) and use the following process:

Step 1: Press the “Conference” button

Step 2: Dial 2061

Step 3: Provide your access code (18662), client ID (ACCESS Center) and Employees name

Step 4: Verify language needed

Step 5: Wait for Interpreter to be connected

Step 6: Brief Interpreter

Step 7: Press Connect and assist caller

Step 8: State “End of Session” upon completion of call

If you encounter any problems with OCI the following information will be needed when filing a complaint:

1. Time of Call
2. Date of Call
3. Language Requested
4. Interpreters Name/Call Number
5. Problem/Complaint being reported

This information is to be forwarded to the immediate supervisor, Administrative Assistant and MHC Program Head by email immediately.

INTERPRETER SERVICES cont.

HEARING IMPAIRED INTERPRETER SERICES

These guidelines are to ensure that the Department of Mental Health (DMH) effectively provides as needed American Sign Language (ASL) interpreting communication services/hearing impaired interpreter services, with qualified personnel to Directly Operated and Contract programs/clinics, in addition to the Department of Children & Family Services (DCFS) and the Department of Probation (adult and children).

For equitable service on all deaf/hearing impaired consumers and providers requesting American Sign Language (ASL) Interpretation services for their clients, the ACCESS Center provides emergency and non-emergency services.

Regular Hours of Operation:
Directly Operated/Contract facilities requesting ASL service should be forwarded to the ACCESS Center ASL Liaison at 562-651-5082 Monday thru Friday 8:00 a.m. to 4:00 p.m.

Emergency Requests/Non-Emergency Requests when ASL Liaison is not available:

Emergency Requests**:** Emergency Requests are handled when a response is needed by ACCESS within one hour from the time of the request of the caller for an ASL Interpreter.

Non-Emergency Requests when ASL Liaison is not available: If ASL Liaison is not available during regular hours of operation, this non-emergency request has to be handled by ACCESS Staff.

For Emergency Requests and Non-Emergency Requests when ASL Liaison is not available, please contact by telephone one of the 3 ASL contractors:

1. LifeSigns- 800-633-8883 - FAX # 323-550-4210
2. Accommodating Ideas 800-251-1783 – FAX # 818-386-6352
3. Interpreters Unlimited- 800-726-9891 – FAX # 800-726-9822

Complete the paperwork as stated below.

Instructions to complete the Sign Language Request:

- Open the Contact Tracking System
- Select the **Sign Language button**
- Complete the form for the following requestor information

AMERICAN SIGN LANGUAGE GUIDELINES cont.

Requestor will be required to provide the following information:

1. Client's Name
2. Date of Service
3. Estimated time of service
4. Requesting name
5. Address including cross street(s),room numbers, building number, parking location and fees
6. List Type of Service (Trainings, group meetings, individual therapy, etc.)
7. The On-Site Contact Person's name and Phone number
8. If it is an Emergency Request please select one of the three Contractors.
9. Select one Reason Code from the list below:
    a. Best ETA
    b. No Interpreter Available
    c. No Interpreter Available in Service Area
    d. Requested for Specific Interpreter (Specify Name of Interpreter)

- Completed forms are to be faxed to the selected ASL Contractor. The ASL Contractor's fax #'s are located on the left side of Contact Tracking Form
- Place the completed form and faxed confirmation in the ASL Liaisons mailbox.

To Locate Information on Existing/Already Scheduled ASL Appointments: Information on Existing/Already Scheduled ASL Appointments can be located-

1. On the Monthly Log attached to the clipboard with the cover sheet Titled, **"ASL Scheduled Monthly Appointments**" at **Cubicle 63.**
2. This Monthly Log can also be located in the PMRT Schedule binder under the tab," **Interpreter Services**".

INTERPRETER SERVICES GUIDELINES cont.

FACE-TO-FACE LANGUAGE INTERPRETER REQUEST

Face to face interpreter services must be requested through the Department of Mental Health (DMH) program managers of the Directly Operated clinics and/or by using the link http://dmh.lacounty.gov/appASPNET/MLMHSPSearch/MLMHSP_Providers/Providers.aspx

Any caller requesting Face-to-Face Language Interpreter Services from Directly Operated and/or Contract clinics must be directed to the Program Manager of the clinic who has an employee with the linguistic capability.

If the caller does not request Face-to-Face Language Interpreter Services and is requesting clinic based mental health services, ACCESS staff can refer the caller to a directly operated clinic that has staff with requested language proficiency.

TDD/TTY (Telephone Device for Deaf/Tele Typewriter) 562-651-2549:

A TTY transmits and receives instantaneous typewritten messages of telephone lines. It is a means of electronic communication between deaf people and other people with a TTY. California Relay Service is another option **888-877-5378** (devices only), **888-877-5379** or dial 711. Use the instructions below to answer a TTY call.

Do Not Hang Up if you hear any of the following, it means you may be receiving a TTY call:

- Beeping/screeching noises (sounds similar to a fax machine)
- Clicking Noises
- Silence
- Synthesized voice (saying “hearing impaired caller, use TDD,” or TTY call, please use text telephone”
- Turn on the TTY
- Place the telephone handset on the TTY cups with the curly cord to the left.
- Type your greeting as you would when answering a standard telephone call, then type GA and wait for a response
- End the conversation by typing SK, then turn off the TTY and hang up the phone

LAW ENFORCEMENT REQUESTS ON HOSTAGE, JUMPER OR SUICIDE CALLS

Any requests from Law Enforcement on a hostage, jumper or suicide call in progress is to be directed to Law Enforcement MHC Program Head who handles these calls. The Law Enforcement MHC Program Head can be contacted at **213-738-4431** office or **213-216-8808** cell phone or by pager **562-807-8875**. The MHC Program Head will determine if the call is appropriate for PMRT.

CRITICAL INCIDENT AND STRESS DEBRIEFING REQUEST

Any community member such as family, pastor, friend, police, etc. requesting for an intervention of mental health services after an incident of school violence, death notification due to an accident, fire, earthquake, loss of life, home or property due to natural or man made disaster, the ACCESS staff must notify **ACCESS Supervisor/Manager if not on-site notify by phone or e-mail** for **consultation**, **response and intervention.** Then contact **PMRT Service Area Supervisor** and/or **EOB MHC Program Head** if not available.

The PMRT staff should be able to provide immediate crisis intervention following the above mentioned critical incident. If the PMRT feels that they could not provide interventions to critical incidents for some reason, please notify the Service Area Supervisor immediately for their assistance. If the Service Area Supervisor or EOB MHC Program Head is not available, please contact Law Enforcement Program Head, for immediate assistance and debriefing intervention.

PMRT PROTOCOL

Any person (child, adolescent, adult, elderly and transient) residing within the boundaries of the County of Los Angeles requiring mobile field evaluation and crisis intervention services as a result of an acute, severe, or chronic mental disorder is eligible to receive Crisis Response services. PMRT provides the following services:

- Consultation and Liaison Service
- Assessment and Treatment
- Crisis Intervention
- Psychiatry Consultation and Medication Stabilization
- 5150 (adults) and 5585 (minors) Assessment and Detention
- Follow-up Services, including linkage to appropriate agencies

The mobile response teams respond to individuals who are at risk to themselves or others, or who are incapable or unwilling to access available mental health services as a result of mental illness. Response criteria include, but are not limited to:

- Consumers with an acute mental illness
- Clients exhibiting symptoms of harmful behavior to self or others
- Clients exhibiting violent or assaultive behavior of psychiatric etiology
- Clients exhibiting functional impairment in their ability to obtain food, clothing, or shelter as a result of a mental disorder.

The following examples are not prioritized in terms of urgency and do not represent the entire range of possibilities:

- Mentally ill consumers who are decompensated
- Homeless persons in crisis or experiencing psychotic symptoms
- Developmentally Disabled clients in crisis due to a mental disorder
- Conservator requesting assistance to hospitalize a conservative
- Elderly persons exhibiting psychiatric symptomatology and posing a danger to self, others, or no longer capable of providing food, clothing, or shelter
- Suicidal or homicidal clients, the latter as a result of a mental disorder
- Minors exhibiting suicidal or homicidal ideations

Only Daytime SA 2 child crisis calls (age 0-17) should be referred to Valley Coordinated Services at 818-708-4500, Monday through Friday, 8am to 5pm. DCFS calls should always be referred directly to PMRT.

PMRT must clear all calls with ACCESS by:

Calling ACCESS when leaving the location
PMRT does not wait until getting home to end a call
PMRT will inform ACCESS when taking lunch or break if the team has been going from call to call
PMRT is to contact ACCESS if they become sick and cannot finish their shift

PMRT DISPATCHING GUIDELINES

It is mandatory that all PMRT/PET requests be searched in ACCM, IS and document the outcome into the ACCM. All requests should be documented in the ACCM with a disposition of Law Enforcement, (SMART, MET, LBMET, HOPE), Private PET, and Day or After-Hour PMRT.

It is mandatory to search and document the attempt/outcome of the Medi-Cal verification on every Bed Request and Ambulance Request for a client to be transferred or requesting for a PDP or Short/Doyle bed.

The client who is currently enrolled in 24/7 programs like the FSP Program must be served through their SFPR for crisis or non-crisis services or in consultation with PMRT.

All PMRT calls must be documented into the CRT in real time as soon as ACCESS gives call to PMRT.

For clarification ACCESS does not freely exchange patient information unless they are participants of the DMH Short/Doyle system. This involves DMH-Directly Operated, Contracted and State Hospital agencies, but does not include Law Enforcement, DPSS, Adult Protective Services or Department of Probation . However, in case of an imminent crisis situation of a client, we will disclose minimum information regarding the client for safety and welfare purposes with Law Enforcement.

ACCESS Center also receives requests from Federal, State, local law enforcement, and other government agencies to respond to public safety sensitive calls. In these instances:

- ACCESS notifies EOB District Chief
- ACCESS supervisor maintains communication with EOB administration to discuss field and clinical decisions prior to execution
- ACCESS deploys additional resources to affected Service Area when necessary
- ACCESS supervisor submits complete report at the conclusion of the case

ACCESS continues to dispatch teams to Board & Care facilities and Police Departments.

SMART and MET are the first responders for 911 calls.

MET responds to hospital ER 5150/5585 evaluation requests, SMART and LBMET does not.

ACCESS must call to activate after-hour PMRT team member On-Call to respond to the request for evaluation.

ACCESS must document the time PMRT is paged, called or the attempt made to contact the team into the ACCM with an outcome of each attempt.

If an after-hour PMRT member does not respond to the page/call within 15 minutes, ACCESS must call the immediate EOB supervisor of the Service Area to address the issue of non-response by the after-hour team.

PMRT DISPATCHING GUIDELINES cont.

If ACCESS is unable to contact the immediate EOB supervisor of the service area, then they are to contact the Program Head of the respective Service Area for problem resolution.

ACCESS Center must notify the MHC District Chief of EOB to address the problem if no response from the Program Head.

The ACCESS Center supervisors are to be notified immediately of the problem for further follow-up.

ACCESS must dispatch PMRT or Law Enforcement Teams for client to be evaluated in the Non-Hospital Community Settings whether the acute psychiatric bed available or not.

The PMRT or Law Enforcement Team could call DHS Central Dispatch Office (CDO) **866-941-4401** to request destination assignment for the client evaluated for 5150/5585 in the Non-Hospital Community Settings.

ACCESS must report and hand over any **pending crisis calls or pending disposition situations** to the next ACCESS shift and PMRT supervisor for further follow up. The ACCESS personnel must clearly document the reasons for the pending crisis calls.

DISPATCHING ONE OR TWO PERSON TEAM(S) GUIDELINES

The following is a summary of the revised procedures of dispatching One Person or Two Person Teams for Day and After-hour PMRT responses.

DISPATCHING ONE PERSON TEAM

PMRT or ACCESS supervisor will dispatch one clinician to sites that are deemed safe and present with a low probability of violence or harm including:

- General Medical Hospital Wards
- Emergency Rooms
- Schools
- Skilled Nursing Facilities
- Police Stations

In most cases, one clinician will not be dispatched to a private residence or other location where security is not present. However, PMRT or ACCESS supervisor may dispatch one team member to a private home, board & care residence, or other location if all of the following conditions exist:

- MET/SMART/HOPE/CRU are not available
- Law enforcement is present at the location and have stabilized the situation
- Officers agree to remain on site with the clinician until the situation is resolved.

The individual person dispatched to a safe site may request an additional team member whenever they have information suggesting that a specific location is imminently dangerous.

- PMRT should contact ACCESS supervisor or other EOB administrator to provide the details, which support the need for another clinician.
- The ACCESS supervisor or EOB administration will review the request and make the final determination
- The solo clinician may request consultation with the ACCESS supervisor or EOB administration when they are in the field and need to discuss the case before making a final determination about 5150 status or disposition.

DISPATCHING TWO PERSON TEAM

The purpose of two person team is to:

- Mitigate allegations of unprofessional behavior or misconduct
- Facilitate documentation and verification of events as they occur
- On-site consultation re: best alternatives and intervention strategies
- Closer supervision of the consumer while making telephone calls, bed arrangements, and other linkages
- Home visits and other settings where professional staff are not present
- Training new team member(s)

ADDITIONAL CONSIDERATION FOR TWO PERSON TEAMS

In the event that a Two Person Team is working a call and dispatched to a new call at a safe site by ACCESS, ACCESS will approve both Team members to respond to the safe site in order to expedite arrival time and eliminate the need to dismantle an existing Team**.**

AFTER-HOUR PMRT CHAIN OF COMMAND

If there is a problem with the After-Hours team not responding within 15 minutes of your call, contact the ACCESS After-Hour supervisors and/or contact the On-Call After-Hours EOB supervisor as follows:

EOB Administration

Service Area's I thru IV

Miriam Brown, MHC District Chief
Cell: (213) 305-8461

Barbara Engleman, MHC Program Head
Cell: (213) 216-8811

Service Area's V thru VIII

Irma Castaneda, MHC District Chief
Cell: (213) 276-5004

Gary Walendzik, MHC Program Head
Cell: (213) 305-9786
Pager: (310) 501-9619
Home: (310) 393-2494

EOB/Law Enforcement

Miriam Brown, District Chief
Cell: (213) 305-8461

SMART & CAMP

Chuck Lennon, MHC Program Head
Cell: (213) 216-8816

START, HOPE, LBMET, MET, MTA-CRU

Linda Boyd, MCH Program Head
Cell: (213) 216-8808
Pager: (562) 807-8875

****NOTE:**

- **ACCESS personnel are not to provide PMRT personnel phone numbers to the community, only to DMH employees**
- **After-Hours PMRT schedules are not to be sent to outside agencies without the approval of the ACCESS Center's Supervisor**
- **The requestor in the community must be informed that a clinician will respond without divulging the team member's name**

LAW ENFORCEMENT MENTAL HEALTH TEAMS

SMART
(213) 996-1343 M-F
(213) 996-1300 W/E, Holidays

MEU
(213) 483-3300

MET
(213) 216-8810

LB MET
(562) 435-6711

HOPE
(626) 744-4241

MTA/CRU
(213) 626-4455

LAW ENFORCEMENT MENTAL HEALTH TEAMS DISPATCHING

The ACCESS Center dispatches calls to the Law Enforcement-Mental Health Programs when it warrants the police/DMH presence. The Law Enforcement Teams are as follows:

SMART

SMART (Systemwide Mobile Assessment and Response Team) serves the LAPD jurisdiction ONLY.

For SMART team response, please call a DMH SMART Supervisor listed below. Please do not call LAPD MEU directly to pass calls. Expect MEU to redirect you to DMH Supervisor for assistance.

Days: Erma Oppenheim 6am – 4:30pm Monday – Thursday – 213-761-0192
Lana Tseng 8am – 6:30pm Monday – Thursday – 213-216-8807
Rosario Medrano – 6am – 4:30pm Tuesday – Friday – 213-216-8845

PM: Alfonso Boiles – 213-996-1343 – 2am Tuesday – Friday – 213-276-5476

SMART Office 213-966-1343 Do Not Leave Messages.
Chuck Lennon, MHC Program Head can also be called at 213-216-8816 for assistance.

Weekend and Holidays, call same persons at numbers above.
LAPD MEU – 213-996-1300: ONLY call to follow up on existing calls. Please DO NOT call directly to pass on calls. **MEU staff NOT available between 1:30am – 6am everyday**

During these hours, if ACCESS staff needs to f/u on an earlier call given to SMART, please go through DHS Central Dispatch Office (the old MAC system) at 866-941-4401. Ask them to contact LAPD RACER (Real-time Analysis and Critical Response) to follow up information. For mental health crisis situations between those hours, contact the RACER patrol units at 213-484-6700 for assistance.

NOTE: Information on Team Schedules refer to the FRO Team weekly schedules resource link in the online Big Book.

If an emergency exists ACCESS contacts SMART and provides all relevant information regarding client. This information shall include, but not limited to the following:

- Is the subject violent?
- Is the subject expressing suicidal thoughts?
- Are there any weapons involved?
- Does the subject have access to any firearms?
- Is the subject injured?
- Has the subject injured anyone?
- Has a crime occurred?

LAW ENFORCEMENT MENTAL HEALTH TEAMS DISPATCHING cont

SMART cont.

If the response to any of these questions is "YES" a patrol unit shall be dispatched immediately. If a SMART unit is available, Communications Division will be advised that SMART is responding with a delay. Further questions will be necessary to determine if other exigent circumstances exist.

If no SMART team is available and no exigent circumstances exist ACCESS will be advised and will dispatch a PMRT when one is available. No further action is required.

If a SMART team is available, the person receiving the call will obtain all pertinent information and ensure that the information is entered in MEU database. MEU will dispatch the SMART team and log the SMART team as on an ACCESS call.

This allows MEU to be aware of SMART team availability and location status.

ACCESS will be given the cell phone number of the clinician working with the available SMART team. This will allow ACCESS to give further mental health information and provide updates to that SMART clinician.

The officer assigned to SMART will be responsible for going Code-6 and obtaining an incident number for the call.

If due to the nature of the call, or prior knowledge of the subject and/or the subject's history, the SMART officer determines that a patrol unit should also respond, the SMART officer will be responsible for making the request.

SMART officers shall request a patrol unit to meet (include the nature of the call, (e.g., "violent male mental") via their ROVER through Communications.

If a patrol unit does not acknowledge the request the SMART officers shall telephone the Watch Commander and request a patrol car to meet them at the location of the call.

At the conclusion of the call, the clinician will call ACCESS to give disposition and end the call.

MET

MET (Mobile Evaluation Team) serves the Los Angeles County Sheriffs Departments in county and unincorporated county areas. MET is a collaborative program between DMH and the LAC-Sheriffs. MET consists of a DMH Clinician and a Sheriff Deputy in plain clothes riding in an unmarked patrol car responding to calls for assistance from patrol. MET hours of operation are during the day 10am to 6pm and during the evening 5pm to 1am.

Contact the DMH Triage Supervisor at 213-216-8810 or contact the MET Office for assistance at 626-258-3002 when DMH Triage Supervisor is either not assigned or not available.

LAW ENFORCEMENT MENTAL HEALTH TEAMS DISPATCHING cont.

LONG BEACH MET

LBMET (Long Beach Mobile Evaluation Team) serves the Long Beach area. LBMET is composed of one LBPD officer and a DMH clinician. LBMET was designed to assist field police offices whenever they contact a suspected mentally disordered person.

LBMET is available citywide, 7 days a week from 6am to 1am. To contact LBMET contact the dispatcher at 562-435-6711 or to leave a voice mail 562-570-7195.

H.O.P.E.

HOPE (Homeless Outreach & Psychiatric Evaluation) is composed of a Pasadena Police Officer and a DMH clinician. HOPE responds to crisis situations and/or assists patrol offices in defusing potentially volatile situations through crisis intervention techniques.

HOPE provides referrals as part of a long term approach to better assist the homeless, help prevent future calls for service and prevent unnecessary incarceration or hospitalization.

HOPE is available by contacting the dispatcher at 626-744-4241.

PMRT-PET PARTNERSHIP: Nine Point Plan

The following points provide the general framework of the Public-Private Partnership designed to improve mobile psychiatric response to residents of Los Angeles County. (Refer to list of LPS designated hospitals approved to operate PET services and participate in the Partnership.)

Each Service Area has an identified resource base of designated mobile service providers based on DMH capacity and private mobile resources. The following points address the essential components of the Partnership.

1. ACCESS Center will not monitor or dispatch calls for Health Maintenance Organizations (HMO) or private insurance clients. PET will not be restricted by area to respond to their contracted HMO or privately insured clients. PET will be restricted to appropriate geographical areas for non-contracted clients as delineated in their DMH-PET plan.

2. ACCESS will monitor all other field requests and dispatch PMRT first and use PET when necessary on a rotating basis. PET will assume financial responsibility for all clients evaluated at the request of DMH-ACCESS, funded or unfunded. ACCESS will coordinate 5150 admissions on calls it dispatches based on continuity of care, client/family need, geographical area, Intensive Service Recipient (ISR) treatment plans, and bed availability.

3. ACCESS will monitor and dispatch all field calls for DCFS and Probation children, Board and Care homes, Adult Protective Services, schools, and police stations.

4. PET staff will be limited to affiliation with only one designated hospital. PET staff will be employees of the designated hospital.

5. Designated hospitals will not subcontract PET services.

6. PET will be allowed to provide assessments in hospital emergency rooms, wards, or units within their designated geographical area.

7. PET will be restricted from the DCFS and Juvenile Probation population in all settings, including but not limited to, hospitals, foster, group, family, and schools. In situations where PET receives the initial request for service, PET will contact ACCESS for disposition.

8. PET may respond to clients in Board and Care homes covered by private insurance. All other Board and Care clients will be seen by PMRT unless approved on a case-by-case basis by ACCESS.

9. PET may respond to clients with Medicare provided they have **Part A & B** coverage.

PSYCHIATRIC EMERGENCY TEAM (PET) DISPATCHING GUIDELINES

To improve mobile psychiatric response to the residents of Los Angeles County, the ACCESS Center will be dispatching PET as well as PMRT. PMRT refers to DMH operations, and PET refers to hospital-based mobile teams. ACCESS will coordinate 5150/5585 admissions to a network of providers, monitor bed availability and arrange transportation services. The following points provide general information for an effective Public-Private Partnership designed to improve mobile psychiatric response:

- ACCESS will only monitor or track PET calls on non-Medi-Cal & Medi-Cal clients dispatched by ACCESS only if the request came directly from the community
- ACCESS will dispatch DMH-PMRT first. If they are unavailable due to other calls or field visits, ACCESS will then use PET on a rotating basis provided the hospital for which the PET works for has psychiatric beds available. PET will assume financial responsibilities for all clients evaluated at the request of the ACCESS Center, funded or unfunded
- ACCESS will coordinate 5150/5585 admissions on calls it dispatches based on Continuity of Care, consumer/family need, geographical area, and bed availability
- ACCESS will not dispatch PET to restricted sites and populations of DMH unless approved by Deputy Director or District Chiefs of EOB
- For Continuity of Care reasons, ACCESS can dispatch PET and have the team write a 5150/5585 to the hospital who "owns" the client even if the PET member is not an employee of that hospital
- **ACCESS Supervisor** could provide a "One Time Authorization" to a PET member to write a 5150/5585 hold to another Fee- For- Service hospital other than DMH operated Los Angeles County Hospitals only if ACCESS dispatched the PET and the requestor called directly to ACCESS
- The Authorization Reference should be based on name, date of birth and social security number, with disposition documented as "One Time Authorization" in the ACCM
- ACCESS will monitor and dispatch all field calls for DCFS/Probation Children, Board and Care home clients with Medi-Cal, Adult Protective Services, schools, and police stations to PMRT only
- If PET refuses to take a request from ACCESS for reason other than no bed available, it must be documented carefully in the ACCM and reported to the ACCESS supervisor
- PET will respond to dispatch from ACCESS
- PET must manage the patient no matter what the financial status
- PET responds to SNF's (Skilled Nursing Facilities), Assisted Living Programs, Retirement Centers, and Convalescent Centers
- PET will be restricted from the DCFS and Juvenile Probation population in all settings, including but not limited to hospitals, foster care, group homes, family and schools. In situations where PET receives the initial request for services, PET will contact ACCESS for disposition. **Exceptions, MUST be approved by the District Chief of EOB**
- PET may respond to upper floors of Medical Hospitals for Medi-Cal and insured patients
- PET will be limited to approved geographical areas, but may continue to respond anywhere to individuals with private insurance that they have contracts with
- PET members will be limited to affiliation with only one designated hospital and employed by that designated hospital
- Private designated hospitals will not subcontract PET services

PET DISPATCHING GUIDELINES cont.

- PET will be allowed to provide assessments in hospital emergency rooms, wards, or units within their designated geographical area. Upon completion of the assessment PET will notify ACCESS with disposition on responses to any patient in the ER's
- If PET responds and unable to manage the patient, PET will call ACCESS
- If PET has been dispatched by ACCESS and requests an ambulance for an indigent client, transportation can be provided by ACCESS
- If you have any trouble with the Psych LPS designated hospital, please refer these calls to your supervisor
- PET may respond to clients with Medi-Care provided they have Part A & B coverage
- ACCESS will track all mobile response activity for PET by monitoring the Team & Bed Tracking system

CHILD WELFARE HOTLINE

The Child Welfare Mental Health Services Division (CWMHSD) (formerly Katie A. Division) was created to ensure that the Los Angeles County Department of Children and Family Services, Department of Mental Health and Department of Health Services met the goals of the County of Los Angeles' Settlement Agreement for the Katie A., et al., vs. Diana Bontà, et al., (State of California and County of Los Angeles) lawsuit. The five plaintiff foster children requested, in lieu of payment, that "the County and State" improve upon their delivery of services to all children and young adults under the custody of DCFS, and/or those at risk of entering the child welfare system.

The Child Welfare Hotline provides referrals to mental health services, crisis interventions, case management services for Foster children and children "at imminent risk of out of home placement".

The placement of clinical staff at the ACCESS Center is part of the County's Enhanced Specialized Foster Care Plan that improves timely access to assessment and linkage to mental health treatment for children placed in foster care or at risk of entering the Child Welfare System.

The Child Welfare Hotline staff provides interpreter services, information and referral about specialty mental health services including but not limited to Full Service Partnership, Prenatal to Five Programs, Intensive In-Home Mental Health Services Program, Outpatient Services, Crisis Intervention for mental health crisis in the community, mental health consultation services to Primary Care Physicians (PCP).

The Child Welfare Hotline staff provides outreach, training and information to both DMH and DCFS staff and caregivers regarding the services offered at ACCESS as well as other specialized mental health resources services available for children and families involved in the Child Welfare System.

The Child Welfare Hotline staff documents their assessment/intervention/follow up in the ACCM and/or single contact summary note (MH549). The staff documents their mental health services which may include crisis intervention, case management services to caregivers, families and Children Social Workers to improve collaboration, education, linkage of available resources as per ACCESS Center Protocols.

The Single Contact Summary note (MH549) must be completed and submitted within the 24 hours from the closure of the case for billing and quality assurance.

When working in the office, the Child Welfare Hotline personnel usually logs into the phone system and computer system at ACCESS to provide increased capacity to follow-up and ensure that callers have been successfully linked to services.

When the Child Welfare Hotline staff are not at the work site, the ACCESS Center personnel performs the role of Child Welfare Hotline on 24/7 basis.

The Child Welfare Hotline staff provides follow up for mental health services for Foster Care clients referred by ACCESS Call Center.

The Child Welfare Hotline staff will review and follow up on calls relating to minors on a regular basis from the "Report Manager" Daily Phone log.

CHILD WELFARE HOTLINE cont.

The Child Welfare Hotline staff must comply with activity codes when “Not Ready” on the phone.

The Child Welfare Hotline may be assigned other duties at the discretion of Program Manager at the ACCESS Center.

REPORTING SUSPECTED CHILD ABUSE/NEGELECT

Child abuse/neglect must be reported "when one has knowledge of facts which give rise to a reasonable suspicion". When abuse/neglect is suspected, an immediate telephone report must be made to the Child Abuse Hotline at **800-540-4000.**

The telephone reports shall be followed by a written report within 36 hours. This report should be completed on the "Suspected Child Abuse" form (DMH #SS8572) and mailed to the following address

Department of Children & Family Services
3075 Wilshire Blvd., 5th Floor
Los Angeles, CA 90010

Keep the Reporting Party YELLOW copy and attach it to the ACCM contact sheet. File the yellow copy in the "Forms" folder located in the drawer in the center console between cubicles 49 & 55 in the folder behind the blank Child Abuse/Neglect forms.

DCFS/PROBATION

ACCESS staff should always verify the DCFS status on every call related to a minor's request for mental health services by calling the **Command Post at (213) 639-4500** or the **DCFS 24/7 Child Protective Hotline at (800) 540-4000**.

When ACCESS dispatches a DCFS call EOB/PMRT is to respond within 15 minutes and respond to the scene within one hour. ACCESS will notify EOB District Chiefs whenever the 15 minute window is not honored.

When ACCESS receives a request for a crisis evaluation of a DCFS minor, staff shall secure the name and contact information of the parent, family or other responsible adult for purposes of involving the appropriate adult(s) in the evaluation and disposition. Staff shall also secure the name and telephone number of the Children Social Worker (CSW) and contact the CSW to be on scene when the team arrives.

DCFS cases are the highest priority and need immediate response 24/7. EOB/PMRT is to inform ACCESS if they are available for DCFS calls after 0200 hours.

The EOB/PMRT team will respond to DCFS calls for mental health crisis evaluation

ACCESS must dispatch the PMRT for Targeted Case Management Services (T1017) for DCFS/Probation minors whether an acute bed is available or not.

**** NOTE**: These guidelines are subject to change at any time.

SCHOOL THREAT ASSESSMENT RESPONSE TEAM (START)

A School Threat Assessment protocol must be completed for all cases where the person is a student or an employee of a school.

A "student" is anyone that attends school (elementary, middle, high school or college)

If the person recently graduated or discontinued school (e.g., suspended), you still need to complete a School Threat Assessment since research shows that many cases of school violence occur after the person has left the school

When a call comes into the ACCESS Center that requires dispatching START proceed with the following guidelines:

Step 1: Review Safety Issues – Find out the following information:

Do you need to notify or instruct school to notify laws enforcement regarding violence/threats of violence to harm/kill others?
Do you need to request that school/police search student(s) locker, desk, backpack, recent textbooks, binders, car, etc?

Step 2: Determine if the student (threat-maker) has access to the means (knife, guns, etc.)

Does the student have access to weapons?
Do you need to instruct school to NOT allow student access to belongings?

Step 3: Ask that the following meet PMRT team at evaluation site for interview:

Person who reported the violence/threat
Target/Intended victim (report if a Tarasoff situation)
Witnesses of the violence/threat

Teachers or other school staff (e.g., safety officer, coach, etc.)
Friends, classmates, acquaintances
Parents/Caregivers

Step 4: Notify the student's parents/guardians of the situation

Inform school to notify both parents/guardians (ask if both parents ha legal rights to be involved)

All important information related to the START should be documented in the ACCM in detail.

KAISER INSURED PATIENT'S

The following information will help when a request is received to evaluate clients with Kaiser Insurance:

- If ACCESS receives a request for a 5150/5585 evaluation and the client has Kaiser Medi-Cal, the patient is treated as any client with Medi-Cal as far as mental health services are concerned

- If the client needs 5150 /5585 who has Kaiser Insurance through employment and is at any hospital ER (county or private hospital) other than a Kaiser facility, a doctor or a nurse at the ER must first call the Emergency Perspective Review Program (EPRP) at **800-447-3777** to obtain medical clearance (laboratory work, patient overall condition, etc.) EPRP will inform Kaiser Behavioral Health Care Help-Line **800-900-3277** that there is a patient that has been cleared to transfer

- Kaiser will dispatch an ambulance to the hospital ER and transfer the patient to a Kaiser Hospital or any hospital contracted by Kaiser

- If the patient is at any location other than a hospital ER, staff writing the hold must call Kaiser Behavioral Health Care Help-Line at **800-900-3277** to report on patient's information and condition, and to request transfer to a psychiatric ward. Kaiser will dispatch an ambulance to a Kaiser facility or to a hospital contracted by Kaiser

- If ACCESS receives a call from the psychiatric ER's at Kaiser Mental Health Center, 765 College Street, L.A. 90012 or Kaiser Permanente Medical Center, 4700 Sunset Blvd. L.A. 90027, the ACCESS staff will redirect calls to Kaiser Behavioral Health to be evaluated and manage the psychiatric crisis of the insured or uninsured client. These facilities are designated for adult psychiatric clients only

- If the request is about an indigent client in the ER of Kaiser Hospital, please call PMRT to evaluate the client, if Kaiser has not evaluated the client

- If the client needs 5150/5585 and he/she has Kaiser Insurance through employment and lives in the Antelope Valley (Lancaster/Palmdale) SA I, Kaiser does not send crisis teams out to this area. PMRT Service Area I responds to Kaiser Patient(s) in the community, ER's and Lancaster Community Hospital (Kaiser finds the bed)

- If Kaiser PET evaluated a client for 5150/5585 and later found out that the client does not have Kaiser Insurance, Kaiser is responsible for ensuring admission to another facility or other alternatives appropriate for each case

- The Kaiser PET cannot go to evaluate a Kaiser Insured client in the home or community setting, they can only evaluate the client in the ER

TRI-CITIES MENTAL HEALTH

The Los Angeles County Department of Mental Health and Tri-Cities Mental Health executed a contract to provide outpatient mental health services to children, transitional youths, adults and older adults as of June 17, 2008 for residents of Pomona, Claremont and La Verne.

Tri-Cities will provide crisis mobile services to clients who are open to their clinic in the IS system. Tri-Cities provides 24/7 crisis services at **866-623-9500**, **preferably** conference the call for good customer service.

The Los Angeles County Department of Mental Health provides mental health crisis mobile services to residents of Claremont, Pomona and La Verne who are not open in the IS to Tri-Cities Mental Health Center.

The ACCESS Center **does not** provide patient transportation for Tri-Cities Mental Health Center.

2-1-1 INFO REFERRAL

The 2-1-1 Info Referral line is a toll free number for Los Angeles County residents to receive information and referrals with regards to health and human related services.

The ACCESS Center is identified as the recipient of all mental health related calls that come into the 2-1-1Line. Once the caller selects mental health services on the 2-1-1 Line, the call is then transferred by Info Line personnel to the ACCESS Center. ACCESS personnel must document all assisted calls in the ACCM as reported by “211 Info Referral” in the Incident Tab of ACCM.

If you receive a call that is requesting a referral other than mental health in the nature you may transfer the caller to Information and Referral Line 24/7 by conferencing the caller with **626-300-1465** after documenting the call in the Contact Tracking – 211. You may also provide non-mental health referrals to the caller and document such referral in the Contact Tracking with the callers name, telephone number, request, and type of referral provided.

REGIONAL CENTER BEHAVIORAL TEAM

Persons with Developmental Disabilities (DD) have the right to request and access psychiatric emergency services in a manner similar to any other resident in Los Angeles County.

San Gabriel Valley Regional Center is available for all Regional Center clients with non-psychiatric emergency services during after-hours (M-F), weekends and holidays from 5pm to 8am for all age groups. ACCESS will call **909-620-7722** for the On-Duty After-Hours Program Manager who will screen the crisis call, and dispatch a contractor for disposition. Make sure you listen to the entire message, someone will respond to your call within 15 minutes to one hour since you are going through an exchange service. For a list of Regional Centers in Los Angeles County refer to "Regional Center" Resource in the online Big Book.

Each Regional Center may have different resources and authorization procedures to help DD clients experiencing psychiatric crisis.

HOSPITAL EMERGENCY ROOM (ER) CALLS

ACCESS dispatches EOB/PMRT to hospital **ER'S** of freestanding medical facilities on requests for 5150/5585 evaluations based on the following three criteria:

- The client must be medically cleared by treating **MD** and recorded in the medical chart
- The client must be interviewable by the EOB/PMRT
- The client must be transportable in an ambulance or van

We do not dispatch EOB/PMRT to Medical floors and/or ICU of medical hospitals. The exception to the rule is DCFS/Probation children as long as they are medically cleared, interviewable, and able to transport.

If the client is on 5150/5585 hold by law enforcement, the ACCESS Center must not dispatch EOB/PMRT or PET.

Effective April 20, 2009 regarding requests to evaluate people in general medical emergency room, ACCESS will dispatch PMRT if the person is medically clear, capable of being interviewed, and cleared for transportation. If the person meets 5150/5585 criteria, exhausted all bed possibilities including PDP beds, if no beds are available, writes the hold and assists the medical ER staff in arranging the transfer directly with Psychiatric Emergency Services (PES).

NO PSYCH BEDS AVAILABLE

If PMRT has evaluated the client and placed the client on a hold in the general medical emergency room but the client has not physically left the emergency room due to no psychiatric acute bed available, the ACCESS staff must document the call as “No Psych Bed Available” in our CRT, ACCM Incident as a contact to this effect.

The client evaluated and placed on 5150/5585 hold in General Medical Emergency Room by EOB/PMRT at risk of staying in beyond 72 hour General Medical Emergency Room due to tracheotomy, G-tube, pregnancy, developmentally disabled, morbid obesity, non-ambulatory, dialysis needs, and cardiac problems must be periodically followed up by ACCESS Center or EOB/PMRT.

PMRT must conduct comprehensive assessment on the client covering in-depth clinical information and pertinent intensive case management including but not limited to where the client came from, where did he/she spend the night before the emergency room visits, what support system exists, where can the client go if the hold expires, substance abuse/use, FSP status.

ACCESS must notify the MHC District Chief of Emergency Outreach Bureau at **213-276-5004** within 24 hours in regards to a 5150/5585 hold left at any General Medical Emergency Room with an Incident number from the ACCM.

The DMH-PMRT supervisor need to be notified at/or around 48 hours of the hold to re-evaluate clients.

The DMH-PMRT supervisor can provide detail clinical information about the client and his or her life circumstances to DMH Administration. DMH Administration will address the case with Department of Health Services (DHS) for problem resolution.

The transfer procedure of patients located in private general medical emergency rooms that have been placed on 5150/5585 application by DMH-PMRT and request transfers to a DHS Psych ER.

5150'S TO DHS PSYCH ER's

PMRT contacts the Department of Health Services (DHS) Central Dispatch Office (CDO) (also known as the Medical Alert Center, MAC) at **866-941-4401** and clearly identifies that the purpose of the call is to "Obtain County Psych ER Status as Reference Only" and provide the CDO with the following tracking information:

- Date and time of the Diversion Status Request
- Patient Initials
- Hospital Location
- CDO provides PMRT with DHS Operated Psych ER Diversion Status
- Open Status is NOT an obligation of the Psych ER to accept a transfer request
- PMRT informs private medical ER of Psych ER status
- Private medical ER physician contacts the nearest open Psych ER, speaks directly to the physician to present the transfer and negotiate the transfer acceptance
- If accepted, the private medical ER arranges their transfers
- When all Psych ER's are on diversion, or when a patient is denied, the private medical ER contacts the nearest Psych ER to negotiate the transfer acceptance based on Psych ER capacity until the patient is accepted or until other circumstances arises
- When accepted, the sending physician makes the transportation arrangements
- PMRT assists in the disposition of patients placed on a 5150 hold. In the event that PMRT is unable to secure a bed. PMRT will write the 5150 to "Any LPS Designated Facility in LA County"
- PMRT Supervisors are responsible for follow up with ER's and provide the disposition to ACCESS
- Any LPS Designated Hospital in the County of Los Angeles and DMH Out-of-County contracted facilities can accept a hold written in this matter

The following information may assist in locating a bed:

- **Uninsured Patients:** The private medical ER must contact one of the three County Hospitals

- **Insured Patients – Medi-Cal Only:** The private medical ER's must contact one of the Fee-For-Service Hospitals with LPS Designation

- **Medicare, Private Insurance and Minors:** The Private Medical ER's must contact a Fee-For-Service or Contract Hospital with LPS Designation.

ONE TIME AUTHORIZATION FOR FFS HOSPITALS

The ACCESS Center Supervisor can provide a One-Time Authorization to FFS PET to write a hold to another LPS Designated Hospital other than county hospitals. This authorization is restricted only to calls that are initiated through the ACCESS Center by the caller. The ACCESS staff cannot authorize a One Time Authorization if the caller contacts the FFS hospital directly and the team responds to the call without the ACCESS Center's involvement.

MEDICAL FACILITY UPPER FLOOR REQUEST FOR 5150/5585 EVALUATION

Effective immediately, the **ACCESS CENTER will dispatch:**

- PET to upper medical (non-LPS designated) floor requests for 5150/5585 evaluations provided client is medically clear, interviewable, and physiologically transferable
- If no PET is available, please advise hospital to use their own psychiatrist to evaluate and manage the client
- Psychiatry personnel evaluate the clients for 5150/5585. PMRT does not respond to upper floor of medical facility as per ***EOB*** policy
- Only exception is 5150/5585-evaluation request for DCFS/Probation Minors provided the client is medically clear, interviewable, physiologically transferable

LPS HOSPITAL REQUESTS FOR WIC 5150/5585 EVALUATION

The request to evaluate clients for WIC 5585/5150 at LPS facilities as verified in our LPS Facilities List must be carefully screened because LPS Facilities have the ability and capacity to provide WIC 5585/5150 evaluation and management of such client irrespective of population they serve in their hospital.

The ACCESS staff must ensure that minor is safe at LPS facility before coordinating care with PMRT at the LPS facility if the client is a DCFS/Probation Minor.

ACCESS must dispatch PMRT in SA-1 to evaluate a client at Antelope Valley Hospital for PDP bed authorization.

GATEKEEPING

There are four types of Gatekeeping: IMD, Short-Doyle (S/D), Psychiatric Diversion Program (PDP), & Metropolitan State Hospital. ACCESS personnel designated as the FFS-Gatekeeper is responsible for implementing the following for:

S/D

- During After-Hours ACCESS Center monitors the S/D beds. The designated ACCESS personnel must perform all Short/Doyle gatekeeping functions
- Daily at 5:00 pm, the Continuing Care Unit (CCU) gatekeeper will walk the S/D gatekeeping book to the ACCESS Center's Gatekeeper (see Centers monthly schedule). At 8:00 am the next business day the CCU gatekeeper will retrieve the gatekeeping book from the ACCESS Center
- If an after-hour call requests approval to admit a non-police client to Charter Oak Hospital or College Hospital – Cerritos, please call of CCU/IMD Administration on her cell phone, the number is **213-272-8468**
- *Staff must verify the indigent status of the client before assigning a S/D bed*
- Staff must document the Bed Authorization in the ACCM with Diagnosis, MIS #, time client placed on hold, and any other clinical information
- The Short/Doyle beds are distributed as per the priority set by CCU/IMD Administration as follows:

    1. Urgent Care Centers: Long Beach Urgent Care Center, Exodus Urgent Care Center.
    2. Los Angeles County Psychiatric Emergency Room: LAC/USC, Harbor/UCLA and Olive View.
    3. DMH-PMRT on a medically stable client.

PDP

The PDP is provided for uninsured clients on 5150 and requires acute psychiatric inpatient during after-hours at the ACCESS Center. The following is the criteria for PDP beds:

- Clients who are uninsured
- On a 5150 and requires acute psychiatric inpatient services
- Appears medically stable for transfer to an acute psychiatric facility
- Does not appear to require conservatorship
- Ambulatory without assisted device (can take patient in a wheelchair who are able to self transfer)
- Does not have a significant emergent medical or other condition as follows:
    - Indwelling intravenous device
    - Reliance on mechanical airway device
    - Renal Dialysis
    - Pregnancy
    - Morbid obesity (300lbs or more)
    - Physically impaired due to substance abuse
- Gatekeeper will arrange transportation and fax completed payment authorization to the PDP hospital and CRM/IMD Administration **323-223-8380**

GATEKEEPING cont.

PDP cont.

- Billing, payment questions, and/or follow-up related to transfer procedures should be directed to CRM/IMD Administration at **323-226-4447/4448** during normal business hours (M-F 8:30a.m. – 5:00 p.m.)
- Gatekeeper will assign a PDP bed to a client placed on a 5150/5585 hold and left in the medical emergency room.

All exceptions to PDP and S/D beds must be approved by District Chief for CRM/IMD Administrations.

IMD BEDS & METRO STATE HOSPITAL GATEKEEPING

Gatekeeping for IMD beds and Metro State Hospital will be provided by CRM/IMD Unit. Any questions should be directed to them at **323-226-4447/4448**. La Casa bed counts will no longer be faxed, this count can be found in the CCU Gatekeeping book.

AFTER-HOURS GATE KEEPER DUTIES

The designated staff of the PM and Nocturnal shift at the ACCESS Center performing S/D and/or PDP gate keeping duties are responsible for checking the PMRT voice messages and enter them into the ACCM and CRT system by checking the voice mail box number 2033 and # and the password is 1234 and #. The Gate Keeper is also responsible for checking and following up on any voice messages on 5000 and # phone line with password 9631 and #.

The Gate Keeper must document County Hospitals Diversion status every two hours on the Diversion Log, census at LAC-Hospitals and communicate diversion status to rest of ACCESS personnel.

The Gate Keeper must review and follow up on any “Incomplete CRT” with Pending team/Pending Disposition in CRT on any call by running a report from Report Manager for previous day or shift.

The Gate Keeper is responsible for checking “No Psych Bed Available Report” aka “Stranded Report”, follow up on that client and complete the call in the CRT system for Final Disposition. If the client is still in the Emergency Room, the gate keeper must decide to see if the client still meets PDP bed criteria and assign the bed to clear the client from “No Psych Bed Available Report”.

The Gate Keeper must determine the availability of SD/PDP beds and determine the client meets SD/PDP criteria before authorizing the SD/PDP bed.

The PDP bed must be authorized only after checking, documenting MEDS status, faxing PDP authorization form to CRW/IMD Administration, complete the log and document in to the ACCM and CRT.

The Short/Doyle Gate Keeper must obtain contracted Short/Doyle facility census, determine bed availability before authorizing the S/D bed, the staff must run MEDS, determine indigent status, document outcome in the ACCM with disposition as “Bed Authorization” and services as “Bed Request”- Acute.

If a Short/Doyle bed has been authorized to White Memorial Hospital, please fax ACCM Contact Sheet with Short/Doyle bed authorization information to White Memorial Hospital, c/o the Intake Coordinator at fax number **323-881-8610** and copy of the ACCM incident in CCU’s mail box.

The Gate Keeper may consult CRW/IMD Administration MHC District Chief via cell number **213-272-8486** for any exception to S/D or PDP bed authorization procedures and document such communication in the ACCM.

The Gate Keeper must familiarize themselves with the S/D and PDP procedure from time to time.

OUT OF COUNTY TRANSFER REQUEST FOR LAC M/C BENEFICIARIES TO LAC HOSPITALS

In the event you receive a call from another county requesting the transfer of a LAC Medi-Cal beneficiary complete the following steps:

1. Establish LAC residency from the information faxed by the Host County (i.e., copy of 5150/5585, clinical/non-clinical records).
2. Run the IS for patient history.
3. Run DHCS Medi-Cal to establish Medi-Cal eligibility (refer to the Medi-Cal Verification at the beginning of the Protocols.
4. Verify LAC residency.
5. Assist the Host County in securing an inpatient bed in LAC.
6. Assist transfer with FFS.
7. Host County is to make arrangements for transportation after securing admission and transfer patient back to LAC.
8. Document in the ACCM and in the Out-of-County Log located on the shelf of the grey bookcase next to the mailboxes.

If the calls are for Indigent patients refer to CCU during business hours.

OUT-OF-COUNTY/STATE/COUNTRY ESCORT SERVICES OF MENTAL HEALTH CLIENTS

If you receive a call regarding Out of County/State/Country Transport Escort Services of Mental Health Clients please refer the caller to the appropriate Bureau Coordinator. Please refer to the “Out of County Escort Services” section in the Big Book (hardcopy & online) to provide the contact number that is appropriate for the caller. (Adult, Children, & Older Adults System of Care, Emergency Outreach Bureau, Public Guardian, Directors Office, Medical Director, Specialized Child/Youth Services) should these numbers be in the Out-of County/State/Country Escort Service binder also.

For information on clients being transported through Out-of-County Escort Services please review policy, cheat sheet, and log for protocols and procedures in the Out-Of-County/Country Escort Service binder located on the shelf of the grey bookcase next to the mailboxes.

FULL SERVICE PARTNERSHIP (FSP) REFERRALS

The ACCESS staff may initiate referral to Full Service Partnership (FSP) for a client who is "unserved", "underserved" or inappropriately served in their current mental health treatment regimen provided they meet the criteria for the referral as per the FSP guidelines:

The FSP eligibility criteria must include one or more of the following:

- The client must have at least 10 or more episodes of Psychiatric Emergency Services or Urgent Care Center in the last 12 months
- The client must have been homeless for 120 days in the last 12 months (homeless clients should fulfill one other criteria to be eligible for authorization)
- The client has been in State Hospital or IMD for six (6) months residence during the last 12 months
- Client must have two or more incarcerations that total at least 30 days in the last 12 months and must have a documented history of Mental Illness prior to incarceration
- The client must have been hospitalized two or more times totaling at least 28 days of acute psychiatric hospitalizations in the County Hospital or Fee For Service Hospital (FFS) in the past 12 months.

The referral could be initiated by any staff of DMH or non-county agency to Impact Team, Service Area Navigator, and Hospital Liaisons through appropriate FSP referral and Authorization Form for Adult, Older Adult or TAY referrals.

The ACCESS staff could initiate referral through their Supervisor to the CRIS Unit

The FSP referral initiated by the CRIS Unit will be presented at the respective Service Area Impact meetings for authorization.

The CRIS Unit maintains, updates and problem resolves the On-Call 24/7 Staff schedules and FSP client list for directly operated as well as DMH contracted agencies to serve current FSP clients for Children Programs, Transitional Age Youth, Adult and Older Adult. The ACCESS staff utilizes the FSP schedule to contact the on call staff of FSP Program to intervene in case of any mental health crisis or case management services. The CRIS Unit at the ACCESS Center provides progress reports to ACCESS staff about the outcome of their referrals to FSP program. The CRIS Unit at the ACCESS Center provides training to staff to verify the FSP status of the client via the FSP application.

24/7 CRISIS RESPONSE BY FSP PROGRAMS GUIDELINES

ACCESS staff is to follow the following protocol when FSP client is involved:

- Determine if client is enrolled in one of these programs through FSP Referral Tracking Application link: http://dmhhqweb2/FSPAuthorization/Security/SignIn.aspx authorization and indicate this on the ACCM contact as verified FSP status
- The link will take the ACCESS staff to sign in page of FSP Referral Tracking Application to search client for FSP status by SSN or IS# or last name or DOB.
- If referring party has not called FSP and there is no imminent risk, advise referring party that ACCESS will notify FSP for response. ACCESS will link the client or referring party to FSP provider
- If ACCESS is successful in contacting the provider, PMRT waits for a call-back from ACCESS or FSP provider to coordinate care for the client.
- If ACCESS is not successful, ACCESS will dispatch a team after a 15 minute wait.
- If the agency has LPS designated staff available to place the client on a 5150/5585 hold, the agency can conduct the WIC 5585/5150 evaluation, write the hold to any LPS facility in Los Angeles County, and make all arrangements (placement, transportation, etc.)
- If FSP agency does not have LPS designated staff available to write the hold, the agency can call ACCESS to request a PMRT evaluation. **Agency staff must be present with the client for assistance when a WIC 5585/5150 evaluation is requested and conducted**
- ACCESS must respond to the crisis if the program is unable to provide the 24/7 crisis response.
- If ACCESS staff has any difficulty or problems in getting a response from an FSP provider for an FSP client, the ACCESS staff must complete a PMRT Response to FSP Clients form located in a mailbox by the sign in area titled “PMRT to FSP Clients-Blank” under the MHSA section. The completed form should be placed along with the ACCM copy in the mailbox titled as “PMRT to FSP Clients-Completed” in a red folder.
- ACCESS has the updated list of clients enrolled in FSP programs and the program contact information

FIELD CAPABLE CLINICAL SERVICES (FCCS) PROVIDERS (CHILDREN, TAY, ADULTS & OLDER ADULTS)

FCCS services and support are provided in the home and in the community. They offer alternatives to traditional Mental Health Services for Children, TAY, adults & older adults.

FCCS offers an alternative to traditional mental health services for Children, TAY, adults & older adults who may be unable to access services due to impaired mobility, frailty, or other limitations. The older adults who may be uncomfortable seeking services in a traditional clinic, FCCS may be an alternative.

FCCS provides individual, family counseling, medication services, education, linkage to other services and support in-the-home and in-the-community, for example senior centers or health care provider offices to child, TAY, adult, and older adults with emotional problems.

Please refer to your Big Book or online Big Book site for referral resources for each age group.

COURT DIVERSION PROGRAM REQUESTS

For calls from parolees requesting Court Diversion programs outside the jails (AB 1421, etc.), the ACCESS Center staff must ensure that client meet the following criteria:

- Find out if the parolee has a referral from the courts
- If the parolee's charges were a misdemeanor or if they were placed on a 1370.01 (incompetent to stand trial)
- Refer the caller to **626-403-4370**. If there is no answer let the caller know to leave a message and call back number

PHONE "NOT READY" REASON CODES

When ACCESS staff is not logged on the telephone system, they must comply with activity codes when in "Not Ready" status on the telephone. To enter the appropriate activity code for "Not Ready" status, please use following steps:

1. **Press Not Ready button on your phone.**
2. **Press Activity button on your phone.**
3. **Enter code number on your keypad (see below).**
4. **Press Activity button.**

Activity Codes are as follows:

Activity	**Codes**
Break	01
Chart Review	02
Documentation	03
Lunch	04
Admin. Functions	05
Consultation/Training	06
Gatekeeping	07

QUALITY IMPROVEMENT

The ACCESS staff must notify their supervisor that they have recorded the difficult call as the conversation saved with the time and the date for their review and feed back for quality improvement.

The DMH Quality Improvement Countywide (QIC) Program performs random test calls to ACCESS Center as part of continuous quality improvement mainly on service accessibility, beneficiary satisfaction, documentations, quality of care on phone, reliability of mental health information provided, and continuity of coordination with other human service agency to the caller.

The State Medi-Cal Oversight Team conducts their test calls once every three years regarding the statewide toll free 24/7 number availability and service delivery. States also tests the ACCESS Center for Telecommunication Device for the deaf (TDD) and other linguistic capabilities. State also tests the ACCESS Center for reliability of specialty mental health services, documentation and interpreter services for threshold languages identified for Los Angeles County.

The ACCESS Center clinical supervisor or their designee reviews the documentation of ACCESS staff from time to time to improve the quality of documentation.

The ACCESS Center clinical supervisor also conducts live supervision by listening to calls of ACCESS staff from time to time to improve their service delivery to the consumer.

The ACCESS Center provides quarterly and annual data on the State Indicators to the DMH-QIC that includes abandoned call rates, total number of calls received by ACCESS, mental health referrals, telephone interpreter service requests for different languages and After-Hour PMRT response rates.

OLDER ADULTS

ADULT PROTECTIVE SERVICES (APS)

The APS calls are attended exclusively by the DMH-PMRT as of January 1, 2004. APS worker should meet PMRT at the location. We no longer contact GENISIS to handle the call. All information is to be entered into the ACCM.

HOARDING/PACK RAT

Any calls related to Hoarding/Pack Rat should be referred to the Genesis Program at **213-351-7284**. If the caller requests further resources refer to the list of nationwide Clutter Anonymous.

REPORTING SUSPECTED ELDER ABUSE/NEGLECT

When it is suspected or one has knowledge of an incident that appears to be abuse/neglect a report is to be made by telephone immediately to the Elder Abuse Hotline at **800-992-1660.**

The telephone reports shall be followed by a written report. This report should be completed on the State Department of Social Services "Report of Suspected Dependent Adult/Elder Abuse" form (SOC 341). Once this form is completed it is to be faxed to **213-738-6485** and mail to: The Central Intake Office, 3333 Wilshire Blvd., Suite#400, Los Angeles, CA-90010.

The Elder Abuse/Neglect form, the fax confirmation sheet and the ACCM contact sheet is to be filed in the "Forms" file cabinet behind the blank Elder Abuse/Neglect forms in the ACCESS Center. We must refer such cases to Genesis as the "Refer to Agency" on the Contact Sheet for further follow-up.

DUTY TO WARN AND PROTECT THIRD PARTIES IN RESPONSE TO A CLIENT THREAT

The ACCESS staff must adhere to DMH Policy 202.2 with regards to “Duty to Warn and Protect Third Parties In Response to a Client Threat”.

Under Section 43.92 of the Civic Code, a psychotherapist has a duty to warn and attempt to protect any reasonably identifiable victim or victims of serious threat communicated to the psychotherapist by a client. This section further states if there exists a responsibility to warn and protect, “the duty shall be discharged by the psychotherapist, making reasonable efforts to communicate the threat to the victim or victims and to a law enforcement agency.”

In 2004, the Court of Appeals expanded the therapist’s duty to warn to include instances when a member of the client’s immediate family advises the therapist, for purposes of advising client’s treatment, that the client has communicated a serious threat of physical violence against a reasonable identifiable victim or victims.

The ACCESS staff must determine, in accordance with the standards of his/her profession should determine, that a client presents a serious danger of violence to another, he/she incurs an obligation to use reasonable care to protect intended victim.”

In order to protect the intended victim, the ACCESS staff must do the following:

- Warning the intended victim of the danger via phone and document in the ACCM system;
- Notify the local law enforcement agency having jurisdiction where the possible victim resides and document in the ACCM system;
- Take whatever steps are reasonably necessary under the circumstances to institute involuntary hospitalization if the client has a mental disorder and can be located, and document in the ACCM system.
- If unable to locate the client, notify local law enforcement of the need to locate the client and document in the ACCM.
- ACCESS staff **that is not clinical** must notify immediately and report any such communication to a clinical supervisor or his/her designee for assessment and intervention in such circumstances. The staff must document their assessment and intervention in the ACCM system.

INCIDENT REPORTING

Clinical Incident Report

Should the ACCESS Center receive a call involving the death of a patient, a Clinical Incident Report is to be completed and the ACCESS Program Head and supervisor is to be notified. The Clinical Incident Report is to be faxed at **213-427-6166** to the Risk Manager or Medical Director after a telephone call **213-637-4588** is made to notify him/her that the material will be transmitted. A complete original form is to be mailed (marked confidential) to the Risk Manager within 24 hours of the incident and a copy maintained by the program in a confidential file

Clinical Incident Report is defined as follows:

- Death-Other Than Suspected or Know Medical Cause or Suicide
- Death-Suspected or Known Medical Cause
- Death-Suspected or Known Suicide
- Suicide Attempt Requiring Emergency Medical Treatment (EMT)
- Consumer Sustained Intentional Injury (not suicide attempt requiring (EMT)
- Consumer Injured Another Person Who Required EMT
- Homicide By Consumer
- Medication Error or Adverse Medication Event Requiring EMT
- Alleged Consumer Abuse by Staff
- Possibility or Threat of Legal Action

Complete relevant information obtained from the caller in the appropriate sections of the form. There may be sections that you may not have enough information to complete such as medication, etc. Fax the completed Clinical Incident Report to the Risk Manager and the SFPR/Program Head of the program in which the client from this incident is enrolled. Also, telephone to confirm this information was received.

Non-Clinical Incidents
Accident Investigative Report (AIR) and Security Incident Report (SIR)

If the incident is NOT a clinical incident, a report should be made to the appropriate person below:

- Accidents/Injuries or slips/falls property damage to county facilities: **An Accident Investigative Report (AIR) form** (replaces the Patient/Non-Patient MH#196/761302) should be completed and sent by fax to Admin Support Bureau's (ASB) number **213-480-0671**

- Tarasoff threats, health & safety incidents/issues (i.e., workplace violence, Threats of/or violence by clients/staff, security/safety issues, as listed on the DMH **Security Incident Report (SIR)**: Contact the Health & Safety Unit at **213-738-4430,** Fax to Health & Safety Unit **213-351-1909** and to the Office of Security Management Fax 213-613-0848

- Employee work-related injuries, illnesses, accidents: Report to HRB at **213-738-2580,** complete and submit required Industrial Accident (IA) forms and Fax AIR to **213-637-5892**

INCIDENT REPORTING cont.
Non-Clinical Incidents
Accident Investigative Report (AIR) and Security Incident Report (SIR) cont.

- Alleged Employee Misconduct/Discrimination complaints: Contact MH Programs Evaluation at **213-738-4854**

- For the above mentioned Incident Reporting forms and contact information please see addendum on next page.

LAC-DMH ACCIDENTS/INCIDENTS/COMPLAINTS "HYPERLINKED" REPORTING GUIDE & CONTACT LIST
PLEASE SAVE ON YOUR COMPUTER AND POST IN AN AREA ACCESSIBLE TO STAFF (Revised July 22, 2010)

INCIDENT/EVENT CATEGORY	CONTACTS	REQUIRED REPORTS/ACTIONS
1.0 AUTOMOBILE ACCIDENTS 1.1 County Vehicle Accidents 1.2 Permittee Personal Vehicle Accidents	Administrative Support Bureau (ASB) 1. 1 Judy Long 213-738-2437 FAX 213-480-0671	1.1.1 See DMH Policy 802.1, 1.1.2 FAX Vehicle Accident Report, and 1.1.3 FAX Accident Investigative Report (AIR) 1.2.1 Submit original Claim for Damage To Personal Vehicle within 10 days, and 1.2.2 FAX AIR
2.0 COMPLIANCE ISSUES: Potential compliance violations/billing improprieties.	Chief, MH Programs Evaluation Judith Miller 213-739-2390	2.1 See DMH Policy 112.1, and 2.2 Contact by telephone.
3.0 EMPLOYEE MISCONDUCT /DISCRIMINATION COMPLAINTS	Human Resources Bureau, (HRB) Dikran Djerriahian 213-738-4654	3.1 Contact by telephone.
4.0 EMPLOYEE WORK-RELATED INJURIES OR ILLNESS	HRB Leave Management Unit Rachael Buitrago 213-738-2850 FAX 213-351-7696	4.1 Contact by telephone, 4.2 Complete and submit required Industrial Accident (IA) forms, and 4.3 FAX AIR to 213-637-5892
5.0 HEALTH& SAFETY INCIDENTS/ISSUES 5.1 Workplace violence, THREATS of or violence by clients/staff, security/ safety issues as listed on the SECURITY INCIDENT REPORT SIR 5.2 Ergonomic or OTHER H&S issues.	HRB Health & Safety (H&S) Office Anna Levina. H&S Officer 213-738-4430, FAX 213-351-1909 Jude Tadeo 213-738-4272 Support Staff	5.1.1 Contact by telephone, 5.1.2 FAX SIR to H&S 213-351-1909 and 5.1.3 FAX SIR to the Office of Security Management FAX 213-613-0848. 5.2.1 Contact by telephone, and 5.2.2 FAX AIR to H&S213-351-1909 for categories indicated on the form.
6.0 SHERIFF SECURITY OFFICER/ CONTRACT SECURITY GUARD MATTERS	ASB Rosanelia Verceles, 213-639-6088	6.1 FAX 213-480-0671
7.0 CLIENT OR VISITOR FALLS/SLIPS OR ACCIDENTS/INJURIES property damage to county facilities.	ASB Joseph Simoneschi, Chief, 213-738-4639 Denise Curtis 213-738-3841	7.1. See DMH Policy 304.3 and 7.2 FAX AIR TO 213-480-0671
NOTE: IN THE CASE OF AN URGENT SAFETY HAZARD, SUCH AS A RIP IN THE CARPET, FLOOD OR WATER DAMAGE. BLOCK OFF THE AREA AND IMMEDIATELY CONTACT THE CHIEF, ASB BY TELEPHONE. (DO NOT LEAVE A MESSAGE.)		
8.0 CLINICAL INCIDENTS RE CLIENTS: Death; suicide; attempted suicide requiring emergency medical treatment (EMT); client injured another requiring EMT; homicide by client; medication error; client abuse by staff; threat of legal action.	Office of the Medical Director, (OMD) Clinical Risk Management Mary Ann O'Donnell, 213-637-4588 FAX 213-427-6166	8.1 See DMH Policy 202.18, 8.2 MAIL Clinical Incident Report within 1 business day to R. Shaner, 550 S. Vermont, 12th floor, LA, CA 90020, and 8.3 Call M. O'Donnell for critical clinical incidents/questions re reporting.
9.1 CLIENT COMPLAINTS/GRIEVANCES 9.2 HIPAA PRIVACY COMPLAINTS-CLIENTS CONCERNS about the use and disclosure of protected health info. (PHI.)	Patients' Rights Bureau (PRB) 9.1 2 Mona Sparks 213-738-2524 FAX- 213-351-2481	9.1.1 See DMH Policy 202.29 and 9.1.2 Contact by telephone. 9.2.1 See DMH Policy 500.11 and 9.2.2 Contact by telephone.
10.0 HIPAA PRIVACY COMPLAINTS-STAFF questions, possible breaches.	HIPAA Privacy Office Veronica Jones 213-739-2375 Chettha Tanakun 213-739-2374	10.1 See DMH Policy 500.1-500.27, and 10.2 Contact by telephone.
11.0 HIPAA SECURITY questions/ possible violations, e.g. encryption of PHI.	Chief Information Bureau Jeff Zito 213-251-6480	11.1 See DMH Policy 302.18, and 11.2 Contact by telephone.
12.0 SUBPOENAS OF CLIENT RECORDS ONLY OR FOR STAFF to testify re protected health information (PHI) or to consult re PHI.	Standards and Clinical Records Rosalie Esquibel 213-739-7335 FAX (213) 739-6298 or FAX 213-381-8386.	12.1 Contact by telephone, and 12.2 Fax subpoena.
NOTE: NORA CENDEJAS IN HRB HANDLES SUBPOENAS FOR PERSONNEL RECORDS. CONTACT HER AT 213-738-6141. FOR OTHER TYPES OF SUBPOENAS, PLEASE CONSULT WITH YOUR SENIOR MANAGEMENT STAFF.		
13.0 UNUSUAL OCCURRENCES REGARDING PATIENTS IN INPATIENT FACILITIES.	OMD, LPS Designation Coordinator Marion Czubiak, 213-639-6315 or Patient's Rights Bureau 213-639-6315	13.1 Contact by telephone, and 13.2 See DMH LPS Designation Guidelines

ADVANCE DIRECTIVES

All **Medi-Cal beneficiaries over the age of 18** be given information concerning their rights under California State Law regarding Advance Health Care Directives at their face-to-face contact for services and thereafter upon request by a Medi-Cal beneficiary.

If you should receive a call requesting any information on what the county provides regarding "Advance Directives", please provide the following information:

- We provide our clients with written information (i.e., Fact Sheet)
- You may be asked to read the written directives policy
- The Department of Mental Health (DMH) Policy No. 200.3, Advance Health Care Directives, advises on the purpose, policy and procedure DMH directly operated clinics must follow regarding an Advance Health Care directive. However, DMH does not disseminate nor does it endorse a particular Advance Health Care Directive form. The Advance Health Care Directives Fact Sheet will provide you with the information on how to obtain an Advance Health Care Directive Form
- You may also be asked if it can be provided in other languages. Inform the caller that the threshold languages are currently in development
- Please familiarize yourself with the Advanced Directives Policy

CRITERION 7

Guide to Medi-Cal Mental Health Services- English

(Attachment 5)

GUIDE TO

Medi-Cal Mental Health Services

If you are having an emergency, please call 9-1-1 or visit the nearest hospital emergency room.

If you would like additional information to help you decide if this is an emergency, please see the information on State of California page 6 in this booklet.

How To Get A Provider List:

You may ask for, and your Mental Health Plan (MHP) should give to you, a directory of people, clinics and hospitals where you can get mental health services in your area. This is called a 'provider list' and contains names, phone numbers and addresses of doctors, therapists, hospitals and other places where you may be able to get help. You may need to contact your MHP first, before you go to seek help. Call 1-800-854-7771 or 213-738-4949 to request a provider list and to ask if you need to contact the MHP before going to a service provider's office, clinic or hospital for help.

Disponible en Español

In What Other Languages And Formats Are These Materials Available?

Este folleto (o información) esta disponible en Español. Usted puede solicitarlo llamando al número de teléfono gratuito mencionado anteriormente.

Có bản tiếng Việt của tập sách (hoặc tài liệu) này. Quý vị có thể gọi số điện thoại miễn phí ở trên để xin bản tiếng Việt.

本小冊子（或資訊）有繁體中文版，
請致電以上免費專線查詢。

Phau ntawv no (los sis cov lus no) muaj ua lus Hmoob. Koj nug tau cov no uas hu tus xov tooj hu dawb saum toj no.

يتوفر هذا الكتيب(او هذه المعلومات) باللغة العربية. و يمكنك طلب نسخة
بواسطة الإتصال برقم الهاتف المجاني المبين أعلاه.

Դուք կարող եք ստանալ այս գրքույկը (կամ տեղեկությունը) հայերեն լեզվով՝ զանգահարելով վերը նշված անվճար հեռախոսահամարով:

ក្រុងសៀវភៅ(រពត៌មាន)នេះ អាចមានជាភាសាខ្មែរ។
អ្នកអាចសុំវាដោយគ្រាន់តែ ទូរស័ព្ទទៅកាន់លេខដែលឥតគិតថ្លៃ
ដូចបានរាយខាងលើ។

Данная брошюра также доступна на русском языке. Вы можете попросить предоставить ее вам, позвонив по бесплатному номеру телефона, указанному выше.

TAng buklet (o impormasyon) ay makukuha sa Tagalog. Maaari mo itong hilingin sa pamamagitan ng pagtawag sa walang bayad na telepono na nakalista sa itaas.

این دفترچه (یا اطلاعات) بزبان فارسی موجود است.
شما میتوانید از طریق شماره تلفن رایگان درج شده در
فوق آنرا درخواست کنید.

본 책자(또는 정보)는 한국어로 이용이 가능하며, 위에 수록된 무료전화번호로 연락하여 요청하실 수 있습니다.

DMH Website
www.dmh.co.la.ca.us

Introduction to Medi-Cal Mental Health Services

If you have trouble understanding this booklet, please call the MHP at (800) 854-7771 or (213) 738-4949 to find out about other ways you can get this important information.

Why Did I Get This Booklet And Why Is It Important?

You are getting this booklet because you are eligible for Medi-Cal and need to know about the mental health services that Los Angeles County offers and how to get these services if you need them.

If you are now getting services from Los Angeles County, this booklet just tells you more about how things work. This booklet tells you about mental health services, but does not change the services you are getting. You may want to keep this booklet so you can read it again.

If you are not getting services right now, you may want to keep this booklet in case you, or someone you know, need to know about mental health services in the future.

What Is A Mental Health Emergency?

An emergency is a serious mental or emotional problem such as:
When a person is a danger to himself, herself, or others because of what seems like a mental illness, or

When a person cannot get or use the food, shelter, or clothing they need because of what seems like a mental illness.

In an emergency, please call 9-1-1 or take the person to a hospital emergency room.

How Do I Use This Booklet?

This booklet will help you know what specialty mental health services are, who may receive them, and how you can get help from the Los Angeles County MHP.

This booklet has two sections. The first section tells you how to get help from the Los Angeles County MHP and how it works

The second section is from the State of California and gives you more general information about specialty mental health services. It tells you how to get other services, how to resolve problems, and what your rights are under the program.

This booklet also tells you how to get information about the doctors, clinics and hospitals that the Los Angeles County MHP uses to provide services and where they are located.

What is My County's Mental Health Plan (MHP)?

Mental health services are available to people on Medi-Cal, including children, young people, adults and older adults in Los Angeles County.

Sometimes these services are available through your regular doctor. Sometimes they are provided by a specialist, and called 'specialty' mental health services. These specialty services are provided through the Los Angeles County "Mental Health Plan" or MHP, which is separate from your regular doctor. The Los Angeles County MHP operates under rules set by the State of California and the federal government. Each county in California has its own MHP.

If you feel you have a mental health problem, you may contact the Los Angeles County MHP directly at (800) 854-7771. This is a toll-free telephone number that is available 24-hours a day, seven days a week. Verbal and oral interpretation of your rights, benefits and treatments is available in your preferred language. You do not need to see your regular doctor first or get permission or a referral before you call.

You may also request a State Fair Hearing. Please see page 26 in the State of California section of this booklet for more information.

If you believe you would benefit from specialty mental health services and are eligible for Medi-Cal, the Los Angeles County MHP will help you find out if you may get mental health treatments and services. If you would like more information about specific services, please see the sections on 'Services' on the State of California page 9 in this booklet.

What If I Have A Problem Getting Help?

If you have a problem getting help, please call the Los Angeles County MHP's 24-hour, toll-free phone number at (800) 854-7771. You may also call your county's Patient's Right Advocate at (213) 738-4949.

If that does not solve your problem, you may call the State of California's Ombudsman for help:
(800) 896-4042 - CA Only
(916) 654-3890
(800) 896-2512 TTY
FAX: (916) 653-9194
EMail: ombudsman@dmh.ca.gov

Medi-Cal Mental Health Services

Table of Contents

Los Angeles County

State of California

General Statewide Information

County Mental Health Plans

State of California *(Continued)*

State of California *(Continued)*

Problem Resolution Processes

Your Rights

How Services May Be Provided to You

Welcome to the Los Angeles County Mental Health Plan

We welcome you to Los Angeles County Mental Health Services, and to the Medi-Cal Mental Health Plan. The Department of Mental Health is proud to serve the people of Los Angeles County through a network of clinics, field services, and hospitals and other facilities operated by the County and contract agencies. We strive to provide quality, cost-effective care in the least restrictive settings in your local communities. This means doing all we can to make responsible use of public funding to meet the mental health needs in Los Angeles County. Please read this brochure carefully. It contains important information you need to know.

As your mental health services plan we will:

- Get answers to your questions about mental health treatment
- Tell you what mental health services are covered by Medi-Cal
- Determine what types of mental health services you need and help you get them
- Treat you with respect
- Ensure you receive services in a safe environment
- Help you get culturally competent care

As A Participant, You Also Have Specific Responsibilities:

- Give honest and complete information about your mental health needs
- Take an active part in your mental health treatment
- Keep your appointments as scheduled
- Call if you cannot keep your appointment
- Work on treatment goals with your provider

Important Telephone Numbers

Emergency	911
Mental Health Access	(800) 854-7771
Telecommunication Center	(562) 651-2549 ***(TDD/TTY)***
Beneficiary Services	(213) 738-4949
Patient's Rights Office	(800) 700-9996
Chief Information Privacy Officer	(213) 974-2164

How Do I Know If Someone Needs Help Right Away?

Even if there is no emergency, a person with mental health problems needs help right away if one or more of these things are true.

- Hearing or seeing things others believe are not there
- Extreme and frequent thoughts of, or talking about, death
- Giving away their things
- Threatening to kill themselves (suicide)
- Wanting to hurt themselves or others

If one or more of these things is true, call 911 or the Los Angeles County MHP at (800) 854-7771 (24-hours toll free). Mental Health workers are on-call 24-hours a day.

The other services that are sometimes needed are included in the list on pages 9 (adults) and 12 (children) in the State of California section of this booklet.

What Specialty Mental Health Services Does Los Angeles County Provide?

Mental Health Services Available To You:

- Psychiatric Inpatient Hospital Services – Specialty mental health services in the hospital.
- Psychiatry Services – Specialty mental health services from a mental health provider who is a licensed physician/doctor and specialized in psychiatry.
- Psychology Services – Specialty mental health services received from a licensed mental health provider that is a psychologist to diagnose and treat mental health disorders.
- Targeted Case Management – Specialty mental health services and activities that help people access and receive community services need to help establish and/or keep an independent way of life.
- Rehabilitative Services – Specialty mental health services that help people improve, maintain and restore daily living in the community.
- Psychiatric Nursing Facility Services – Specialty mental health services in settings that are licensed as a skilled nursing facility.

The services listed above are the services that Los Angeles County MHP thinks are most likely to help people who need mental health services. Sometimes other services may be needed. The other services that are sometimes needed are included in the list on pages 9 (adults) and 12 (children) in the State of California section of this booklet.

How Do I Get These Services?

Call the Los Angeles County MHP Access Telecommunication Center at **(800) 854-7771**. You'll then be referred to a provider and an appointment arranged for you. For TDD/ TTY service, call **(562) 651-2549**.

What Does It Mean To Be "Authorized" To Receive Mental Health Services And What Is The Amount, Duration And Scope Of Services Provided?

You, your provider and Los Angeles County MHP are all involved in deciding what services you need to receive through the MHP, including how often you will need services and for how long.

The Los Angeles County MHP may require your provider to ask the MHP to review the reasons the provider thinks you need services before they are provided. The Los Angeles County MHP uses a qualified mental health professional to do the review. This review process is called an MHP payment authorization process. The State requires the Los Angeles County MHP to have an authorization process for day treatment intensive, day rehabilitation, and therapeutic behavioral services (TBS).

The Los Angeles County MHP follows state rules for our MHP payment authorization process, which are described on page 3 in the State of California section of this booklet. If you would like more information on how Los Angeles County does MHP payment authorizations or when we require your provider to request an MHP payment authorization for services, please contact Los Angeles County MHP at **(213) 738-4949**.

How Do I Get More Information About Los Angeles County's Mental Health Services Including Doctors, Therapists, Clinics And Hospitals?

For a list of providers and additional information on the structure and operation of the Los Angeles MHP, call Beneficiary Services at **(213) 738-4949**, or visit the DMH website: www.dmh.co.la.ca.us.
You can also walk in to pick up information at the Department of Mental Health (550 S. Vermont Ave., Los Angeles, CA 90020). An advocate will meet with you to help answer your questions.

In What Other Languages And Formats Are These Materials Available?

The Los Angeles County MHP can provide materials in 10 threshold languages. Consumers can call ACCESS at **(800) 854-7771** and/or Patient's Rights **at (800) 700-9996/(213) 738-4949** for a list of providers who can meet his/her language need(s). Clients can also access the MHP website for a list of providers who provide services in their languages (MHP website: **www.dmh.co.la.ca.us**). The Los Angeles County MHP provides information for the visually and hearing impaired (e.g. large print documents or audio tapes) and utilizes the California Relay system and sign interpreters for the deaf or hearing impaired. Please call the Patient's Rights Office at **(800) 700-9996 or (213) 738-4888** or California Relay services at **(800) 735-2929**.

Can I See Any Doctor, Therapist, Clinic Or Hospital On Los Angeles County's "Provider List"?

You have the right to choose your provider. If the provider you select is not under the Los Angeles County MHP, the Los Angeles County MHP does not have jurisdiction in how the services are being provided by that particular provider. Also, some providers may not accept Medi-Cal for payment. It is your responsibility to inquire if the provider accepts Medi-Cal for payment prior to accessing services. If you choose to pay for the services not cover by Medi-Cal, there is no restriction as to the type of services you may receive.

If you have questions, please call ACCESS 24-hours a day at **(800) 854-7771** or Beneficiary Services **(213) 738-4949**.

What If I Want To Change Doctors, Therapists Or Clinics?

You can speak with the provider directly to request a change in doctors. If your request is not honored or the beneficiary feels that he needs further assistance, you can call Patient's Rights for assistance with your request.

How Can I Get A Copy of the "Provider" List?

Call Beneficiary Services at **(213) 738-4949** or pick up a provider list at the Department of Mental Health (550 S. Vermont Ave., Los Angeles, CA 90020).

Can I Use The "Provider List" To Find Someone To Help Me?

Beneficiary can request referrals for providers from either the ACCESS staff as well as staff in the Patient's Rights Office. You can also find providers in the areas where they wish to obtain services by accessing the Los Angeles County MHP website.

What If I Want To See A Doctor, Clinic Or Hospital That Is Not Listed On Los Angeles County's "Provider List"?

You have the right to choose your provider. If the provider you select is not under the Los Angeles County MHP, Los Angeles County MHP does not have jurisdiction in how the services are being provided by that particular provider. Also, some providers may not accept Medi-Cal for payment. It is your responsibility to inquire if the provider accepts Medi-Cal for payment prior to accessing services. If you choose to pay for the services not cover by Medi-Cal, there is no restriction as to the type of services provided.

If you have questions, please call ACCESS 24-hours a day at **(800) 854-7771** or **Beneficiary Services (213) 738-4949**.

What If I need Urgent-care Mental Health Services On A Weekend Or At Night?

Please call 911, or call ACCESS at (800) 854-7771, or go to the nearest emergency room.

You may also contact any of the organizations below, 24-hours a day, 7 days a week.

Suicide Prevention and Survivor Hotline	(877) 727-4747 (inside LA County)
	(310) 391-1253 (outside LA County)
Alzheimer's Association Helpline	(800) 660-1993
California Youth Crisis Hotline	(800) 843-5200
Child Abuse Hotline	(800) 540-4000
Domestic Violence – Sexual Assault Hotline	(800) 339-3940
Elder Abuse Hotline	(800) 992-1660
National HIV/AIDS Hotline	(800) 342-2437
Substance Abuse Hotline	(800) 564-6600 *(9 a.m. - 5 p.m. Monday - Friday)*

How Do I Get Mental Health Services That My Mental Health Provider Does Not Offer?

If the provider does not offer the mental health services you require, you may ask your provider for an appropriate referral. You can also call ACCESS for referrals for specialty mental health services at **(800) 854-7771/ (213) 738-4949.**

What If I Need To See A Doctor For Something Other Than Mental Health Treatment? How Are People Referred To Medi-Cal Services Other Than Mental Health Care In Los Angeles County?

If you need to see a doctor for something other than mental health treatment, ask your provider to give you a referral. You can also ask your regular health care provider for further information. You are also encouraged to look through your local yellow pages to find a medical doctor in their area.

***For more information on Grievances, Appeals and State Fair Hearings, please turn to the section about 'Problem** Resolution Processes' in the State of California page 22 in this booklet.*

What Can I Do If I Have A Problem Or Am Not Satisfied With My Mental Health Treatment?

If you have a concern or problem or are not satisfied with your mental health services, the MHP wants to be sure your concerns are resolved simply and quickly. Please contact Beneficiary Services (213) 738-4949 to find out how to resolve your concerns.

There are three ways you can work with the MHP to resolve concerns about services or other problems. You can file a grievance verbally or in writing with the MHP about any MHP related issue. You can file an appeal verbally (and follow up in writing) or in writing with the MHP. You can also file for a state fair hearing with the Department of Social Services.

For more information about how the MHP Grievance and Appeal processes and the State Fair Hearing process work, please turn to the section about Grievances, Appeals and State Fair Hearings on page 22 in the State of California section of this booklet.

Your problem will be handled as quickly and simply as possible. It will be kept confidential. You will not be subject to discrimination or any other penalty for filing a Grievance or Appeal or State Fair Hearing. You may authorize another person to act on your behalf in the Grievance, Appeal, or State Fair Hearing process.

What Is Beneficiary Services? What Does It Do? How Do I Contact The Staff?

Beneficiary Services is part of the Patient's Rights Office. Beneficiary Services staff can assist you with mental health services by providing information and referrals, assisting with problem resolution, and investigating grievances and appeals.

Patient Beneficiary Services staff may be reached at:
(213) 738-4949 for non-hospital grievances/appeals
(213) 738-4888 for hospital grievances/appeals

Does Los Angeles County Keep My Mental Health Records Private?

Yes, your personal health information is confidential and protected by State and Federal law. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. As required and when appropriate, we will ensure that the minimum necessary information is released in the course of your treatment.

General Statewide Information

Why Is It Important To Read This Booklet?

The first section of this booklet tells you how to get Medi-Cal mental health services through your county's Mental Health Plan.

This second section of the booklet tells you more about how the Medi-Cal program works, and about how Medi-Cal specialty mental health services work in all counties of the state.

If you don't read this section now, you may want to keep this booklet so you can read it later.

If you think you qualify for Medi-Cal and you think you need mental health services, call the Mental Health Plan in your county and say I want to find out about mental health services.

What Are Specialty Mental Health Services?

Specialty Mental health services are special health care services for people who have mental illness or emotional problems that the regular doctor cannot treat.

Some specialty mental health services include:

- Crisis counseling to help people who are having a serious emotional crisis
- Individual, group, or family therapy
- Rehabilitation or recovery services that help a person with mental illness to develop coping skills for daily living
- Special day programs for people with mental illnesses
- Prescriptions for medicines that help treat mental illness
- Help managing medicines that help treat mental illness
- Help to find the mental health services you need

Where Can I Get Mental Health Services?

You can get mental health services in the county where you live. Each county has a Mental Health Plan for children, teens, adults and older adults. Your county Mental Health Plan has mental health providers (doctors who are psychiatrists or psychologists, and others).

How Do I Get Services At My County Mental Health Plan?

Call your county Mental Health Plan and ask for services. You do not need to ask your regular doctor for permission, or get a referral. Just call the number for your county in the front of this booklet. The call is free.

You can also go to a federal qualified health center, a rural health center or an Indian health clinic in your area for Medi-Cal mental health services. (These are official names for different kinds of clinics in your area. If you are not sure about a clinic in your area, ask the clinic workers. These kinds of clinics generally serve people who do not have Medi-Cal insurance.)

As part of providing mental health services for you, your county Mental Health Plan is responsible for:

- Figuring out if someone is eligible for specialty mental health services from the MHP.
- Providing a toll-free phone number that is answered 24-hours a day and 7 days a week that can tell you about how to get services from the MHP.
- Having enough providers to make sure that you can get the specialty mental health services covered by the MHP if you need them.
- Informing and educating you about services available from your county's MHP.
- Providing you services in the language of your choice or by an interpreter (if necessary) free of charge and letting you know that these interpreter services are available.
- Providing you with written information about what is available to you in other languages or forms, depending upon the needs in your county.

Important Information About Medi-Cal

Who Can Get Medi-Cal?

You may qualify for Medi-Cal if you are in one of these groups:

- 65 years old, or older
- Under 21 years of age
- An adult, between 21 and 65 with a minor child living with you (a child who is not married and who is under the age of 21)
- Blind or disabled
- Pregnant
- Certain refugees, or Cuban/Haitian immigrants
- Receiving care in a nursing home

If you are not in one of these groups, call your county social service agency to see if you qualify for a county-operated medical assistance program.

You must be living in California to qualify for Medi-Cal. Call or visit your local county social services office to ask for a Medi-Cal application, or get one on the Internet at www.dhs.ca.gov/mcs/medi-calhome/MC210.htm

Do I Have To Pay For Medi-Cal?

You may have to pay for Medi-Cal depending on the amount of money you get or earn each month.

- If your income is less than Medi-Cal limits for your family size, you will not have to pay for Medi-Cal services.
- If your income is more than Medi-Cal limits for your family size, you will have to pay some money for your medical or mental health services. The amount that you pay is called your 'share of cost.' Once you have paid your 'share of cost,' Medi-Cal will pay the rest of your covered medical bills for that month. In the months that you don't have medical expenses, you don't have to pay anything.
- You may have to pay a 'co-payment' for any treatment under Medi-Cal. You may have to pay $1.00 each time you get a medical or mental health service or a prescribed drug (medicine) and $5.00 if you go to a hospital emergency room for your regular services.

Your provider will tell you if you need to make a co-payment.

Always take your Beneficiary Identification Card and health plan card, if you have one, when you go to the doctor, clinic, or hospital.

How Do I Get Medi-Cal Services That Are Not Covered By The Mental Health Plan?

There are two ways to get Medi-Cal services:

1. By joining a Medi-Cal managed care health plan.

If you are a member of a Medi-Cal managed care health plan:

- Your health plan needs to find a provider for you if you need health care.
- You get your health care through a health plan, an HMO (health maintenance organization) or a primary care case manager.
- You must use the providers and clinics in the health plan, unless you need emergency care.
- You may use a provider outside your health plan for family planning services.
- You can only join a health plan if you do not pay a share of cost.

2. From individual health care providers or clinics that take Medi-Cal.

- You get health care from individual providers or clinics that take Medi-Cal
- You must tell your provider that you have Medi-Cal before you first get services. Otherwise, you may be billed for those services.
- Individual health care providers and clinics do not have to see Medi-Cal patients, or may only see a few Medi-Cal patients.
- Everyone who has a share of cost (see page 3, State of California section) will get health care this way.

If you need mental health services that are not covered by the Mental Health Plan:

- And you are in a health plan, you may be able to get services from your health plan. If you need mental health services the health plan doesn't cover, your primary care provider at the health plan may be able to help you find a provider or clinic that can help you.
- Except in San Mateo County, your health plan's pharmacies will fill prescriptions to treat your mental illness, even if the prescriptions were written by the mental health plan's psychiatrist or will tell you how to get your prescription filled from a regular Medi-Cal pharmacy. (In San Mateo County, the mental health plan will fill your prescription.)
- And you are not in a health plan, you may be able to get services from individual providers and clinics that take Medi-Cal. Except in San Mateo County, any pharmacy that accepts Medi-Cal can fill prescriptions to treat your mental illness, even if the prescriptions were written by the MHP's psychiatrist. (In San Mateo County, the mental health plan will fill your prescription.)
- The Mental Health Plan may be able to help you find a provider or clinic that can help you or give you some ideas on how to find a provider or clinic.

If you have trouble getting to your medical or mental health appointments, the Medi-Cal program can help you find transportation.

Transportation

If you have trouble getting to your medical appointments or mental health appointments, the Medi-Cal program can help you find transportation.

- For children, the county Child Health and Disability Prevention (CHDP) program can help. Or, you may wish to contact your county's social services office. These phone numbers can be found in your local telephone book in the 'County Government' pages. You can also get information online by visiting www.dhs.ca.gov, then clicking on 'Services' and then 'Medi-Cal Information.'

- For adults, your county social services office can help. You can get information about your county's social services office by checking your local telephone book. Or you can get information online by visiting www.dhs.ca.gov, then clicking on 'Services' and then 'Medi-Cal Information.'

What Is The Child Health And Disability Prevention (CHDP) Program?

The CHDP program is a preventive health program serving California's children and youth from birth to age 21. CHDP makes early health care available to children and youth with health problems as well as to those who seem well. Children and youth can receive regular preventive health assessments. Children and youth with suspected problems are then referred for diagnosis and treatment. Many health problems can be prevented or corrected, or the severity reduced, by early detection and prompt diagnosis and treatment.

CHDP works with a wide range of health care providers and organizations to ensure that eligible children and youth receive appropriate services. These may include private physicians, local health departments, schools, nurse practitioners, dentists, health educators, nutritionists, laboratories, community clinics, nonprofit health agencies, and social and community service agencies. CHDP can also assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services.

You can find out more about CHDP by contacting your local county health department or visiting www.dhs.ca.gov/pcfh/cms/chdp.

Where Can I Get More Information?

You can get more information about mental health services by visiting the California Department of Mental Health's website at www.dmh.ca.gov. You can get more information about Medi-Cal by asking your county eligibility worker or by visiting www.dhs.ca.gov/mcs/medi-calhome.

In case of an emergency medical or psychiatric condition, call 9-1-1 or go to any emergency room for help.

Are You Having An Emergency?

An emergency medical condition has symptoms so severe (possibly including severe pain) that an average person could expect the following might happen at any moment:

- The health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) could be in serious trouble.
- Serious problems with bodily functions.
- Serious problems with any bodily organ or part.

An emergency psychiatric condition occurs when an average person thinks that someone:

- Is a current danger to himself or herself or another person because of what seems like a mental illness.
- Is immediately unable to provide or eat food, or use clothing or shelter because of a mental illness.

In case of an emergency medical or psychiatric condition, call 9-1-1 or go to any emergency room for help.

The Medi-Cal program will cover emergency conditions, whether the condition is medical or psychiatric (emotional or mental). If you are on Medi-Cal, you will not receive a bill to pay for going to the emergency room, even if it turns out to not be an emergency.

If you aren't sure if the condition is truly an emergency or if you're not sure whether the condition is medical or psychiatric, you may still go to the emergency room and let qualified medical professionals make the decision about what is needed. If the emergency room professionals decide there is a psychiatric emergency, you will be admitted to the hospital to receive immediate help from a mental health professional. If the hospital doesn't have the kind of services necessary, the hospital will find a hospital that does have the services.

A person may be helped through a mental health crisis by services from your county's Mental Health Plan (MHP) in ways other than going into the hospital. If you think you need help but don't think you need to go into the hospital, you can call your county MHP's toll-free phone number and ask for help.

What Kind Of Emergency-Related Services Are Provided?

Emergency services are paid for by Medi-Cal when you go to a hospital or use outpatient services (with no overnight stay involved) furnished in a hospital emergency room by a qualified provider (doctor, psychiatrist, psychologist or other mental health provider). They are needed to evaluate or stabilize someone in an emergency.

Your county's Mental Health Plan (MHP) should provide specific information about how emergency services are administered in your County. The following state and federal rules apply to emergency services covered by the MHP:

- The hospital does not need to get advance approval from the MHP (sometimes called "prior authorization") or have a contract with your MHP to get paid for the emergency services the hospital provides to you.
- The MHP needs to tell you how to get emergency services, including the use of 9-1-1.
- The MHP needs to tell you the location of any places where providers and hospitals furnish emergency services and post-stabilization services
- You can go to a hospital for emergency care if you believe there is a psychiatric emergency
- Specialty mental health services to treat your urgent condition are available 24 hours a day, seven days per week. (An urgent condition means a mental health crisis that would turn into an emergency if you do not get help very quickly.)
- You can receive these inpatient hospital services from the MHP on a voluntary basis, if you can be properly served without being involuntarily held. The state laws that cover voluntary and involuntary admissions to the hospital for mental illness are not part of state or federal Medi-Cal rules, but it may be important for you to know a little bit about them:
    1. Voluntary admission: This means you give your OK to go into and/or stay in the hospital.
    2. Involuntary admission: This means the hospital keeps you in the hospital for up to 72 hours without your OK. The hospital can do this when the hospital thinks you are likely to harm yourself or someone else or that you are unable to take care of your own food, clothing and housing needs. The hospital will tell you in writing what the hospital is doing for you and what your rights are. If the doctors treating you think you need to stay longer than 72 hours, you have a right to a lawyer and a hearing before a judge and the hospital will tell you how to ask for this.

Your county's Mental Health Plan (MHP) should pay for post-stabilization care services obtained within the MHP's provider list or coverage area. Your MHP will pay for such services if they are pre-approved by an MHP provider or other MHP representative.

Post-stabilization care services are covered services that are needed after an emergency. These services are provided after the emergency is over to continue to improve or resolve the condition.

Your MHP is financially responsible for (will pay for) post-stabilization care services to maintain, improve, or resolve the stabilized condition if:

- The MHP does not respond to a request from the provider for pre-approval within 1 hour
- The MHP cannot be contacted by the provider
- The MHP representative and the treating physician cannot reach an agreement concerning your care and an MHP physician is not available for consultation. In this situation, the MHP must give the treating physician the opportunity to consult with an MHP physician. The treating physician may continue with care of the patient until one of the conditions for ending post-stabilization care is met. The MHP must make sure you don't pay anything extra for post-stabilization care.

When Does My County MHP's Responsibility For Covering Post-Stabilization Care End?

Your county's MHP is NOT required to pay for post-stabilization care services that are not pre-approved when:

- An MHP physician with privileges at the treating hospital assumes responsibility for your care.
- An MHP physician assumes responsibility for your care through transfer.
- An MHP representative and the treating physician reach an agreement concerning your care (the MHP and the physician will follow their agreement about the care you need).
- You are discharged (sent home from the facility by a doctor or other professional).

ADULTS AND OLDER ADULTS

How Do I Know When I Need Help?

Many people have difficult times in life and may experience mental health problems. While many think major mental and emotional disorders are rare, the truth is one in five individuals will have a mental (psychiatric) disorder at some point in their life. Like many other illnesses, mental illness can be caused by many things.

The most important thing to remember when asking yourself if you need professional help is to trust your feelings. If you are eligible for Medi-Cal and you feel you may need professional help, you should request an assessment from your county's MHP to find out for sure.

What Are Signs I May Need Help?

If you can answer 'yes' to one or more of the following AND these symptoms persist for several weeks AND they significantly interfere with your ability to function daily, AND the symptoms are not related to the abuse of alcohol or drugs. If this is the case, you should consider contacting your county's Mental Health Plan (MHP).

A professional from the MHP will determine if you need specialty mental health services from the MHP. If a professional decides you are not in need of specialty mental health services, you may still be treated by your regular medical doctor or primary care provider, or you may appeal that decision (see page 23).

You may need help if you have SEVERAL of the following feelings:

- Depressed (or feeling hopeless or helpless or worthless or very down) most of the day, nearly every day
- Loss of interest in pleasurable activities
- Weight loss or gain of more than 5% in one month
- Excessive sleep or lack of sleep
- Slowed or excessive physical movements
- Fatigue nearly every day
- Feelings of worthlessness or excessive guilt
- Difficulty thinking or concentrating or making a decision
- Decreased need for sleep – feeling 'rested' after only a few hours of sleep
- 'Racing' thoughts too fast for you to keep up with
- Talking very fast and can't stop talking
- Feel that people are 'out to get you'
- Hear voices and sounds others do not hear
- See things others do not see
- Unable to go to work or school

If you feel you have several of the signs listed, and feel this way for several weeks, you may want to be assessed by a professional. If you are not sure, you should ask your family doctor or other health care professional for their opinion.

- Do not care about personal hygiene (being clean)
- Have serious relationship problems
- Isolate or withdraw from other people
- Cry frequently and for 'no reason'
- Are often angry and 'blow up' for 'no reason'
- Have severe mood swings
- Feel anxious or worried most of the time
- Have what others call strange or bizarre behaviors

What Services Are Available?

As an adult on Medi-Cal, you may be eligible to receive specialty mental health services from the MHP. Your MHP is required to help you determine if you need these services. Some of the services your county's MHP is required to make available, if you need them, include:

Mental Health Services – These services include mental health treatment services, such as counseling and psychotherapy, provided by psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists and psychiatric nurses. Mental health services may also be called rehabilitation or recovery services, and they help a person with mental illness to develop coping skills for daily living. Mental health services can be provided in a clinic or provider office, over the phone, or in the home or other community setting.

- These services may sometimes be provided to one person at a time (individual therapy or rehabilitation), two or more people at the same time (group therapy or group rehabilitation services), and to families (family therapy).

Medication Support Services – These services include the prescribing, administering, dispensing and monitoring of psychiatric medicines; medication management by psychiatrists, and education and monitoring related to psychiatric medicines. Medication support services can be provided in a clinic or provider office, over the phone, or in the home or other community setting.

Targeted Case Management – This service helps with getting medical, educational, social, prevocational, vocational, rehabilitative, or other community services when these services may be hard for people with mental illness to do on their own. Targeted case management includes plan development; communication, coordination, and referral; monitoring service delivery to ensure the person's access to service and the service delivery system; and monitoring of the person's progress.

Crisis Intervention and Crisis Stabilization – These services provide mental health treatment for people with a mental health problem that can't wait for a regular, scheduled appointment. Crisis intervention can last up to eight hours and can be provided in a clinic or provider office, over the phone, or in the home or other community setting. Crisis stabilization can last up to 20 hours and is provided in a clinic or other facility site.

Adult Residential Treatment Services – These services provide mental health treatment for people who are living in licensed facilities that provide residential services for people with mental illness. These services are available 24-hours a day, seven days a week. Medi-Cal doesn't cover the room and board cost to be in the facility that offers adult residential treatment services.

Crisis Residential Treatment Services – These services provide mental health treatment for people having a serious psychiatric episode or crisis, but who do not present medical complications requiring nursing care. Services are available 24-hours a day, seven days a week in licensed facilities that provide residential crisis services to people with mental illness. Medi-Cal doesn't cover the room and board cost to be in the facility that offers adult residential treatment services.

Day Treatment Intensive - This is a structured program of mental health treatment provided to a group of people who might otherwise need to be in the hospital or another 24-hour care facility. The program lasts at least three hours a day. People can go to their own homes at night. The program includes skill-building activities (life skills, socialization with other people, etc.) and therapies (art, recreation, music, dance, etc.), as well as psychotherapy.

Day Rehabilitation – This is a structured program of mental health treatment to improve, maintain or restore independence and functioning. The program is designed to help people with mental illness learn and develop skills. The program lasts at least three hours per day. People go to their own homes at night. The program includes skill-building activities (life skills, socialization with other people, etc.) and therapies (art, recreation, music, dance, etc.).

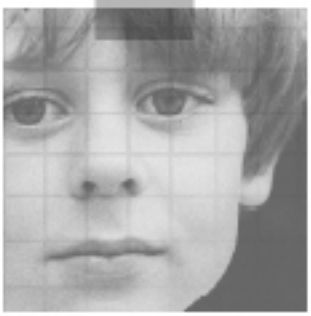
Each county's MHP may have slightly different ways of making these services available, so please consult the front section of this booklet for more information, or contact your MHP's toll-free phone number to ask for additional information.

Psychiatric Inpatient Hospital Services – These are services provided in a hospital where the person stays overnight either because there is a psychiatric emergency or because the person needs mental health treatment that can only be done in the hospital.

Psychiatric Health Facility Services – These services are provided in a hospital-like setting where the person stays overnight either because there is a psychiatric emergency or because the person needs mental health treatment that can only be done in a hospital-like setting. Psychiatric health facilities must have an arrangement with a nearby hospital or clinic to meet the physical health care needs of the people in the facility.

These services also include work that the provider does to help make the services work better for the person receiving the services. These kinds of things include assessments to see if you need the service and if the service is working; plan development to decide the goals of the person's mental health treatment and the specific services that will be provided; "collateral", which means working with family members and important people in the person's life (if the person gives permission) if it will help the person improve or maintain his or her mental health status.

How Do I Know When A Child Needs Help?



For children from birth to age 5, there are signs that may show a need for specialty mental health services. These include:

- Parents who feel overwhelmed by being a parent or who have mental health problems
- A major source of stress in the family, such as divorce or death of a family member
- Abuse of alcohol or other drugs by someone in the house
- Unusual or difficult behavior by the child
- Violence or disruption in the house

If one of the above conditions is present in a house where a child up to age 5 is living, specialty mental health services may be needed. You should contact your county's MHP to request additional information and an assessment for services to see if the MHP can help you.

For school-age children, the following checklist includes some signs that should help you decide if your child would benefit from mental health services. Your child:

- Displays unusual changes in emotions or behavior
- Has no friends or has difficulty getting along with other children
- Is doing poorly in school, misses school frequently or does not want to attend school
- Has many minor illnesses or accidents
- Is very fearful
- Is very aggressive
- Does not want to be away from you
- Has many disturbing dreams
- Has difficulty falling asleep, wakes up during the night, or insists on sleeping with you
- Suddenly refuses to be alone with a certain family member or friend or acts very disturbed when the family member or friend is present
- Displays affection inappropriately or makes abnormal sexual gestures or remarks
- Becomes suddenly withdrawn or angry
- Refuses to eat
- Is frequently tearful

You may contact your county's MHP for an assessment for your child if you feel he or she is showing any of the signs above. If your child qualifies for Medi-Cal and the MHP's assessment indicates that specialty mental health services covered by the MHP are needed, the MHP will arrange for the child to receive the services.

How Do I Know When An Adolescent Or Young Person Needs Help?

Adolescents (12-18 years of age) are under many pressures facing teens. Young people aged 18 to 21 are in a transitional age with their own unique pressures and, since they are legally adults, are able to seek services as adults.

Some unusual behavior by an adolescent or young person may be related to the physical and psychological changes taking place as they become an adult. Young adults are establishing a sense of self-identity and shifting from relying on parents to independence. A parent or concerned friend, or the young person may have difficulty deciding between what 'normal behavior' is and what may be signs of emotional or mental problems that require professional help.

Some mental illnesses can begin in the years between 12 and 21. The checklist below should help you decide if an adolescent requires help. If more than one sign is present or persists over a long period of time, it may indicate a more serious problem requiring professional help. If an adolescent:

- Pulls back from usual family, friend and/or normal activities
- Experiences an unexplained decline in school work
- Neglects their appearance
- Shows a marked change in weight
- Runs away from home
- Has violent or very rebellious behavior
- Has physical symptoms with no apparent illness
- Abuses drugs or alcohol

A young person aged 18 to 21 should look at the list to the right and at the list of issues for adults on page 9 and 10 to help decide if mental health services may be needed.

Parents or caregivers of adolescents or the adolescent may contact the county's MHP for an assessment to see if mental health services are needed. As an adult, a young person (age 18 to 20) may ask the MHP for an assessment. If the adolescent or young person qualifies for Medi-Cal and the MHP's assessment indicates that specialty mental health services covered by the MHP are needed, the MHP will arrange for the adolescent or young person to receive the services.

What Services Are Available?

The same services that are available for adults are also available for children, adolescents and young people. The services that are available are mental health services, medication support services, targeted case management, crisis intervention, crisis stabilization, day treatment intensive, day rehabilitation, adult residential treatment services, crisis residential treatment services, psychiatric inpatient hospital services, and psychiatric health facility services. MHPs also cover additional special services that are only available to children, adolescents and young people under age 21 and eligible for full-scope Medi-Cal (full-scope Medi-Cal means that Medi-Cal coverage isn't limited to a specific type of services, for example, emergency services only). Each county's MHP may have slightly different ways of making these services available, so please consult the front section of this booklet for more information, or contact your MHP's toll-free phone number to ask for additional information.

Are There Special Services Available For Children, Adolescents And Young Adults?

There are special services available from the MHP for children, adolescents and young people called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) supplemental specialty mental health services. These EPSDT services include a service called Therapeutic Behavioral Services or TBS, which is described in the next section, and also include new services as they are identified by experts in mental health treatment as services that really work. These services are available from the MHP if they are needed to correct or ameliorate (improve) the mental health for a person under the age of 21 who is eligible for full-scope Medi-Cal and has a mental illness covered by the MHP (see page 10 for information on the mental illnesses covered by the MHP).

The MHP is not required to provide these special services if the MHP decides that one of the regular services covered by the MHP is available and would meet the child, adolescent, or young person's needs. The MHP is also not required to provide these special services in home and community settings if the MHP determines the total cost of providing the special services at home or in the community is greater than the total cost of providing similar services in an otherwise appropriate institutional level of care.

What Are Therapeutic Behavioral Services (TBS)?

TBS are a type of specialty mental health service available through each county's MHP if you have serious emotional problems. You must be under 21 and have full-scope Medi-Cal to get TBS.

- If you are living at home, the TBS staff person can work one-to-one with you to reduce severe behavior problems to try to keep you from needing to go to a higher level of care, such as a group home for children, adolescents and young people with very serious emotional problems.
- If you are living in a group home for children, adolescents and young people with very serious emotional problems, a TBS staff person can work with you so you may be able to move to a lower level of care, such as a foster home or back home. TBS will help you and your family, caregiver or guardian learn new ways of controlling problem behavior and ways of increasing the kinds of behavior that will allow you to be successful. You, the TBS staff person, and your family, caregiver or guardian will work together very intensively for a short period of time, until you no longer need TBS. You will have a TBS plan that will say what you, your family, caregiver or guardian, and the TBS staff person will do during TBS, and when and where TBS will occur. The TBS staff person can work with you in most places where you are likely to need help with your problem behavior. This includes your home, foster home, group home, school, day treatment program and other areas in the community.

Who Can Get TBS?

You may be able to get TBS if you have full scope Medi-Cal, are under 21 years old, have serious emotional problems AND:

- Live in a group home for children, adolescents and young people with very serious emotional problems. [These group homes are sometimes called Rate Classification Level (RCL) 12, 13 or 14 group homes]; OR
- Live in a state mental health hospital, a nursing facility that specializes in mental health treatment or a Mental Health Rehabilitation Center (these places are also called institutions for mental diseases or IMDs); OR
- Are at risk of having to live in a group home (RCL 12, 13 or 14), a mental health hospital or IMD; OR
- Have been hospitalized, within the last 2 years, for emergency mental health problems.

Are There Other Things That Must Happen For Me To Get TBS?

Yes. You must be getting other specialty mental health services. TBS adds to other specialty mental health services. It doesn't take the place of them. Since TBS is short term, other specialty mental health services may be needed to keep problems from coming back or getting worse after TBS has ended.

TBS is NOT provided if the reason it is needed is:

- Only to help you follow a court order about probation
- Only to protect your physical safety or the safety of other people
- Only to make things easier for your family, caregiver, guardian or teachers
- Only to help with behaviors that are not part of your mental health problems

You cannot get TBS while you are in a mental health hospital, an IMD, or locked juvenile justice setting, such as a juvenile hall. If you are in a mental health hospital or an IMD, though, you may be able to leave the mental hospital or IMD sooner, because TBS can be added to other specialty mental health services to help you stay in a lower level of care (home, a foster home or a group home).

How Do I Get TBS?

If you think you may need TBS, ask your psychiatrist, therapist or case manager, if you already have one, or contact the MHP and request services. A family member, caregiver, guardian, doctor, psychologist, counselor or social worker may call and ask for information about TBS or other specialty mental health services for you. You may also call the MHP and ask about TBS.

Who Decides If I Need TBS And Where Can I Get Them?

The MHP decides if you need specialty mental health services, including TBS. Usually an MHP staff person will talk with you, your family, caregiver or guardian, and others who are important in your life and will make a plan for all the mental health services you need, including a TBS plan if TBS is needed. This may take one or two meetings face-to-face, sometimes more. If you need TBS, someone will be assigned as your TBS staff person.

What Should Be In My TBS Plan?

Your TBS plan will spell out the problem behaviors that need to change and what the TBS staff person, you and sometimes your family, caregiver or guardian will do when TBS happens. The TBS plan will say how many hours a day and the number of days a week the TBS staff person will work with you and your family, caregiver or guardian. The hours in the TBS plan may be during the day, early morning, evening or night. The days in the TBS plan may be on weekends as well as weekdays. The TBS plan will say how long you will receive TBS. The TBS plan will be reviewed regularly. TBS may go on for a longer period of time, if the review shows you are making progress but need more time.

What is ‘Medical Necessity’ And Why Is It So Important?

One of the conditions necessary for receiving specialty mental health services through your county’s MHP is something called ‘medical necessity.’ This means a doctor or other mental health professional will talk with you to decide if there is a medical need for services, and if you can be helped by services if you receive them.

The term ‘medical necessity’ is important because it will help decide what kind of services you may get and how you may get them. Deciding ‘medical necessity’ is a very important part of the process of getting specialty mental health services.

What Are The ‘Medical Necessity’ Criteria For Coverage Of Specialty Mental Health Services Except For Hospital Services?

As part of deciding if you need specialty mental health services, your county’s MHP will work with you and your provider to decide if the services are a ‘medical necessity,’ as explained above. This section explains how your MHP will make that decision.

You don’t need to know if you have a diagnosis, or a specific mental illness, to ask for help. Your county MHP will help you get this information with an ‘assessment.’ There are four conditions your MHP will look for to decide if your services are a ‘medical necessity’ and qualify for coverage by the MHP:

(1) You must be diagnosed by the MHP with one of the following mental illnesses as described in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association:

- Pervasive Developmental Disorders, except Autistic Disorders
- Disruptive Behavior and Attention Deficit Disorders
- Feeding and Eating Disorders of Infancy and Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorder
- Eating Disorders
- Impulse Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality Disorder
- Medication-Induced Movement Disorders related to other included diagnoses

You don't need to know your diagnosis to ask the MHP for an assessment to see if you need specialty mental health services from the MHP.

AND

(2) You must have at least one of the following problems as a result of the diagnosis:

- A significant difficulty in an important area of life functioning
- A probability of significant deterioration in an important area of life functioning
- Except as provided in the section for people under 21 years of age, a probability that a child will not progress developmentally as individually appropriate

AND

(3) The expectation is that the proposed treatment will:

- Significantly reduce the problem
- Prevent significant deterioration in an important area of life-functioning
- Allow a child to progress developmentally as individually appropriate

AND

(4) The condition would not be responsive to physical health care based treatment.

If you do NOT meet these criteria, it does not mean that you cannot receive help. Help may be available from your regular Medi-Cal doctor, or through the standard Medi-Cal program.

When the requirements of this 'medical necessity' section are met, you are eligible to receive specialty mental health services from the MHP.

What Are The 'Medical Necessity' Criteria For Covering Specialty Mental Health Services For People Under 21 Years Of Age?

If you are under the age of 21, have full-scope Medi-Cal and have one of the diagnoses listed in (1) above, but don't meet the criteria in (2) and (3) above, the MHP would need to work with you and your provider to decide if mental health treatment would correct or ameliorate (improve) your mental health. If services covered by the MHP would correct or improve your mental health, the MHP will provide the services.

What Are The 'Medical Necessity' Criteria For Reimbursement Of Psychiatric Inpatient Hospital Services?

One way that your MHP decides if you need to stay overnight in the hospital for mental health treatment is how 'medically necessary' it is for your treatment. If it is medically necessary, as explained above, then your MHP will pay for your stay in the hospital. An assessment will be made to help make this determination.

If you need these hospital services, your MHP pays for an admission to the hospital, if you meet the conditions to the right, called medical necessity criteria.

When you and the MHP or your MHP provider plan for your admission to the hospital, the MHP will decide about medical necessity before you go to the hospital. More often, people go to the hospital in an emergency and the MHP and the hospital work together to decide about medical necessity. You don't need to worry about whether or not the services are medically necessary if you go to the hospital in an emergency (see State of California section page 6 for more information about how emergencies are covered).

If you have mental illness or symptoms of mental illness and you cannot be safely treated at a lower level of care, and, because of the mental illness or symptoms of mental illness, you:

- Represent a current danger to yourself or others, or significant property destruction
- Are prevented from providing for or using food, clothing or shelter
- Present a severe risk to the your physical health
- Have a recent, significant deterioration in ability to function, and
- Need psychiatric evaluation, medication treatment, or other treatment that can only be provided in the hospital.

Your county's MHP will pay for a longer stay in a psychiatric inpatient hospital if you have one of the following:

- The continued presence of the 'medical necessity' criteria as described above
- A serious and negative reaction to medications, procedures or therapies requiring continued hospitalization
- The presence of new problems which meet medical necessity criteria
- The need for continued medical evaluation or treatment that can only be provided in a psychiatric inpatient hospital

Your county's MHP can have you released from a psychiatric inpatient (overnight stay) hospital when your doctor says you are stable. This means when the doctor expects you would not get worse if you were transferred out of the hospital.

Notice of Action

What Is A Notice Of Action?

A Notice of Action, sometimes called an NOA, is a form that your county's Mental Health Plan (MHP) uses to tell you when the MHP makes a decision about whether or not you will get Medi-Cal specialty mental health services. A Notice of Action is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you didn't get services within the MHP's timeline standards for providing services.

When Will I Get A Notice Of Action?

You will get a Notice of Action:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. See page 17 for information about medical necessity.
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service. Most of the time you will receive a Notice of Action before you receive the service, but sometimes the Notice of Action will come after you already received the service, or while you are receiving the service. If you get a Notice of Action after you have already received the service you do not have to pay for the service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP does not provide services to you based on the timelines the MHP has set up. Call your county's MHP to find out if the MHP has set up timeline standards.
- If you file a grievance with the MHP and the MHP does not get back to you with a written decision on your grievance within 60 days. See page 28 for more information on grievances.
- If you file an appeal with the MHP and the MHP does not get back to you with a written decision on your appeal within 45 days or, if you filed an expedited appeal, within three working days. See page 23 for more information on appeals.

Please see the next section in this booklet on the Problem Resolution Processes for more information on grievances, appeals and State Fair Hearings.

Will I Always Get A Notice Of Action When I Don't Get The Services I Want?

There are some cases where you may not receive a Notice of Action. If you and your provider agree on the services you need, you will not get a Notice of Action from the MHP. If you think the MHP is not providing services to you quickly enough, but the MHP hasn't set a timeline, you won't receive a Notice of Action.

You may still file an appeal with the MHP or if you have completed the Appeals process, you can request a state fair hearing when these things happen. Information on how to file an appeal or request a fair hearing is included in this booklet starting on page 22. Information should also be available in your provider's office.

What Will The Notice Of Action Tell Me?

The Notice of Action will tell you:

- What your county's MHP did that affects you and your ability to get services.
- The effective date of the decision and the reason the MHP made its decision.
- The state or federal rules the MHP was following when it made the decision.
- What your rights are if you do not agree with what the MHP did.
- How to file an appeal with the MHP.
- How to request a State Fair Hearing.
- How to request an expedited appeal or an expedited fair hearing.
- How to get help filing an appeal or requesting a State Fair Hearing.
- How long you have to file an appeal or request a State Fair Hearing.
- If you are eligible to continue to receive services while you wait for an Appeal or State Fair Hearing decision.
- When you have to file your Appeal or State Fair Hearing request if you want the services to continue.

You should decide if you agree with what the MHP says on the form. If you decide that you don't agree, you can file an Appeal with your MHP, or after completing the Appeal process, you can request a State Fair Hearing, being careful to file on time. Most of the time, you will have 90 days to request a State Fair Hearing or file an Appeal.

What Should I Do When I Get A Notice Of Action?

When you get a Notice of Action you should read all the information on the form carefully. If you don't understand the form, your MHP can help you. You may also ask another person or Beneficiary Services at (213) 738-4949 to help you.

If the Notice of Action form tells you that you can continue services while you are waiting for a State Fair Hearing decision, you must request the state fair hearing within 10 days from the date the Notice of Action was mailed or personally given to you or, if the Notice of Action is sent more than 10 days before the effective date for the change in services, before the effective date of the change.

While the majority of counties may handle the Problem Resolution Process in the way stated, there may be some differences among counties in the way things are handled. See specific information on your county in the front of this booklet.

What If I Don't Get the Services I Want From My County MHP?

Your county's MHP has a way for you to work out a problem about any issue related to the specialty mental health services you are receiving. This is called the problem resolution process and it could involve either:

1. The Grievance Process- an expression of unhappiness about anything regarding your specialty mental health services that is not one of the problems covered by the Appeal and State Fair Hearing processes.
2. The Appeal Process - review of a decision (denial or changes to services) that was made about your specialty mental health services by the MHP or your provider.

Or, once you have completed the problem resolution process at the MHP you can file for:

3. The State Fair Hearing Process- review to make sure you receive the mental health services which you are entitled to under the Medi-Cal program.

Your MHP will provide grievance and appeal forms and self addressed envelopes for you at all provider sites, and you should not have to ask anyone to get one. Your county's MHP must post notices explaining the grievance and appeal process procedures in locations at all provider sites, and make language interpreting services available at no charge, along with toll-free numbers to help you during normal business hours.

The State's Mental Health Ombudsman Services can be reached at (800) 896-4042 (interpreter services are available) or TTY (800) 896-2512, by sending a fax to (916) 653-9194, or by e-mailing to ombudsman@dmh.ca.gov.

Filing a grievance or appeal or a State Fair Hearing will not count against you. When your grievance or appeal is complete, your county's MHP will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and others involved of the final outcome.

Can I Get Help To File An Appeal, Grievance Or State Fair Hearing?

Your county's MHP will have people (Beneficiary Services staff at (213) 738-4949) available to explain these processes to you and to help you report a problem either as a Grievance, an Appeal, or as a request for State Fair Hearing. They may also help you know if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability are at risk. You may also authorize another person to act on your behalf, including your mental health care provider.

What If I Need Help To Solve A Problem With My MHP But Don't Want To File A Grievance Or Appeal?

You can get help from the State if you are having trouble finding the right people at the MHP to help you find your way through the MHP system. The State has a Mental Health Ombudsman Services program that can provide you with information on how the MHP system works, explain your rights and choices, help you solve problems with getting the services you need, and refer you to others at the MHP or in your community who may be of help.

Your MHP is responsible for allowing you to request a review of a decision that was made about your specialty mental health services by the MHP or your providers. There are two ways you can request a review. One way is using the standard Appeals process. The second way is by using the expedited Appeals process. These two forms of Appeals are similar; however, there are specific requirements to qualify for an expedited Appeal. The specific requirements are explained below.

What Is A Standard Appeal?

A Standard Appeal is a request for review of a problem you have with the MHP or your provider that involves denial or changes to services you think you need. If you request a standard Appeal, the MHP may take up to 45 days to review it. If you think waiting 45 days will put your health at risk, you should ask for an 'expedited Appeal.'

The standard appeals process will:

- Allow you to file an Appeal in person, on the phone, or in writing. If you submit your Appeal in person or on the phone, you must follow it up with a signed written Appeal. You can get help to write the Appeal. If you do not follow-up with a signed written Appeal, your Appeal will not be resolved. However, the date that you submitted the oral Appeal is the filing date.
- Ensure filing an Appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.
- Have your benefits continued upon request for an Appeal within the required timeframe, which is 10 days from the date your Notice of Action was mailed or personally given to you. You do not have to pay for continued services while the Appeal is pending.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process, before and during the appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
- Allow you, your representative, or the legal representative of a deceased beneficiary's estate to be included as parties to the appeal.
- Let you know your appeal is being reviewed by sending you written confirmation
- Inform you of your right to request a State Fair Hearing, following the completion of the Appeal process.

When Can I File An Appeal?

You can file an appeal with your county's MHP:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. (See page 17 for information about medical necessity.)
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP doesn't provide services to you based on the timelines the MHP has set up.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the services you need

How Can I File An Appeal?

Call Beneficiary Services staff at (213) 738-4949 to get help with filing an appeal. The MHP will provide self-addressed envelopes at all provider sites for you to mail in your appeal.

How Do I Know If My Appeal Has Been Decided?

Your MHP will notify you or your representative in writing about their decision for your appeal. The notification will have the following information:

- The results of the appeal resolution process
- The date the appeal decision was made
- If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a state fair hearing and the procedure for filing a state fair hearing.

Is There A Deadline To File An Appeal?

You must file an appeal within 90 days of the date of the action you're appealing when you get a notice of action (see page 20). Keep in mind that you will not always get a notice of action. There are no deadlines for filing an appeal when you do not get a notice of action; so you may file at any time.

When Will A Decision Be Made About My Appeal?

The MHP must decide on your appeal within 45 calendar days from when the MHP receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay is for your benefit is when the MHP thinks it might be able to approve your appeal if the MHP had a little more time to get information from you or your provider.

What If I Can't Wait 45 Days For My Appeal Decision?

The appeal process may be faster if it qualifies for the expedited appeals process. (Please see the section on Expedited Appeals below.)

What Is An Expedited Appeal?

An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a similar process than the standard appeals process. However,

- Your appeal has to meet certain requirements (see below).
- The expedited appeals process also follows different deadlines than the standard appeals.
- You can make a verbal request for an expedited appeal. You do not have to put your expedited appeal request in writing.

When Can I File an Expedited Appeal?

If you think that waiting up to 45 days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited appeal. If the MHP agrees that your appeal meets the requirements for an expedited appeal, your MHP will resolve your expedited appeal within 3 working days after the MHP receives the expedited appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is in your interest. If your MHP extends the timeframes, the MHP will give you a written explanation as to why the timeframes were extended.

If the MHP decides that your appeal does not qualify for an expedited appeal, your MHP will notify you right away orally and will notify you in writing within 2 calendar days. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the MHP's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance (see the description of the grievance process below).

Once your MHP resolves your expedited appeal, the MHP will notify you and all affected parties orally and in writing.

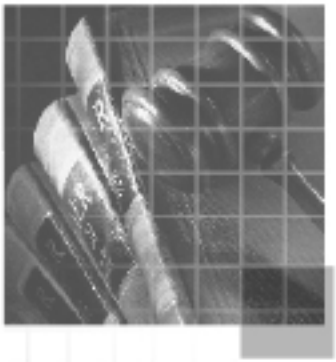
THE State Fair Hearing PROCESSES
(Standard and Expedited)

What Is A State Fair Hearing?

A State Fair Hearing is an independent review conducted by the California Department of Social Services to ensure you receive the specialty mental health services to which you are entitled under the Medi-Cal program.

What Are My State Fair Hearing Rights?

You have the right to:



- Have a hearing before the California Department of Social Services (also called a State Fair Hearing)
- Be told about how to ask for a State Fair Hearing
- Be told about the rules that govern representation at the State Fair Hearing
- Have your benefits continued upon your request during the State Fair Hearing process if you ask for a State Fair Hearing within the required timeframes

When Can I File For A State Fair Hearing?

You can file for a State Fair Hearing:

- If you have competed the MHP's Grievance and/or Appeals process.
- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. (See page 17 for information about medical necessity.)
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP doesn't provide services to you based on the timelines the MHP has set up.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the services you need

How Do I Request A State Fair Hearing?

You can request a State Fair Hearing directly from the California Department of Social Services. You can ask for a State Fair Hearing by writing to:

State Hearing Division
California Department of Social Services
P.O. Box 9424443, Mail Station 19-37
Sacramento, CA 94244-2430

To request a State Fair Hearing, you may also call (800) 952-5253, send a fax to (916) 229-4110, or write to the Department of Social Services/State Hearings Division, P.O. Box 944243, Mail Station 19-37, Sacramento, CA 94244-2430. You may also call Beneficiary Services at (213) 738-4949 if you need help requesting a State Fair Hearing.

Is There a Deadline for Filing For A State Fair Hearing?

If you didn't receive a notice of action, you may file for a State Fair Hearing at any time.

Can I Continue Services While I'm Waiting For A State Fair Hearing Decision?

You can continue services while you're waiting for a State Fair Hearing decision if your provider thinks specialty mental health service you are already receiving needs to continue and asks the MHP for approval to continue, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service the provider requested. You will always receive a Notice of Action from the MHP when this happens. Additionally, you will not have to pay for services given while the State Fair Hearing is pending.

What Do I Need To Do if I Want to Continue Services While I'm Waiting For A State Fair Hearing Decision?

If you want services to continue during the State Fair Hearing process, you must request a State Fair Hearing within 10 days from the date your notice of action was mailed or personally given to you.

What If I Can't Wait 90 Days For My State Fair Hearing Decision?

You may ask for an expedited (quicker) State Fair Hearing if you think the normal 90-day time frame will cause serious problems with your mental health, including problems with your ability to gain, maintain, or regain important life functions. The Department of Social Services, State Hearings Division, will review your request for an expedited State Fair Hearing and decide if it qualifies. If your expedited hearing request is approved, a hearing will be held and a hearing decision will be issued within 3 working days of the date your request is received by the State Hearings Division.

THE Grievance PROCESS

In 2003, some of the words used to describe the MHP processes to help you solve problems with the MHP changed. You may no longer request a State Fair Hearing at any time during the Grievance or Appeals process.

What Is A Grievance?

A grievance is an expression of unhappiness about anything regarding your specialty mental health services that are not one of the problems covered by the Appeal and State Fair Hearing processes (see pages 23 and 26 for information on the Appeal and State Fair Hearing processes).

The grievance process will:

- Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.
- Identify the roles and responsibilities of you, your MHP and your provider
- Provide resolution for the grievance in the required timeframes.

When Can I File A Grievance?

You can file a grievance with the MHP if you are unhappy with the specialty mental health services you are receiving from the MHP or have another concern regarding the MHP.

How Can I File A Grievance?

Call Beneficiary Services at (213) 738-4949. The MHP will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

How Do I Know If The MHP Received My Grievance?

Your MHP will let you know that it received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

The MHP must make a decision about your grievance within 60 calendar days from the date you filed your grievance. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the MHP thinks it might be able to approve your grievance if the MHP had a little more time to get information from you or other people involved.

How Do I Know If The MHP Has Made a Decision About My Grievance?

When a decision has been made regarding your grievance, the MHP will notify you or your representative in writing of the decision. If your MHP fails to notify you or any affected parties of the grievance decision on time, then the MHP will provide you with a notice of action advising you of your right to request a State Fair Hearing. Your MHP will provide you with a notice of action on the date the timeframe expires.

Is There A Deadline To File To A Grievance?

You may file a grievance at any time.

What Are My Rights?

As a person eligible for Medi-Cal, you have a right to receive medically necessary specialty mental health services from the MHP. When accessing these services, you have the right to:

- Be treated with personal respect and respect for your dignity and privacy.
- Receive information on available treatment options and alternatives; and have them presented in a manner you can understand.
- Participate in decisions regarding your mental health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, punishment or retaliation as specified in federal rules about the use of restraints and seclusion in facilities such as hospitals, nursing facilities and psychiatric residential treatment facilities where you stay overnight for treatment.
- Request and receive a copy of your medical records, and request that they be amended or corrected
- Receive the information in this booklet about the services covered by the MHP, other obligations of the MHP and your rights as described here. You also have the right to receive this information and other information provided to you by the MHP in a form that is easy to understand. This means, for example, that the MHP must make its written information available in the languages that are used by at least 5 percent or 3,000, which ever is less, of Medi-Cal eligible people in the MHP's county and make oral interpreter services available free of charge for people who speak other languages. This also means that the MHP must provide different materials for people with special needs, such as people who are blind or have limited vision or people who have trouble reading.
- Receive specialty mental health services from a MHP that follows the requirements of its contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services. The MHP is required to:
  - Employ or have written contracts with enough providers to make sure that all Medi-Cal eligible individuals who qualify for specialty mental health services can receive them in a timely manner.
  - Cover medically necessary services out-of-network for you in a timely manner, if the MHP doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the MHP's list of providers. The MHP must make sure you don't pay anything extra for seeing an out-of-network provider.

- Make sure providers are qualified to deliver the specialty mental health services that the providers agreed to cover.
- Make sure that the specialty mental health services the MHP covers are adequate in amount, duration and scope to meet the needs of the Medi-Cal eligible individuals it serves. This includes making sure the MHP's system for authorizing payment for services is based on medical necessity and uses processes that ensure fair application of the medical necessity criteria.
- Ensure that its providers perform adequate assessments of individuals who may receive services and work with the individuals who will receive services to develop a treatment plan that includes the goals of treatment and the services that will be delivered.
- Provide for a second opinion from a qualified health care professional within the MHP's network, or one outside the network, at no additional cost to you.
- Coordinate the services it provides with services being provided to an individual through a Medi-Cal managed care health plan or with your primary care provider, if necessary and, in the coordination process, to make sure the privacy of each individual receiving services is protected as specified in federal rules on the privacy of health information.
- Provide timely access to care, including making services available 24 hours a day, 7 days a week, when medically necessary to treat an emergency psychiatric condition or an urgent or crisis condition.
- Participate in the State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds

Your MHP must ensure your treatment is not adversely affected as a result of you using your rights. Your Mental Health Plan is required to follow other applicable Federal and State laws (such as: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; and Titles II and III of the Americans with Disabilities Act) as well as the rights described here. You may have additional rights under state laws about mental health treatment and may wish to contact your county's Patients' Rights Advocate (call your county mental health department listed in the local phone book and ask for the Patient's Rights Advocate) with specific questions.

What Is An Advance Directive?

You have the right to have an advance directive. An advance directive is a written instruction about your health care that is recognized under California law. It usually states how you would like health care provided, or says what decisions you would like to be made, if or when you are unable to speak for yourself. You may sometimes hear an advance directive described as a living will or durable power of attorney.

California law defines an advance directive as either an oral or written individual health care instruction or a power of attorney (a written document giving someone permission to make decisions for you). All MHPs are required to have advance directive policies in place. Your MHP is required to provide any adult who is Medi-Cal eligible with written information on the MHP's advance directive policies and a description of applicable state law, if the adult asks for the information. If you would like to request the information, you should call your MHP's toll-free phone number listed in the front part of this booklet for more information.

An advance directive is designed to allow people to have control over their own treatment, especially when they are unable to provide instructions about their own care. It is a legal document that allows people to say, in advance, what their wishes would be, if they become unable to make health care decisions. This may include such things as the right to accept or refuse medical treatment, surgery, or make other health care choices. In California, an advance directive consists of two parts:

1. Your appointment of an agent (a person) making decisions about your health care; and
2. Your individual health care instructions

If you have a complaint about advance directive requirements, you may contact the California Department of Health Services, Licensing and Certification Division, by calling (800) 236-9747 or by mail at P.O. Box 997413, Sacramento, California 95899-1413.

Why Are Cultural Considerations And Language Access Important?

A culturally competent mental health system includes skills, attitudes and policies that make sure the needs of everyone are addressed in a society of diverse values, beliefs and orientations, and different races, religions and languages. It is a system that improves the quality of care for all of California's many different peoples and provides them with understanding and respect for those differences.

Your county's MHP is responsible to provide the people it serves with culturally and linguistically competent specialty mental health services. For example: non-English or limited English speaking persons have the right to receive services in their preferred language and the right to request an interpreter. If an interpreter is requested, one must be provided at no cost. People seeking services do not have to bring their own interpreters. Written and verbal interpretation of your rights, benefits and treatments are available in your preferred language. Information is also available in alternative formats if someone cannot read or has visual challenges. The front part of this booklet tells you how to obtain this information. Your county's MHP is required to:

- Provide specialty mental health services. in your preferred language.
- Provide culturally appropriate assessments and treatments.
- Provide a combination of culturally specific approaches to address various cultural needs that exist in the MHP's county to create a safe and culturally responsive system.
- Make efforts to reduce language barriers.
- Make efforts to address the cultural-specific needs of individuals receiving services.
- Provide services with sensitivity to culturally specific views of illness and \ wellness.
- Consider your world-view in providing you specialty mental health services.
- Have a process for teaching MHP employees and contractors about what it means to live with mental illness from the point of view of people who are mentally ill.
- Provide a listing of cultural/linguistic services available through your MHP.
- Provide a listing of specialty mental health services and other MHP services available in your primary language (sorted by location and services provided.)
- Provide oral interpretation services free of charge. This applies to all non-English languages.
- Provide written information in threshold languages, alternative formats, and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.

Non-English or limited English speaking persons have the right to receive services in their preferred language and the right to request an interpreter.

- Provide a statewide, toll-free telephone number available 24-hours a day and seven days a week, with language capability in your language to provide information to you about how to access specialty mental health services. This includes services needed to treat your urgent condition, and how to use the MHP problem resolution and State Fair Hearing processes.
- Find out at least once a year if people from culturally, ethnically and linguistically diverse communities see themselves as getting the same benefit from services as people in general.

How Do I Get Specialty Mental Health Services?

If you think you need specialty mental health services, you can get services by asking the MHP for them yourself. You can call your MHP's toll free phone number listed in the front section of this booklet. The front part of this booklet and the section called "Services" on page 9 of the booklet give you information about services and how to get them from the MHP.

You may also be referred to your MHP for specialty mental health services in other ways. Your MHP is required to accept referrals for specialty mental health services from doctors and other primary care providers who think you may need these services and from your Medi-Cal managed care health plan, if you are a member. Usually the provider or the Medi- Cal managed care health plan will need your permission or the permission of the parent or caregiver of a child to make the referral, unless there's an emergency. Other people and organizations may also make referrals to the MHP, including schools; county welfare or social services departments; conservators, guardians or family members; and law enforcement agencies.

Please see the provider directory following this section for more information about this topic, or the front section of this booklet with information about your MHP's specific approval or referral information.

How Do I Find A Provider For The Specialty Mental Health Services I Need?

Some MHPs require you to receive approval from your county's MHP before you contact a service provider. Some MHPs will refer you to a provider who is ready to see you. Other MHPs allow you to contact a provider directly.

The MHP may put some limits on your choice of providers. Your county's MHP must give you a chance to choose between at least two providers when you first start services, unless the MHP has a good reason why it can't provide a choice, for example, there is only one provider who can deliver the service you need. Your MHP must also allow you to change providers. When you ask to change providers, the MHP must allow you to choose between at least two providers, unless there is a good reason not to do so.

Sometimes MHP contract providers leave the MHP on their own or at the request of the MHP. When this happens, the MHP must make a good faith effort to give written notice of termination of a MHP contracted provider within 15 days after receipt or issuance of the termination notice, to each person who was receiving specialty mental health services from the provider.

Once I Find a Provider, Can the MHP Tell the Provider What Services I Get?

You, your provider and the MHP are all involved in deciding what services you need to receive through the MHP by following the medical necessity criteria and the list of covered services (see pages 17 and 10). Sometimes the MHP will leave the decision to you and the provider. Other times, the MHP may require your provider to ask the MHP to review the reasons the provider thinks you need a service before the services is provided. The MHP must use a qualified mental health professional to do the review. This review process is called an MHP payment authorization process. The State requires the MHP to have an authorization process for day treatment intensive, day rehabilitation, and therapeutic behavioral services (TBS).

The MHP's authorization process must follow specific timelines. For a standard authorization, the MHP must make a decision on your provider's request within 14 calendar days. If you or your provider request or if the MHP thinks it is in your interest to get more information from your provider, the timeline can be extended for up to another 14 calendar days. An example of when an extension might be in your interest is when the MHP thinks it might be able to approve your provider's request for authorization if the MHP had additional information from your provider and would have to deny the request without the information. If the MHP extends the timeline, the MHP will send you a written notice about the extension.

If you didn't get a list of providers with this booklet, you may ask the MHP to send you a list by calling the MHP's toll-free telephone number located in the front section of this booklet.

If your provider or the MHP thinks your life, health or ability to attain, maintain or regain maximum function will be jeopardized by the 14 day timeframe, the MHP must make a decision within 3 working days. If you or your provider request or if the MHP thinks it is in your interest to get more information from your provider, the timeline can be extended up to an additional 14 calendar days.

If the MHP doesn't make a decision within the timeline required for a standard or an expedited authorization request, the MHP must send you a Notice of Action telling you that the services are denied and that you may file an appeal or ask for a State Fair Hearing (see page 26).

You may ask the MHP for more information about its authorization process. Check the front section of this booklet to see how to request the information.

If you don't agree with the MHP's decision on an authorization process, you may file an appeal with the MHP or ask for a State Fair Hearing (see page 26).

Which Providers Does My MHP Use?

Most MHPs use four different types of providers to provide specialty mental health services. These include:

Individual Providers: Mental health professionals, such as doctors, who have contracts with your county's MHP to provide specialty mental health services in an office and/or community setting.

Group Providers: These are groups of mental health professionals who, as a group of professionals, have contracts with your county's MHP to offer specialty mental health services in an office and/or community setting.

Organizational Providers: These are mental health clinics, agencies or facilities that are owned or run by the MHP or that have contracts with your county's MHP to provide services in a clinic and/or community setting.

Hospital Providers: You may receive care or services in a hospital. This may be as a part of emergency treatment, or because your MHP provides the services you need in this type of setting.

If you are new to the MHP, a complete list of providers in your county's MHP follows this section of the booklet and contains information about where providers are located, the specialty mental health services they provide, and other information to help you access care, including information about the cultural and language services that are available from the providers. If you have questions about providers, call your MHP's toll-free telephone number located in the front section of this booklet.

Notes

Web Links

State of California's Medi-Cal program: http://www.dhs.ca.gov/mcs/medi-calhome
State of California Department of Mental Health: http://www.dmh.ca.gov
State of California Department of Health Services: http://www.dhs.ca.gov
Online Health Resources: http://www.dhs.ca.gov/home/hsites/
U.S. Department of Health and Human Services: http://www.os.dhhs.gov
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov

CRITERION 7

DMH Staff Language Proficiency Report

(Attachment 6)

	AMESLAN	ARABIC	ARMENIAN	CAMBODIAN	CANTONESE	FARSI	FRENCH	GERMAN	GREEK	GUJARATI	HEBREW	HINDI	ILOCANO	ITALIAN	JAPANESE	KOREAN	LAOTIAN	MANDARIN	PANGASINAN	POLISH	PORTUGUESE	RUSSIAN	SAMOAN	SPANISH	TAGALOG	TAIWANESE	THAI	TURKISH	URDU	VIETNAMESE	VISAYAN	YIDDISH	Grand Total
ACCOUNTING TECHNICIAN II													1						1						1								3
ADMINISTRATIVE ASSISTANT II																		1															1
ADMINISTRATIVE ASSISTANT III																								3									3
ADMINISTRATIVE SERVICES MANAGER III																								1									1
ASSISTANT SUPERVISING PAYROLL CLERK					1																					1				1			3
ASST MENTAL HEALTH COUNSELOR,RN													1						1					7	1								10
CINICAL PSYCHOLOGISTS I																								3									3
CLERK														1										2									3
CLINIC DRIVER																								2									2
CLINICAL PHARMACIST																								1						1			2
CLINICAL PSYCHOLOGIST II	1		2		1	3	2	1						3	1	2		2						27		1		1		1			48
CLINICAL PSYCHOLOGY INTERN																								1									1
CLINICAL SOCIAL WORKER																								1									1
COMMUNITY SERVICES COORDINATOR I																								2									2
COMMUNITY SERVICES COUNSELOR		1																															1
COMMUNITY WORKER	1		1	2														1						25						1			31
DEPARTMENTAL PERSONNEL TECHNICIAN																								6									6
DEPUTY PUBLIC CONSERVATOR/ADMR II																								1									1
HEAD CLERK																							1										1
INT SUPERVISING TYPIST-CLERK				1																				2						1			4
INTERMEDIATE CLERK	1	1	8		3	4	2						1					1				2		15	3					4			45
INTERMEDIATE SUPERVISING CLERK																								1									1
INTERMEDIATE TYPIST-CLERK			5	1	5	5		1									1	8				3		35	4		1		1	4			74
MANAGEMENT SECRETARY III																								4									4
MEDICAL CASE WORKER I			1																			1	1	16									19
MEDICAL CASE WORKER II	1		3	4	3	1	2			1	1	1		1			1	2		1	2	4		56	2		1		1	2		1	91
MENTAL HEALTH ANALYST I																								3									3
MENTAL HEALTH ANALYST II																								2									2
MENTAL HEALTH ANALYST III		1					1																										2
MENTAL HEALTH CLINICAL PROGRAM HEAD																								7									7
MENTAL HEALTH CLINICIAN I								1																4						1			6
MENTAL HEALTH CLINICIAN II																								1	1								2
MENTAL HEALTH COUNSELOR,RN				1												1								13	5					2			22
MENTAL HEALTH EDUCATION CONSULTANT					1													1															2
MENTAL HEALTH PEER ADVOCATE						2																		5									7
MENTAL HEALTH PSYCHIATRIST		2	4		1		4	1		1		3	3	1		2		1				10		13	6			1		1			54
MENTAL HEALTH SERVICES COORD I		1				1								1							1		1	14	1			1					21
MENTAL HEALTH SERVICES COORD II			1		1	2												1		1	1			24			1						32

	AMESLAN	ARABIC	ARMENIAN	CAMBODIAN	CANTONESE	FARSI	FRENCH	GERMAN	GREEK	GUJARATI	HEBREW	HINDI	ILOCANO	ITALIAN	JAPANESE	KOREAN	LAOTIAN	MANDARIN	PANGASINAN	POLISH	PORTUGUESE	RUSSIAN	SAMOAN	SPANISH	TAGALOG	TAIWANESE	THAI	TURKISH	URDU	VIETNAMESE	VISAYAN	YIDDISH	Grand Total
NURSING ASSISTANT,SHERIFF																1								1									2
PATIENT FINANCIAL SERVICES WORKER			1		2									1				1			1		1	23	2					1	1		34
PATIENT RESOURCES WORKER			4			1												1			1	3		16	2			1					29
PAYROLL CLERK I			2			1		1																									4
PSYCHIATRIC SOCIAL WORKER I			2	3	3	1	3							1		7		2			1	5	2	115						3			148
PSYCHIATRIC SOCIAL WORKER II	1				3	2	2					1		1		6		6				2		39		3			1	5			72
PSYCHIATRIC TECHNICIAN I																								1									1
PSYCHIATRIC TECHNICIAN II																								7									7
PSYCHIATRIC TECHNICIAN III	1							1																6									8
RECREATION THERAPIST II							1																	2									3
RECREATION THERAPY AIDE																								2									2
REGISTERED NURSE I																			1					1	1								3
REGISTERED NURSE II																								1									1
REGISTERED NURSE I-SHERIFF																								1									1
REGISTERED NURSE II-SHERIFF												1				1								3	1								6
SECRETARY II																								1									1
SECRETARY III																		1						11									12
SENIOR CLERK			1																			1		4				1		2			9
SENIOR COMMUNITY WORKER I				2			3														1			8									14
SENIOR COMMUNITY WORKER II																								6						1			7
SENIOR DEPARTMENTAL PERSONNEL ASST																1								3									4
SENIOR DEPARTMENTAL PERSONNEL TECH					1													1															2
SENIOR MANAGEMENT SECRETARY II																								2									2
SENIOR MENTAL HEALTH COUNSELOR,RN													2			1								4	4						1		12
SENIOR SECRETARY II																								2									2
SENIOR SECRETARY III		1	1			1	1															1		9									14
SENIOR TYPIST-CLERK			1																				1	14	2					3			21
SR COMM MENTAL HLTH PSYCHOLOGIST			1				1	1			1	1				1								12								1	19
SR DPY PUBLIC CONSERVATOR/ADMR							1																	3									4
STAFF ASSISTANT I					1													1						6									8
STAFF ASSISTANT II					2	1																1		4									8
STAFF ASSISTANT III																								1									1
SUBSTANCE ABUSE COUNSELOR																								6									6
SUBSTANCE ABUSE COUNSELOR AID																								1									1
SUPERVISING PAYROLL CLERK II																	1										1						2
SUPERVISING PSYCHIATRIC SOC WORKER			1	2		2	1	1		2	1	2		1		2		1				1		34						3			54
SUPERVISING STAFF NURSE I,SHERIFF																								1									1
SUPERVISING TYPIST-CLERK			1			1																		2									4

	AMESLAN	ARABIC	ARMENIAN	CAMBODIAN	CANTONESE	FARSI	FRENCH	GERMAN	GREEK	GUJARATI	HEBREW	HINDI	ILOCANO	ITALIAN	JAPANESE	KOREAN	LAOTIAN	MANDARIN	PANGASINAN	POLISH	PORTUGUESE	RUSSIAN	SAMOAN	SPANISH	TAGALOG	TAIWANESE	THAI	TURKISH	URDU	VIETNAMESE	VISAYAN	YIDDISH	Grand Total
SUPVG DEPUTY PUBLIC CONSERVATOR/ADMR																								2									2
SUPVG MENTAL HEALTH PSYCHIATRIST			1			1	1		1													1		2									7
TRAINING COORDINATOR,MENTAL HEALTH				1																													1
WORD PROCESSOR II																														1			1
TOTAL	6	7	41	17	28	29	25	8	1	4	3	9	8	11	1	25	3	32	3	2	8	35	7	653	36	5	4	5	3	38	2	2	**1061**

LANGUAGE CAPABILITY
BY LEGAL ENTITY
SERVICE AREA 1

Legal Entity	Armenian	Arabic	Cantonese	Other Chinese	Cambodian	English	Farsi	Korean	Mandarin	Russian	Spanish	Tagalog	Vietnamese	Japanese	Hindi	American Sign	Latvian	German	French	Taiwanese	Punjabi	Ibo	Urdu
Alafia Mental Health Institute						3		1			2												
Anteleope Valley Mental Health Clinic			1			15	1	1	2		7	1		1	1			1	2	1	1	1	1
Antelope Valley Wellness & Enrichment Center						6					1	1											
Children's Center of the Antelope Valley						16					4												
Discovery Resource Center						1					1												
El Dorado Palmdale						2					1												
EOB/PMRT/SAI						3					2	1											
Heritage Clinic Palmdale	1					7					2												
Mental Health America						9					8	1				1							
Palmdale Mental Health Clinic						22					5	3					1						
Tarzana Treatment Center (Lancaster)						4																	

LANGUAGE CAPABILITY
BY LEGAL ENTITY
SERVICE AREA 2

Legal Entity	Armenian	Arabic	Cantonese	Other Chinese	Cambodian	English	Farsi	Korean	Mandarin	Russian	Spanish	Tagalog	Vietnamese	Japanese	Hindi	Hebrew	Llocano	Italian	Swahili	French	Persian	Urdu	Creole (Haitian)	Romanian	Khmer	Punjabi	Singhales	Indonesian	Bengali
Asian Pacific Counseling & Treatment Center						7		4			2		2																
Center for Family Living						26			1		9	2																1	1
Child and Family Center						46					46																		
Counseling 4 Kids						57				1	17	2				1													
El Centro de Amistad						41	1	1			31																	1	
El Dorado- Van Nuys						4					1																		
Hillview Mental Health Center, Inc.	2					64	1				34	2	1	2															
Pacific Asian Counseling Services						9		1	1		1	3		1									1		1				
Pacific Clinics- Hye Wrap	12					15	1				3																		
Phoneix Academy	1					21	1			1	8									1	1			1					
Santa Clarita Valley MHC	1					14	2			1	6	2			2		2					1							
Sterling Academy- Sterling Behavioral Health Institute	1	1				32	8		1		10					1		1											
Tarzana Treatment Centers, Inc.						30					11																		
Tobinworld						14			1		6																		
Urgent Community Services Project	3					16	2			1	10	1												1					
Valley Coordinated Children's Services	1					29	1				13								1	1						1	1		

LANGUAGE CAPABILITY
BY LEGAL ENTITY
SERVICE AREA 3

Legal Entity	Armenian	Arabic	Cantonese	Other Chinese	Cambodian	English	Farsi	Korean	Mandarin	Russian	Spanish	Tagalog	Vietnamese	Japanese	Swahili
Almansor	4	3	3	4		112					89				
BRIDGES						28	1				12	2			1
CIFHS aka Family Center		1				10.6		1	0.4		2.2				
D'Veal	0.6					13.6			1		7.2				
Foothill Family Services	3		3		1	117		2	5		59				
Heritage Clinic	1		1			36		1			3				
Pacific Clinics	22	1	23			432	5	8	34	1	292	12	11		
Pasadena Unified SD						20.1			1	8.2					
Prototypes						47			2		21				
Serenity Infant Care Homes						10					3				
Social Model Recovery						26.71					4.35				
SPIRITT Family Services	1					4					3				
Tri-City Mental Health Ctr*															

LANGUAGE CAPABILITY
BY LEGAL ENTITY
SERVICE AREA 4

Legal Entity	Armenian	Arabic	Cantonese	Other Chinese	Cambodian	English	Farsi	Korean	Mandarin	Russian	Spanish	Tagalog	Vietnamese	Japanese	Hindi	Thai	Yiddish	Samoan	Lao	French
Aids Project Los Angeles, Incorporated						6					1									
Amanecer Community Counseling				1		74					45	1								1
Behavioral Health Services						10					6									
California Hospital Medical Center						12					10									
Cedars-Sinai Medical Center (Thalians)	1					24					6	1	1	1						
Children's Bureau of Southern California	1			1		86		2		1	41									
Children's Hospital of Los Angeles						105					3									
Children's Institute Inc.						181	1				70									
Eisner Pediatric & Family Medical Ctr.						12					8									
El Centro Del Pueblo, Inc.						17					16									
Filipino- American Services						2						2								
Gateways Hospital		1		2		178		1		1	39	19	1	1						
Hamburger Home (Aviva Center)						93	3			1	24	1								
Health Research Assn						5				1		1	1							
IMCES	5	14		3		36				2	5	1								
Jewish Family Service of Los Angeles						18											11			
Koreatown Youth & Community Center, Inc.						14		7			3									
LAMP, Inc.						22					6									
Para Los Ninos						13					11									
Special Service for Groups	1			47	3	336		37			64	3	20	7	2	4		1	1	
The Los Angeles Free Clinic						2														
The Los Angeles Gay and Lesbian Ctr						14					3									
Traveler's Aid Society of Los Angeles						7					1									
United American Indian Involvement, Inc.						17					4									
VIP Community Mental Health Center				2		511					19									

LANGUAGE CAPABILITY
BY LEGAL ENTITY
SERVICE AREA 5

Legal Entity	Armenian	Arabic	Cantonese	Other Chinese	Cambodian	English	Farsi	Korean	Mandarin	Russian	Spanish	Tagalog	Vietnamese	Japanese	Hindi	Thai	Hebrew	Portuguese	Italian	German	French	Bulgarian	Chech	Hungarian	Romanian	Elongo	Fokienese	Dutch	Other Lang.
AB 3632 Assessment Unit						4	1				3																		
Alcott Center						15	1				2								1	1									
Didi Hirsch MHS, Culver City	1	1	1	2		86	4	4	2	7	39	2		2	2	1	2		1	8	11				1			1	Lithuanian (1); Taiwanese (1)
Didi Hirsch MHS, Jump Street						6				1	2							1						1					ASL (1)
Didi Hirsch MHS, Mar Vista						14	2	2			10																		
ECF/Kayne-Eras Center						23	4		1	1	7	1			1									2					Punjabi (1); Serbo-Croation (2); Filipino (1)
Exodus Recovery			1			26	3			2	10	1	1	1	2			1	2		3	1		2	2	1	1		Turkish (1); ASL (1); Ukranian (1); Polish (1)
Meadowbrook Manor						13					7	1									1								Amharic (1); Nigerian (1)
New Directions, Inc						22					4																		
The Help Group	1	1				74	3			3	38				1		1	1											
OPCC						1					1																		
PACS						28		5	4		3	4	1	5															Khmer (5); Samoan (1); Haitian (1)
SHARE		1				9	1				3			1		1					2								
St. John's CFDS						66				1	24						1												ASL (3)
St. Joseph Center						22					4																		
Step Up on Second	1					5				2	3																		
WISE & Healthy Aging						10	1			1																			

LANGUAGE CAPABILITY
BY LEGAL ENTITY
SERVICE AREA 6

Legal Entity	Armenian	Arabic	Cantonese	Other Chinese	Cambodian	English	Farsi	Korean	Mandarin	Russian	Spanish	Tagalog	Vietnamese	Japanese	Swahili	German	Portugese	Nigerian	French	Hebrew	Dutch	Polish	Ibonese	Thai	Swedish	Bengali	Urdu	Hindi
Compton Family Mental Health Services						11					8	3				1												
CIHSS Inc.						6		1			5																	
Didi Hirsch Manchester Center						18			2		8		1			1												
FSP Adult						4					3							1										
HOP ICS Family Center						13					9																	
LA Child Guidance Clinic		1		1		124		2			56	1		1					2	1								
LA PAZ Gero-Psychiatric Center						6					1	1									1	1	1	1				
Personal Involvement Center Inc.		1				15					7																	
SFC Vermont						1					1																	
Shields for Families						4					4																	
South Central Health & Rehabilitation						7					4																	
Special Service for Groups						7					2																	
SSG- Asian Pacific Residential Treatment Program				2		11		4					5															
The Guidance Center Society			1		1	103			2		44		2	1						1				1	1	1	1	1

Language Capability by Legal Entnity
Service Area 7

Legal Entity	Armenian	Arabic	Cantonese	Other Chinese	Cambodian	English	Farsi	Korean	Mandarin	Russian	Spanish	Tagalog	Vietnamese	Japanese	Swahili
Alma Family Services						62					53				
California Hispanic Commission (CHCADA)	2					43					29				
Clontarf Manor						10					2				
Community Family Guidance Ctr.	2					48					26		1		
Enki Health and Research Systems						237	1	2	4		81	1	1		
Helpline Youth Counseling						2					1			0	
Intercommunity Child Guidance Ctr dba The Whole Child						46	1				9	1			
Providence Community Services						49					34				
Total SA 7 Contractor Threshold Languages	4					**497**	2	2	4		235	2	2	0	

LANGUAGE CAPABILITY
BY LEGAL ENTITY
SERVICE AREA 8

Legal Entity	Armenian	Arabic	Cantonese	Other Chinese	Cambodian	English	Farsi	Korean	Mandarin	Russian	Spanish	Tagalog	Vietnamese	Japanese	Swahili	German	French	Portugese	Toisan	Lithuanian	Croatian	Khmer	Ilocano	Laotian	Samoan	Thai	Hindi	Turkish	Urdu
Asian American Drug Abuse Program	1					11				1	5			1			1											1	
ChildNet Youth & Family Services						19					17			1		1													
Counseling 4 Kids						36					16						1												
Critterton Services for Families & Children						2					2																		
Didi Hirsch Mental Health Services			1			26			2	2	19		1					1	1	1									
El Dorado Lawndale						9					2	1																	
Exodus Recovery						14					1																		1
For the Child						16					7										1								
Harbor UCLA Wellness Center						36					20		1																
Heritage Clinic Inglewood	2					11				1	3																		
Long Beach Asian Pacific Islander Center				2		27			1			4	5									13	4	1	1				
Long Beach Child & Adolescent Program						6	1				5																		
Long Beach Mental Health/Adult Program			2			22		1			13	4	2			1	1												
Masada Homes		1				62					59			1															
Mental Health Urgent Care Center						3	1				1	1																	
MHA Village					1	11				1	7	1														1			
Navigation Team						6					2																		
South Bay Child Health Center						11		1			3			1															
South Bay Childrens						31	1	2			8			3															
South Bay Mental Health Services FSP						2					2																		
South Bay Wellness Center						9					3	1															1		
The Guidance Center						10					3			1												1			

CRITERION 7

MLSD Memo

(Attachment 7)

COUNTY OF LOS ANGELES

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

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

695 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90005

BOARD OF SUPERVISORS
GLORIA MOLINA
MARK RIDLEY-THOMAS
ZEV YAROSLAVSKY
DON KNABE
MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

Reply To: 213 251-6815
Fax: 213 252-8752

December 13, 2010

TO: All Service Providers

FROM: Gladys Lee, LCSW
District Chief, Planning Division

SUBJECT: MULTI-LINGUISTIC MENTAL HEALTH SERVICE PROVIDERS DIRECTORY

The purpose of this memo is to request your prompt response to the cultural and linguistic requirements mandated by the State Department of Mental Health and the Mental Health Services Act. These requirements pertain to the tracking of the linguistic and cultural capacities of the staff working in the direct and contract providers' clinics.

The data received on your staff linguistic and cultural capacities will be available on the Department's Intranet in the Multi-Linguistic Mental Health Service Providers Directory. The Directory has been recently updated to allow for specify language and age group requests. This Directory is utilized to make appropriate cultural and linguistic referrals for our communities.

Please complete the attached Staff Language and Cultural Capacities form and fax it to (213) 252-8752, or mail it to:

Los Angeles County – Department of Mental Health
Program Support Bureau - Cultural Competency Unit
695 S. Vermont Avenue, Suite 1500
Los Angeles, California 90005

This form will need to be updated and re-submitted every time there is a change in your staff to keep the Directory current.

If you have any questions regarding this form, please contact Sandra Chang Ptasinski, Ph.D., at (213) 251-6815 or email SChang@dmh.lacounty.gov

GL:jk

Attachment

County of Los Angeles Department of Mental Health
Cultural Competency Division
695 S. Vermont Ave., 15th floor
Los Angeles, CA 90005
Phone (213) 251-6815 – Fax (213) 252-8752

Staff Language Capacities

Provider #_____ **Population: Child**

Provider Name_____ **TAY**

Address_____ **Adult**

City_____ **Zip Code**_____ **Telephone**_____ **Older Adult**

Service Areas 1 2 3 4 5 6 7 8 CW

Position	Language(s)	Culture	Work Hours

Services Provided by Facility

CRITERION 7

Sample Providers' Language Capability Forms

(Attachment 8)

County of Los Angeles Department of Mental Health
Cultural Competency Division
695 S. Vermont Ave., 15th floor
Los Angeles, CA 90005
Phone (213) 251-6834 – Fax (213) 252-8752

Staff Language Capacities

Provider # 1904

Provider Name ANTELOPE VALLEY MENTAL HEALTH CLINIC

Address 349-A East Avenue K-6

City Lancaster **Zip Code** 93535 **Telephone** 661-723-4260

Service Areas (1) 2 3 4 5 6 7 8 CW

Population: Child, TAY, Adult, Older Adult

Position	Language(s)	Culture	Work Hours
SPSW – Sue Crimin	Spanish / French	American	
PSW II – Lauren Cheung	Mandarin/Cantonese	Chinese	
MCW I – Chin Isiguzo	Ibo	Nigeria	
MCW II – David Cortes	Spanish	Hispanic / Mexico	
PSW I – Hee Seung Lee	Korean	Korea	
PSW I – Sarah Karamat	Urdu / Hindi / Punjabi	Pakistani	
MH Clinician – Etsuko Nagatani	Japanese	Japan	
MCW II – Agnes Reyes	Tagalog	Philippi no	
Clin Psych – Dr. Moza	Farsi	Iran	
ITC – Juanita Escobedo	Spanish	Hispanic / Mexico	
PFSW – Anna Fang	Mandarin/Taiwanese	Chinese	
MH Psychiatrist – Dr. Krueger	Spanish / German / French	Germany	
MH Psychiatrist – Dr. Mendoza	Spanish	Hispanic / Mexico	
ITC – Wendy Oliva	Spanish	Hispanic	
STC-Miriam Andrade	Spanish	Hispanic	

Services Provided by Facility

County of Los Angeles Department of Mental Health
Cultural Competency Division
695 S. Vermont Ave., 15th floor
Los Angeles, CA 90005
Phone (213) 251-6815 – Fax (213) 252-8752

Staff Language Capacities

Provider # 7386A

Provider Name Palmdale Mental Health Clinic

Address 1529 E. Palmdale Blvd., Ste 150, Palmdale, CA 93550

City Palmdale Zip Code 93550 Telephone 661-575-1800

Service Areas (1) 2 3 4 5 6 7 8 CW

Population: Child
TAY
Adult
Older Adult

Position	Language(s)	Culture	Work Hours
Intermediat Typist Clk	English	Cauc.	8:00-4:30
" "	English	Philippino	8:30-5:00
" "	English/Spanish	Mexican American	8:00-5:00
" "	English	African American	8:30-5:30
Patient Resourse Wkr	English/Spanish	Mexican American	7:00-4:30
Supv. Physciatric MD	English	Cauc	7:00-5:30
Physciatric MD	English/Tagalog	Philippino	7:00-5:30
Physciatric MD	English	Cauc	8:00-5:00
Physciatrist	English/Spanish	Caus	7:00-5:30
Supv Physciatric SW	English	Cauc	8:00-5:30
Medical Case Worker II	English	Cauc	7:30-5:00
Medical Case Worker I	English/Spanish	Mexican American	7:30-5:00
Physciatric Social Wkr I	English	African American	7:30-5:00
Physciatric SW II	English/Tagalog	Philippino	7:00-4:30
Medical Case Worker II	English/Tagalog	Philippino	7:00-5:30
Program Head	English/Spanish	African American	8:00-5:30
Physciatric Social Wkr I	English	Cauc	7:30-5:00
Physciatric SW II	English/Latvian	Latvian	7:00-5:30
Sr. Community Wkr	English	African American	7:00-5:30
Intermedicate Typist Clk	English	Cauc	8:30-5:00
Physciatric Nurse RN	English	Middle Eastern	7:30-5:00
Physciatric Social Wkr I	English	Hispanic	8:00-5:00

Services Provided by Facility

Mental Health Services

County of Los Angeles Department of Mental Health
Cultural Competency Division
695 S. Vermont Ave., 15th Floor
Los Angeles, CA. 90005
Phone (213) 251-6843 – Fax (213) 252-8752

Staff Language Capacities

Provider # 7100

Provider Name Center for Family Living

Address 14545 Sherman Circle

City Van Nuys **Zip Code** 91405 **Telephone** 818.901.4854

Service Areas 1 X 3 4 5 6 7 8 CW

Population: Child
TAY
~~Adult~~
Older Adult

POSITION	LANGUAGE(S)	CULTURE	WORK HOURS
Psychiatric Consultant	English, Spanish	Hispanic	M 8:30;12:30; Tu 9-5
Psychiatric Consultant	English, Indonesian	Indonesian	M 9-6
Psychiatric Consultant	English	Caucasian	Th 12-3
Psychiatric Consultant	English	Caucasian	M 9-2
Mental Health Counselor	English, Spanish	Latino	M-F 8:30-5
Mental Health Counselor	English, Spanish	Mexican	M-F 8:30-5
Mental Health Counselor	English, Spanish	Hispanic T,	M, W, F 8-5; ~~T 9-6~~ Th 8:30-5
Mental Health Counselor	English	Caucasian	M-F 8:30-5
Lead Clinician	English	Caucasian	M, T, W,Th 8-4:30; F 8:30-5
Mental Health Clinician	English	Caucasian	M, W, F 8:30-5; T, Th 8-4:30
Mental Health Clinician	English	Hispanic	M-F 8:30-5
Mental Health Clinician	English	Caucasian	M-F 8:30-5
Mental Health Clinician	English, Bengali	Southwest Indian	M-Th 8-5; F 8:30-5
Office Manager	English	Hawaiian (Pacific Islander)	M-F 8-5
Staff Aide	English, Spanish	Hispanic	M-F 8-5
Staff Aide	English, Spanish	Hispanic	M-F 8-5
Staff Assistant	English, Spanish	Mexican	M-F 8-5
Mental Health Clinician	English	Caucasian	M-F 8:30-5
Psychiatric Consultant	English	Caucasian	F 8:30-12:30
Financial Services Coordinator	English, Spanish	Mexican	M-F 8-5
Financial Services Clerk	English, Tagalog	Filipino	M-F 8-5
Eligibility Verification Clerk	English, Tagalog	Filipino	M-F 8-5
Financial Services Clerk	English, Spanish	Mexican	M-F 8-5
Client Records Clerk	English	Caucasian	M-F 8-5
Psychiatric Consultant	English	Caucasian	M 10-2
Psychiatric Consultant	English, Mandarin Chinese	Chinese	W 8:30-5

SERVICES PROVIDED BY FACILITY

Psychiatric medication, case management, crisis intervention, individual therapy, group therapy.

Email This Form

County of Los Angeles Department of Mental Health
Cultural Competency Division
695 S. Vermont Ave., 15th floor
Los Angeles, CA 90005
Phone (213) 251-6834 – Fax (213) 252-8752

Staff Language Capacities

Provider # 7483A

Provider Name COUNSELING4KIDS

Address 601 SOUTH GLENOAKS BLVD.., SUITE 200

CITY BURBANK **Zip Code** 91502 **Telephone** (818) 441-7800

Service Areas 1 ☑ 3 4 5 6 7 8 CW

Population: [redacted]

[redacted]

Adult

Older Adult

STAFF	POSITION	LANGUAGE(S)	WORK HOURS
Traci Levi	Director of Community Based Programs	English	M-F, 8 – 5 pm
Sharyn Slavin	Clinical Manager	English	M-F, 8 – 5 pm
Philip Khoury	Clinical Manager	English	M-F, 8 – 5 pm
Jocelyn Clegg	Clinical Manager	English	M-F, 9 – 5 pm
Danine Livingood	System Administrator	English	M-F, 8 – 5 pm
Donna R. Zuniga	Director of Finance	English	M-F, 8 – 5 pm
Eddie Sanchez	Clinical Associate	English, Spanish	M-F, 8 – 5 pm
Elyce Corman	Clinical Manager	English	M-F, 8 – 5 pm
Noemi Villalobos	QA Associate	English, Spanish	M-F, 8 – 5 pm
Jennifer Padilla	Office Manager	English, Spanish	M-F, 8 – 5 pm
Ramon Retirado	Staff Accountant	English	M-F, 8 – 5 pm
Rebekah Miller	Community Liaison	English	M-F, 8 – 5 pm
Richard Burrell	Executive Director	English	M-F, 8 – 5 pm
Jane Oh	Research Associate	English	Varies, afternoon and evenings
Steve Hinds	Accountant-Independent Contractor	English	Varies, afternoon and evenings
Alesia Wesley	Therapist-Independent Contractor	English	Varies, afternoon and evenings
Analilia Garcia	Therapist-Independent Contractor	English, Spanish	Varies, afternoon and evenings
Beatrix Wagner	Therapist-Independent Contractor	English	Varies, afternoon and evenings
Carla Franco	Therapist-Independent Contractor	English, Spanish	Varies, afternoon and evenings
Carolyn Rojas	Therapist-Independent Contractor	English	Varies, afternoon and evenings
Christina Maeder	Therapist-Independent Contractor	English	Varies, afternoon and evenings
Christine Gray	Therapist-Independent Contractor	English	Varies, afternoon and evenings

County of Los Angeles Department of Mental Health
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Staff Language Capacities

Provider # 7068; 7420; 6758

Provider Name HILLVIEW MENTAL HEALTH CENTER, INC.

Address 12450 Van Nuys Blvd., #200

City Pacoima, CA. **Zip Code** 91331 **Telephone** (818) 896-1161

Service Area: 1, 2, 3, 4, 5, 6, 7, 8 or Countywide

PROVIDER:
- Child
- X TAY
- X Adult
- X Older Adult

Position	Language (s)	Culture	Work Hours
MFT Intern	English/Spanish	Hispanic	M: 9 am - 1:30 pm; & W: 9 am - 5:30 pm
Clinical Director	English	Hispanic	M-F: 9 am - 5:30 pm
Licensed Psychologist	English/Farsi	Caucasian	M-F: 9 am - 5:30 pm
Licensed Psychologist	English	Caucasian	M-Th: 9 am - 5:30 pm
Mental Health Rehabilitation Specialist	English/Spanish	Hispanic	M-F: 9 am – 5:30 pm
Licensed Psychologist	English/Armenian	Caucasian	M-F: 9 am – 5:30 pm
Program Coordinator	English	Caucasian	M-F: 9 am – 5:30 pm
Peer Advocate	English	Hispanic	M&W: 9 am – 5:30 pm
Community Mental Health Counselor	English	African-American	M-F: 9 am – 5:30 pm
Community Mental Health Counselor	English/Spanish	Hispanic	M-F: 9 am – 5:30 pm
Communtiy Mental Health Counselor	English/Spanish	Hispanic	M-F: 9 am – 5:30 pm
Peer Advocate	English/Spanish	Hispanic	T&Th: 9 am – 5:30 pm
Program Director	English	Caucasian	M-F: 9 am – 5:30 pm
Independent Living Skills Aide	English/Armenian	Caucasian	Sunday: 9 am – 1 pm
Independent Living Skills Aide	English/Spanish	Hispanic	W-Sat: 11 pm - 10 am
Independent Living Skills Aide	English	African-American	Sun-Wed: 12:30 pm–11:30 pm
Independent Living Skills Aide	English	African-American	Sun-Wed: 11 pm – 10 am
Independent Living Skills Aide	English	African-American	Wed-Sat: 12:30pm - 11:30 pm
Independent Living Skills Aide	English/Armenian/Russian	Caucasian	Sat: 9 am – 1 pm
Community Mental Health Worker	English/Spanish	Hispanic	Variable 3 or 4 days per week, 9 pm – 9:30 am
Mental Health Rehabilitation Specialist	English	Caucasian	Variable 3 or 4 days per week, 9 pm – 9:30 am

Services Provided by Facility

Outpatient, residential and housing services for Adults and TAY.

County of Los Angeles Department of Mental Health
Cultural Competency Division
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Los Angeles, CA 90005
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Staff Language Capacities

Provider # 7575A

Provider Name Bienvenidos Children's Center, Inc.

Address 421 S. Glendora Ave.

City West Covina **Zip Code** 91766 **Telephone** 626-543-1121

Service Areas 1 2 (3) 4 5 6 7 8 CW

Population: Child, TAY, Adult, Older Adult

Position	Language(s)	Culture	Work Hours
Clinic Manager	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English/Vietnamese	Vietnamese	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Intake Coordinator	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
QA Manager	English/Korean	Korean	8:30am to 5:00pm M-F /SAT-SUN CLOSED
QA Coordinator	English	Caucasian	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Program Assistant	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
IS Coordinator	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED

Services Provided by Facility

Individual Therapy, Family Therapy, Dyadic/Early Intervention Therapy, play therapy, WRAP, Psychiatric Services, Psychological Testing, In-Home Services, Crisis Intervention, PEI/EBP: TFCBT, CPP, MAP and MAT/SFC.

Date: January 2010

LANGUAGE CAPACITY OF PROGRAM STAFF

County of Los Angeles Department of Mental Health
Program Support Bureau / Cultural Competency Unit
695 S. Vermont Avenue, 15th Floor
Los Angeles, CA 90005
Phone (213) 251-6834 - Fax (213) 252-8752

Provider #: 7474
Provider Name: Maryvale
Address: 7600 E. Graves Ave. City: Rosemead Zip Code: 91770 Telephone: 626-280-6510
Population: Child / TAY Adult Older Adult Service Area: 3

POSITION	LANGUAGE CAPACITIES	Culture* Responses from each individual	WORK HOURS
Therapist	English	Experience in diversified ethnicities, diverse ages, sexual orientations, religious beliefs	9am to 5pm Monday thru Friday
Therapist	English	Experience w/5-10 yr old children, taking Spanish classes	9am to 5pm Monday thru Friday
Therapist	English, Spanish	Multi-ethnic, speak fluent Spanish, children/adults, gay/lesbian populations, varied religions and denominations.	9am to 5pm Monday thru Friday
Therapist	English	Experience all ethnicities, substance abuse therapy. Comfortable with all religions, sexual orientations, etc.	9am to 5pm Monday thru Friday
Therapist	English, Sicilian	Populations of all ethnicites, children and families.	9am to 5pm Monday thru Friday
Therapist	English	SED Children, SED Adolescence, Families, Probation, Diverse Sexual orientations, Multicultural issues	9am to 5pm Monday thru Friday
Therapist	English	SED Children, SED Adolescence, Families, Probation, Diverse Sexual orientations, Multicultural issues, Emancipating youth.	9am to 5pm Monday thru Friday
Therapist	English	Grief/Loss Groups, Psycho-educational groups, Independent living skills groups, anger mgmt, work well in and any jnowledgeable w/cultural diversity, family therapy, ADHD clients age 6-17.	9am to 5pm Monday thru Friday
Therapist	English	Experience working with children and adults of all ages, victims of sexual abuse as well as perpetrators, and teens & adults suffering from severe mental illness.	9am to 5pm Monday thru Friday
Therapist	English	Girls ages 6-18 years old.	9am to 5pm Monday thru Friday
Therapist	English, Korean	Korean American, bilingual in Korean/English. Christian background worked in churches with children, adolescents, pre-marital counseling and couples counseling (with or without children)	9am to 5pm Monday thru Friday
Therapist	English, Farsi	Grade School children, middle Eastern culture, speak Farsi	9am to 5pm Monday thru Friday
Therapist	English, Spanish	Experience working with elementary, middle, & high school aged children. Speak English/Spanish. Experienced with grief & loss counseling, depressive disorders, anxiety disorders.	9am to 5pm Monday thru Friday
Therapist	English	Experienced providing therapeutic services to various ethnicities and religious backgrounds ages 3-18.	9am to 5pm Monday thru Friday
Psychiatrist	English, Russian	Child and adolescent populations, on site consultations	1130am to 6pm Wednesdays, 930am to 6pm Thursdays
Nurse-RN	English	Children from 0-adult	8am to 430pm Monday thru Friday
LVN	English	Provide medical services with all populations.	Variable
LVN	English	Diverse ethnicities, newborn-geratrics (ages) English, religion-christian/Catholic/4square.	Variable
LVN	English, Spanish	Comfortable working with every ethnicity, age, sexual orientation, & religion.	Variable
LVN	English, Spanish	Catholic, Geriatric, Pediatric, Budhist, Asian	Variable
LVN	English	Populations of all ethnicites, children and families.	Variable
LVN	English, Spanish	Able to provide medical services with all populations.	Variable
LVN	English, Spanish	Comfortable providing services of all ages, ethnicities, religions, sexual orientations	Variable
LVN	English	Able to provide medical services with all populations.	Variable
Neurologist	English, Hindi	East Indians, Children, speak Punjasa Hindi & English	9am to 1pm Every other Thursday

County of Los Angeles Department of Mental Health
Cultural Competency Division
695 S. Vermont Ave., 15th Floor
Los Angeles, CA 90005
Phone (213) 251-6815 – Fax (213) 252-8752

Staff Language Capacities

Provider # : 7312 & 7547

Provider Name: Institute For Multicultural Counseling & Education Services

Address: 3580 Wilshire Blvd. # 2000

City : LA **Zip Code** 90010 **Telephone** 213-381-1250

Service Areas 1 ✓2 3 ✓4 5 6 7 8 CW

Population: ✓Child ✓Tay ✓Adult ✓Older Adult

Position	Language (s)	Culture	Work Hours	
Admin Support Staff	Spanish	Hispanic	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Admin Support Staff	Spanish	Hispanic	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Admin Support Staff	Spanish	Hispanic	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Attorney	Spanish	Hispanic	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Attorney	Tagalong	Philipino	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Benefit/Resource/Housing Specialist	English	African American	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Case Manager	Spanish	Hispanic	Fri-Sat	9:00 - 5:00
Case Manager	Spanish	Hispanic	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
CEO	Farsi	Persian	Mon-Tue-Wed-Thu-Fri-Sat	9:00 - 5:00
Child Family Specialist	English	African American	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Child Family Specialist	Spanish	Hispanic	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Data Processing-Billing	Indonesian	Indonesian	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Executive Assistance	English	American	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Facilitator	English	African American	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Facilitator	Spanish	American	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Facilitator	English	African American	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Facilitator	English	American	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Facilitator	Spanish	Hispanic	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
IHOC-Counselor	Spanish	Hispanic	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
IHOC-Counselor	Spanish	Hispanic	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
IHOC-Counselor	Spanish	Hispanic	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Medical Record Staff	Farsi-Armenian	Persian/Armenian	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Medical Record Staff	Spanish	Hispanic	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Medical Record Staff	Armenian	Armenian	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Mental Health Rehabilitation Therapist-ACSW	Russian	Russian	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Parent Partner	English	African American	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Parent Partner	Spanish	Hispanic	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Parent Partner	English	African American	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Program Manager- Associate Social Work	English	African American	Mon-Wed-Fri	9:00 - 5:00
Program Manager-LCSW	English	American	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Psychiatrist-MD	Chinese	Chinese	Tue	9:00 - 5:00
Psychotherapist/Case Manager	Russian	Russian	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Psychotherapist-Case Manager-MFT Intern	Farsi	Persian	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Psychotherapist-LCSW	Hungarian	American	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Psychotherapist-Licensed Psychologist	Farsi	Iranian	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Psychotherapist-LMFT	Arabic	Arab	Wed	9:00 - 5:00
Psychotherapist-LMFT	Spanish	South America	Sat	9:00 - 5:00
Psychotherapist-MFT Intern	Farsi	Persian	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Psychotherapist-Psychology Student	Armenian	Armenian	Mon-Tue-Wed-Thu	4:00 - 7:00
Psychotherapist-Psychology Student	English	African American	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Psychotherapist-Psychology Student	Russian	Russian	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Psychotherapist-Psychology Student	English	American	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00
Psychotherapist-Registered Psychologist	Armenian	Armenian	Mon-Tue-Wed-Thu-Fri	9:00 - 5:00

County of Los Angeles Department of Mental Health
Cultural Competency Division
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Los Angeles, CA 90005
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Staff Language Capacities

Provider #: 7357

Population: Child ____ TAY X Adults X Older Adults X

Provider Name: Didi Hirsch Mental Health Services - Culver Palms Site

Address: 11133 Washington Boulevard

City: Culver City Zip Code: 90232 Telephone: (310) 895-2300

Service Areas: 1☐ 2☐ 3☐ 4☐ 5☑ 6☐ 7☐ 8☐ CW ☐

Staff	Position	Language(s) Spoken Besides English	Work Hours
Nelly A.	Suicide Prevention Center	Russian, Armenian	4 hours/week
Jacob A.	Suicide Prevention Center	German	4 hours/week
Ester B.	Survivors-After-Suicide	Spanish	4 hours/week
Michelle B.	Suicide Prevention Center	French	4 hours/week
Marissa B.	Suicide Prevention Center	Arabic	4 hours/week
Noemi C.	Suicide Prevention Center	Spanish	4 hours/week
Michaela C.	Suicide Prevention Center	Romanian	4 hours/week
Caroline C.	Suicide Prevention Center	Mandarin	4 hours/week
Brian C.	Suicide Prevention Center	French	4 hours/week
Eric C.	Suicide Prevention Center	French	4 hours/week
Martina F.	Suicide Prevention Center	German	4 hours/week
Arthur G.	Suicide Prevention Center	Spanish	4 hours/week
Dinorah	Suicide Prevention Center	Spanish	4 hours/week
Christina G.	Suicide Prevention Center	Spanish	4 hours/week
Chris H.	Suicide Prevention Center	German	4 hours/week
Farnaz H.	Suicide Prevention Center	Farsi	4 hours/week
Michelle H.	Suicide Prevention Center	Spanish	4 hours/week
Peter H.	Suicide Prevention Center	Mandarin	4 hours/week
Paulin I.	Suicide Prevention Center	Assydarin	4 hours/week
Wendie J.	Suicide Prevention Center	Chinese, Spanish	4 hours/week
Colerre J.	Suicide Prevention Center	German	4 hours/week
Jang K.	Survivors-After-Suicide	Korean	4 hours/week
Candance K.	Suicide Prevention Center	Korean	4 hours/week
Gina K.	Suicide Prevention Center	Russian	4 hours/week
Sandri K.	Program Director	Dutch, French, German	9:00am - 5:00pm
Annie L.	Suicide Prevention Center	Russian	4 hours/week
Chinsun L.	Suicide Prevention Center	Japanese	4 hours/week
Monica L.	Suicide Prevention Center	Spanish	4 hours/week

County of Los Angeles Department of Mental Health
Cultural Competency Division
695 S. Vermont Avenue, 15th Floor
Los Angeles, CA 90020
Phone (213) 251-6815 – Fax (213) 252-8752

Staff Language Capacities

Provider #: 7515
Provider Name: New Directions, Inc.
Address: 11303 Wilshire Boulevard, VA Building 257
City: Los Angeles **Zip Code:** 90073 **Telephone:** 310-268-3465
Service Areas: 1, 2, 3, 4, 5, 6, 7, 8 CW

Population: Child, TAY, Adult, Older Adult

Position	Language(s)	Culture	Work Days	Work Hours
Case Manager (FE)	English	African American	Monday – Tuesday Wednesday Thursday – Friday	08:30 am – 05:00 pm 10:00 am – 06:30 pm 08:30 am – 05:00 pm
Case Manager (MH)	English	African American	Monday – Tuesday Wednesday Thursday – Friday	08:30 am – 05:00 pm 10:00 am 06:30 pm 08:30 am – 05:00 pm
Case Manager (PM)	English	African America	Sunday Tuesday Wednesday Thursday	08:30 am – 05:00 pm 10:00 am – 06:30 pm 08:30 am – 05:00 pm
Case Manager (PW)	English	European American	Tuesday Wednesday Thursday – Saturday	08:30 am – 05:00 pm 10:00 am – 06:30 pm 08:30 am – 05:00 pm
Clinician (BR)	English/Spanish	European American	Sunday Monday	09:00 am – 12:00 pm
Clinician (JB)	English	European American	Monday – Friday	09:00 am – 05:30 pm
Clinician (VZ)	English	European American	Monday – Friday	09:00 am 05:30 pm
Employment Specialist (DM)	English	African American	Sunday - Thursday	06:30 am – 03:00 pm
On-Call Service Coordinator (ARs)	English	Latino	Monday – Friday	09:00 am – 01:00 pm
On-Call Service Coordinator (ARz)	English/Spanish	Latino	Monday – Friday	09:00 am – 01:00 pm
On-Call Service Coordinator (DV)	English	African American	Friday – Saturday	11:00 pm – 7:30 am
On-Call Service Coordinator (MY)	English	African American	Monday Friday	09:00 am – 01:00 pm
On-Call Service Coordinator (SM)	English	African American	Monday – Friday	09:00 am - 01:00 pm
Program Assistant (AC)	English/Spanish	Latino	Monday – Friday	08:30 am – 05:00 pm
Program Supervisor (GM)	English	Latino	Monday – Tuesday Wednesday Thursday – Friday	08:30 am – 05:00 pm 10:00 am 06:30 pm 08:30 am - 05:00 pm
Service Coordinator (CS)	English	African American	Sunday – Thursday	11:00 pm – 07:30 am
Service Coordinator (EB)	English	European American	Monday – Friday	11:00 pm – 07:30 am
Service Coordinator (FS)	English	African American	Thursday – Monday	03:00 pm 11:30 pm
Service Coordinator (JW)	English	European American	Monday – Friday	07:00 am – 3:30 pm
Service Coordinator (OH)	English/Spanish	Latino	Wednesday – Friday Saturday - Sunday	03:00 pm – 11:30 pm 11:00 pm – 07:30 am
Service Coordinator (PM)	English	Latino	Tuesday – Saturday	06:30 am – 03:00 pm
Service Coordinator (RB)	English	African American	Saturday – Wednesday	03:00 pm – 11:30 pm

Services Provided by Facility
New Directions, Inc.-Building 257 is a long-term residential co-occurring disorders treatment facility located on the West Los Angeles Veterans Administration campus which provides case management, education, employment assistance, housing assistance, job training, life skills training, mental health services, substance abuse services, transportation, and meals for up to 50 male homeless Veterans per day.

County of Los Angeles Department of Mental Health
Cultural Competency Division
695 S. Vermont Ave., 15th floor
Los Angeles, CA 90005
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Staff Language Capacities

Provider # 7730A

Provider Name Exceptional Children's Foundation – Kayne Eras

Address 5350 Machado Road Culver City CA 90230

City Culver City Zip Code 90230 Telephone 310/773-9407

Service Areas 1 2 3 4 (5) 6 7 8

Population: Child & Adol. to 21.
TAY
Adult
Older Adult

Staff	Language(s)	Culture	Work Hours
Bartram, Sara R	English	American	M – F 7:30 – 3:30
Bonnie Blumenthal	English	American	M - F 10:00 - 7:00
Bookchin, Felicia	English	American	M – F 7:30 – 3:30
Chopra, Sabina	English, Hindi, Punjabi	Other Asian pacific	M – F 7:30 – 3:30
Copeland, Brett W	English, Spanish	American	M – F 7:30 – 3:30
Davis, Yeshiva	English	American	50% Various
Huemer, Eris	English	American	50% Various
Kishonthy, Edina	English, Hungarian, Russian	American	M – F 7:30 – 3:30
Lambrigger, Christine	English, Spanish, Pilipino, Tagalog	Filipino	M – F 7:30 – 3:30
Loeb, Cindy	English	American	15% Various
Machrone, Richard	English	American	M – F 7:30 – 3:30
Mackic Magyar, Jasmine	English; Serbo-Croatian	American	Thursdays 9:00 - 2:30
Martinez, Ernest	English, Spanish	Hispanic	M – F 7:30 – 3:30
Moore, Jasmina	English, Serbo-Croatian	American	M - F 9:00 - 6:00
Moskovitz, Breanna	English, Spanish	American	M – F 7:30 – 3:30
Motahari, Azadeh	English, Persian, Farsi	American	M – F 7:30 – 3:30
Quintana, Kelly	English, Spanish	Hispanic	M - F 10:00 - 7:00
Ramos Robles, Eloisa	English; Spanish	Hispanic	M – F 7:30 – 3:30
Rule, Frederick	English	American	M – F 7:30 – 3:30
Saeedvafa, Minoo	English, Persian, Farsi	American	M – F 7:30 – 3:30
Shapiro, Linnea	English	American	M - F 10:00 - 7:00
Linda, Shing	English; Spanish; Mandarin; Hungarian	Chinese	M - F 10:00 - 7:00
Wear, Allison	English	American	M – F 7:30 – 3:30

Services Provided by Facility

Outpatient Mental Health Services – Medication Support, Individual, Group, and Case Management Services

County of Los Angeles Department of Mental Health
Cultural Competency Division
695 S. Vermont Ave., 15th floor
Los Angeles, CA 90005
Phone (213) 251-6815 – Fax (213) 252-8752

Staff Language Capacities

Provider # 7542A

Provider Name Personal Involvemement Center

Address 8220 S. San Pedro St, Los Angeles

City Los Angeles **Zip Code** 90003 **Telephone** 323-778-0488

Service Areas 1 2 3 4 5 6 7 8 CW

Population: Child, TAY, Adult, Older Adult

Position	Language(s)	Culture	Work Hours
Clinical Director	English, Spanish	African	9am-6pm
Clinical Supervisor	English	African American/Black	Part time, Hours vary
Therapist	English, Spanish	Latino/a or Hispanic	9am-6:30pm
Therapist	English, Spanish	Latina or Hispanic	9am-6:30pm
Therapist	English, Spanish (Understood, not spoken)	Caucasian	9am-6:30pm
Therapist	English	Caucasian	9am-6:30pm
Therapist	English	African American/Black	9am-6:30pm
Therapist	English	African American/Black	9am-6:30pm
Therapist	English	African American/Black	9am-6:30pm
Psychologist	English, Spanish (Semi-fluent)	African American/Black	Part time, Hours vary
Psychiatrist	English, Arabic	Middle Eastern	Part time, Hours vary
Case Manager /QA	English, Spanish	Latina or Hispanic	10am-7pm
Program Assistant	English, Spanish(Understood, not proficient spoken)	African American/Black	8:30am-5:30pm
Receptionist	English	African American/Black	8am-5pm
Biller	English	African American/Black	Part time, Hours vary

Services Provided by Facility

County of Los Angeles Department of Mental Health
Cultural Competency Division
695 S. Vermont Ave., 15th floor
Los Angeles, CA 90005
Phone (213) 251-6834 – Fax (213) 252-8752

Staff Language Capacities

Provider # 7381A

Provider Name Bienvenidos

Address 110 S. Garfield Ave.

City Montebello Zip Code 90640 Telephone 323-869-9255

Service Areas 1 2 3 4 5 6 (7) 8 CW

Population: Child TAY Adult Older Adult

Position	Language(s)	Culture	Work Hours
Clinic Manager	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Co-Manager	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
QA Manager	English/Korean	Korean	8:30am to 5:00pm M-F /SAT-SUN CLOSED
QA Coordinator	English	Caucasian	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English	Middle Eastern	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English	Caucasian	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Mental Health Therapist	English	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
IS Billing Coordinator	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
IS Billing Clerk	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Medical Records	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED
Intake Coordinator	English/Spanish	Hispanic/Latino	8:30am to 5:00pm M-F /SAT-SUN CLOSED

County of Los Angeles Department of Mental Health
Cultural Competency Division
695 S. Vermont Ave., 15th floor
Los Angeles, CA 90005
Phone (213) 251-6834 – Fax (213) 252-8752

Staff Language Capacities

Provider # 7468

Provider Name San Antonio MHC

Address 2629 Clarendon Ave.

City Huntington Park **Zip Code** 90255 **Telephone** (323) 584-3700

Service Areas 1 2 3 4 5 6 (7) 8 CW

Population: (Child) TAY (Adult) cal WORKS Older Adult

Position	Language(s)	Culture	Work Hours
Alma Jacobo	English & Spanish	Hispanic	
Anthony Chavez	English & Spanish	Indian	
Brian Adair	English	white	8:30 - 6pm
Claudia Contreras	English & Spanish	Hispanic	7:30 - 4:00 pm
Denise Florez	English & Spanish	Hispanic	9:30 - 6:00pm
Ebrahim Amanat	English & Farsi	white	7:30 - 6:00
Elida Soria	English & Spanish	Hispanic	8:30 - 5:00
Erica Palacios	English & spanish	Hispanic	8:30 - 5:00
Ericka Bonilla	English & Spanish	Hispanic	8:30 - 5:00
Frances Pavon	English & Spanish	Hispanic	7:30 - 5:00
Gracie Diaz	English & spanish	Hispanic	8:30 - 6:00
Jaime Anzaldo	English & Spanish	Hispanic	8:30 - 6:00
Janet Ibarra	English & Spanish	Hispanic	8:00 - 5:30
Julio Lagos	English & Spanish	Hispanic	8:30 - 6:00
Lucia Cota	English & Spanish	Hispanic	8:00 - 5:30
Maria Aguilar	English & Spanish	Hispanic	7:30 - 4:00
Maria Elena Medrano	English & Spanish	Hispanic	8:30 - 5:00
Maria Partida	English & Spanish	Hispanic	8:30 - 6:00
Maria Sandoval	English & Spanish	Hispanic	8:30 - 6:00
Michael Villaescusa	English	Phillippino	7:30 - 5:00
Naomi Marks	English	white	7:30 - 5:00
Phyllis Noriega	English	White	9:30 - 6:00

Services Provided by Facility

Individual and group therapy for children and adolescents.
Family therapy and parenting groups.

County of Los Angeles Department of Mental Health
Program Support Bureau
Planning Division
Cultural Competency Unit
695 S. Vermont Avenue, 15th Floor
Los Angeles, CA 90020
Phone (213) 251-6819 – Fax (213) 252-8752

Staff Language Capacities

Provider # 7207

Provider Name: Long Beach Asian Pacific Islander Center

Address 4510 E. Pacific Coast HWY ste 600

City Long Beach **Zip Code** 90804 **Telephone** 562 346-1100

Operation Code **Service Area:** 1,2,3,4,5,6,7,8 or Countywide

Position	Language (s)	Culture*	Work Hours
Mental Health Psychiatrist	Tagalog / Illacano	Filipino	7:30 - 5:00 M-F /Off Other F
Mental Health Psychiatrist	Tagalog / Illacano	Filipino	8:30 – 6:00 M-F /Off Other F
Mental Health Psychiatrist (.25FTE)	Tagalog / Illacano	Filipino	4:00 pm-5:00pm
Mental Health Psychiatrist	English	Japanese	8:00–6:00 M, T, OFF W., 8:00-6:00 Th., 7:30-5:00 F.
Sup. Psy. Social Worker	Vietnamese	Vietnamese	8:30:00 / Off Other M., 8:00-5:30 T-Thu. 7:30-5:00 F.
Sup. Psy. Social Worker	Khmer /Chinese	Cambodian/Chinese	7:00-4:00 M-F
Psy. Social Worker I	Vietnamese	Vietnamese	8:30-5:00 / Off Other M., 8:00-5:30 T-Thu. 7:30-5:00 F.
Psy. Social Worker II	Mandarin	Chinese	8:30-6:00 M-Thu 8:30-5:00 F/Off Other
Psy. Social Worker II	Chinese	Chinese	2:00-6:00 M, 7:30-6:00 T, 7:30-8:00 W, 1:00-6:00 TH, 7:30-5:0(
Psy. Social Worker II	English	Japanese	7:30-5:00 M-F Off Other
Psy. Social Worker II	Vietnamese	Vietnamese	8:30-6:00 M-Thu, 8:30-5:00 F/ Off Other
Psy. Social Worker I	Khmer	Cambodian	7:30-4:00 M-F
Psy. Social Worker I	Khmer	Cambodian	8:00-4:00 / Off Other M., 8:00-5:30 T-Thu. 7:30-5:00 F.
Psy. Social Worker I	Khmer	Cambodian	8:30-6:00 M-Th , 8:30-5:00 F /OFF Other
M.H. Counselor RN	Khmer	Cambodian	7:30-4:00/Off Other M, 7:30-5:00 T-F
Psy. Social Worker I	Vietnamese	Vietnamese	8:00-5:00 M-F
Psy. Social Worker I	Laotian /Khmer	Laotian	8:30-5:00 / Off Other M., 8:00-5:30 T-Thu. 7:30-5:00 F.
M.H. Counselor RN	Samoan	Samoan	8:00-4:30 M., W., 1:00-4:30 Thu
M.H. Counselor RN	Tagalog / Illacano	Filipino	8:30-6:00 M-Th , 8:30-5:00 F /OFF Other
Medical Cases Worker II	Vietnamese	Vietnamese	8:00-5:00 M-F
Medical Cases Worker II	Khmer	Cambodian	8:00-4:00 / Off Other M., 8:00-5:30 T-Thu. 7:30-5:00 F.
Medical Cases Worker II	Khmer	Cambodian	8:00-4:00 / Off Other M., 8:00-5:30 T-Thu. 7:30-5:00 F.
Community Worker	Khmer	Cambodian	8:00-5:30 M-Thu., 8:30-5:00 /Off Other F.
Community Worker	Khmer	Cambodian	8:00-4:30 /Off Other M., 8:00-5:30 T. – Thu., 7:30-5:00 F.
Community Worker	Khmer	Cambodian	8:00-5:30 M-Thu., 8:30-5:00 /Off Other F.
Sr.Community Worker	Khmer	Cambodian	8:30-6:00 M-Thu., 8:30-5:00 /Off Other F.
Sr, Community Worker	Khmer	Cambodian	8:30-5:00 M,T.,Thu., 8:30-8:00 W., 8:30-1:30 F.

Services Provided by Facility

Evaluation and Screening, Medication, Psychotherapy (individual, couple, family, and group), Crisis Intervention, Psychological Evaluation, Case management, Prevocational and Psychosocial Rehabilitation Services, Other services include community education, information, and referrals.

*The cultural capacity of the clinical staff to work with the consumers' specific cultural needs, for ex. capacity to work with the Latino/Latina populations, or any other elements of the "culture" that you may want to list for culturally appropriate referrals.

County of Los Angeles Department of Mental Health
Program Support Bureau
Planning Division
Cultural Competency Unit
695 S. Vermont Avenue, 15th Floor
Los Angeles, CA 90020
Phone (213) 251-6819 – Fax (213) 252-8752

Staff Language Capacities

Provider # 1927A

Provider Name DMH/LONG BEACH MENTAL HEALTH/ADULT PROGRAM

Address 1975 Long Beach Blvd.

City Long Beach **Zip Code** 90806 **Telephone** (562) 599-9280

Operation Code **Service Area:** 1,2,3,4,5,6,7,8 or Countywide

Position	Language (s)	Culture*	Work Hours
M.H. Clinical Program Head	Spanish (Emilia Ramos)	Hispanic	7:30 a.m. – 5:00 p.m.
M.H. Psychiatrist	Korean (Dr. Lee)	Korean	9:00 a.m. – 5:30 p.m.
M.H. Psychiatrist	Indian (Dr. Kumar)	East Indian	9:00 a.m. – 5:30 p.m.
M.H. Psychiatrist	Tagalong (Dr. Angeles)	Filipino	7:30 a.m. – 5:00 p.m.
M.H. Psychiatrist	Tagalong (Dr. Lachica)	Filipino	8:00 a.m. – 5:30 p.m.
M.H. Psychiatrist	Tagalong (Dr. Natividad)	Filipino	9:00 a.m. – 5:30 p.m.
Intermediate Clerk	Spanish (Mirna Alvarado	Hispanic	Monday, Tuesday, and Thursday 8:00 a.m. – 5:30 p.m..
Intermediate Typist Clerk	Vietnamese and Cantonese (Trung Co)	Vietnamese	7:30 a.m. – 5:00 p.m.
Intermediate Typist Clerk	Spanish (Maria Lamm)	Hispanic	9:00 a.m. – 5:30 p.m.
Intermediate Typist Clerk	Spanish (Janet Venegas)	Hispanic	
Intermediate Typist Clerk	Indian (Janaki Venkatesan)	East Indian	8:00 a.m. – 4:30 p.m.
M.H.Counselor , R.N.	Spanish (Alma Baray)	Hispanic	8:00 a.m. – 6:00 p.m.
M.H.Counselor, R.N	Tagalong (Elvie Colabella)	Filipino	7:00 a.m. – 5:30 p.m.
M.H. Services Coordinator II	Spanish (CARMEN ORTIZ)	Hispanic	7:00 a.m. – 4:30 p.m.
Patient Financial Services Worker	Spanish (Carina Cajero) (Medical Leave)	Hispanic	8:00 a.m. – 4:30 p.m.
Patient Financial Services Worker	Vietnamese and Cantonese (Peter Hang)	Vietnamese	7:30 a.m. – 5:00 p.m.
Patient Financial Services Worker	Spanish (Daisy Penedo)	Hispanic	8:30 a.m. – 6:00 p.m.
Psychiatric Social Worker I	French, Spanish (Renee deVicq)	French	8:00 a.m. – 4:30 p..
Psychiatric Social Worker I	Spanish (Juan Mayorga)	Hispanic	8:00 a.m. – 4:30 p.m.
Psychiatric Social Worker I	Spanish & German (Marissa Perez)	Latino	8:30 a.m. – 5:00 p.m.
Psychiatric Social Worker I	Spanish (Gabriela Zuniga)	Latino	8:00 a.m. – 4:30 p.m.
Senior Typist Clerk	Spanish (Kristina LaGunas)	Latino	8:00 a.m. – 5:30 p.m.

Services Provided by Facility

Out-patient Mental Health Services for Long Beach residents
H:2009 Staff language capacities 9 20 Adult Staff Names

CRITERION 7

Initial Requests & Referrals Log for Language & Culture Specific Mental Health Services

(Attachment 9)

COUNTY OF LOS ANGELES

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

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

BOARD OF SUPERVISORS
GLORIA MOLINA
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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

695 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90005

Reply To: 213 251-6815
Fax: 213 252-8752

December 13, 2010

TO: Directly Operated Programs
Contract Operated Programs

FROM: Gladys Lee, LCSW, District Chief
Planning, Outreach and Engagement Division

SUBJECT: **CULTURAL COMPETENCY STATE REQUIREMENTS**

The purpose of this letter is to keep you informed on issues related to the Cultural Competency State requirements. One of the responsibilities the Department has is to provide culturally and linguistically appropriate mental health services to all consumers in Los Angeles County – DMH System of Care, as mandated by CA State DMH Title IX. Most recently, the Cultural Competence Plan Requirements (CCPR) issued by the CA Department of Mental Health specify that mental health providers must: 1) Make accommodations for persons who have limited English proficiency (LEP); 2) Document evidence that interpreter services are offered and provided to clients; and 3) Establish policies and practices that include the capability to refer and link LEP clients to culturally and linguistically appropriate services, (CCPR, Criterion 7: "Language Capacity", Sections I-IV).

Consequently, the Cultural Competency Unit – Planning, Outreach and Engagement (POE) Division continues to track:

1. **Initial** Requests & Referrals Logs for Language and Culture Specific Mental Health Services and,
2. Contact Information Sheets

The Contact Information Sheet is used to designate a person who will be responsible for collecting the logs and sending them to DMH every month. This will allow for easy communication between DMH and your designated staff.

Both forms, the Initial Requests & Referrals Log for Language and Culture Specific Mental Health Services and updated information on the Contact Information**,** are **due to the Cultural Competency Unit by the fifth of each month**. The contact information is:

Los Angeles County – Department of Mental Health
Cultural Competency Unit, POE Division
695 S. Vermont Ave., 15th Floor
Los Angeles, CA 90005
Phone (213) 251-6815 Fax: (213) 252-8752

Thank you very much for your cooperation and compliance with the CA State DMH CCPR and Title IX cultural competency mandates. We appreciate your continued efforts to further enhance cultural competency in our System of Care. For any additional information please contact Sandra Chang Ptasinski, Ph.D., Cultural Competency Unit at (213) 251-6815.

GL:jk

Attachments

LOS ANGELES COUNTY–DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
CULTURAL COMPETENCY UNIT

INSTRUCTIONS FOR COMPLETING THE INITIAL REQUESTS & REFERRALS LOG FOR LANGUAGE AND CULTURE SPECIFIC MENTAL HEALTH SERVICES

The Initial Requests and Referrals Log for Language and Culture Specific Mental Health Services is developed by the Cultural Competency Unit to assist the providers with tracking the linguistic and cultural needs of individuals requesting mental health services.

Please send completed Logs by **the 5th of each month** to the Cultural Competency Unit, 695 S. Vermont Ave., 15th Floor, Los Angeles, CA 90005 or fax to (213) 252-8752.

ITEM #	FIELD	Required Data
1	**Date**	Date of referral.
2	**Consumer's Name or Initials**	Identifying name or initials of person being referred.
3	**Preferred Language**	The consumer's preferred language in which to receive services.
4	**Cultural Need***	The consumer's need for services that are designed to be culture-specific (definition of "culture" is listed below).
5	**Disposition**	Check appropriate column.
	Open Case	Consumer to receive on-going mental health services at this agency. Stop after Item # 6. **
	Refer Out	Although consumer was referred to this agency, culturally and linguistically appropriate services are not available, and consumer will be referred out (state reason).
6	**ACCESS/AT&T, other Interpretive Services**	State whether ACCESS/AT&T Language Line or any other interpretive services were used to assist consumers.
7	**Agency Referred To & SA**	The agency that can provide appropriate linguistic/cultural services for this consumer and the service area.
8	**Phone**	Phone number of agency that the consumer is referred to.
9	**Staff/Date**	Signature of staff completing the referral and date.

If no initial requests or referrals made for language or culturally specific mental health services, please write **"none"** on the log.

***** Culture: The integrated pattern of human behavior that includes thought communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. Culture defines the preferred ways for meeting needs (Cross et al, 1989). A particular individual's cultural identity may involve the following parameters among others; ethnicity, race, language, age, country of origin, acculturation, gender, socioeconomic class, disabilities, religious/spiritual beliefs and sexual orientation.

****** Referral log should also include initial requests and referrals for language/cultural needs to staff within your agency so that the number of referrals based on language/cultural needs are tracked.

Provider's Name:_____ **Phone #:** _____ **Service Area:** _____ **Month/Year:** _____

Initial Requests & Referrals Log for Language and Culture Specific Mental Health Services

Date	Consumer's Name or Initials	Preferred Language	Cultural Need *	Disposition		ACCESS /AT&T	Agency Referred To & SA	Phone	Staff /Date
				Open Case**	Refer Out				

Name & Phone # of staff sending the log: _____

If no initial requests or referrals made for language/cultural specific mental health services, please write **"none"** on the log.
* Please refer to the definition of "CULTURE" listed in the attached instructions sheet.
** Referral log should also include initial requests and referrals for language/cultural needs to **staff within your agency** so that the number of referrals based on language/cultural needs are tracked.

RHall Rev. 7.09

Contact Information

Please fill out this form and provide the Cultural Competency Unit with a designated staff that will be ensuring your agency's compliance with the State's requirement for the tracking or referral log. This person will be responsible to collect all the logs from your main office as well as branch/satellite offices and send them by the 5th of each month to:

Los Angeles County – Department of Mental Health
Cultural Competency Unit
695 S. Vermont Ave., 15th Floor
Los Angeles, CA 90005
Phone: (213) 251-6815
Fax: (213) 252-8752

Agency or Main Office:

Name: _____

Service Area: _____

Liaison Staff:

Name: _____

Phone #: _____

E-mail Address: _____

Branch or Satellite Office (s):

Name: _____

Service Area: _____

Name: _____

Service Area: _____

Name: _____

Service Area: _____

(If you have more than 3 branch/satellite offices, please include additional sheet)

CRITERION 7

DMH P&P 602.1 Bilingual Bonus

(Attachment 10)

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT **BILINGUAL BONUS**	POLICY NO. **602.1**	EFFECTIVE DATE **11/01/01**	PAGE **1 of 4**
APPROVED BY:  Director	SUPERSEDES **10/01/89**	ORIGINAL ISSUE DATE **04/02/79**	DISTRIBUTION LEVEL(S) **1**

PURPOSE

1.1 To establish the Department of Mental Health (DMH) policy and guidelines in the administration of bilingual bonus payments under provisions of the Los Angeles County Code, Section 6.10.140.

DEFINITION

2.1 Bilingual bonus is compensation paid to certified bilingually proficient employees whose assignments require fluency in both English and at least one foreign language as well as knowledge of and sensitivity toward the culture and needs of the foreign-language group clientele which DMH serves. Such a bonus does not constitute "base rate" pay. American Sign Language (ASL) is considered a foreign language for purposes of this bonus.

ELIGIBILITY

3.1 To qualify for the bilingual bonus, employees must meet all of the following conditions:

3.1.1 Hold permanent and full-time status or hold a temporary or recurrent position.

3.1.2 Be assigned to duties that require the use of the foreign language(s) on a continuing and frequent basis to meet the public service responsibility of DMH. Examples of situations that meet the definition of "continuing and frequent" include, but are not limited to:

3.1.2.1 An employee who is assigned a caseload that requires the use of a second language.

3.1.2.2 An employee whose assignment requires regular, ongoing contact with the public where the use of a second language is necessary and where the employee possesses and displays a knowledge of and sensitivity toward the culture and needs of the foreign language group.

3.1.2.3 An employee who is not an interpreter but who is required to translate materials on a regular and ongoing basis from English to another language or from another language to English.

3.1.2.4 Administrative and managerial positions do not routinely meet this condition since they are not considered public contact positions. However, in some situations, with the Deputy Director's written approval, an administrative or managerial position may be designated as one involving significant public contact in which bilingual skills are needed and would further DMH's public service responsibility.

3.1.3 Possess a valid Language Proficiency Certificate issued as a result of the County's Bilingual Proficiency Examination procedure, which tests for proficiency to either speak, read and/or write the language.

3.2 It is the responsibility of the District Chief or higher level to determine the skill required for the assignment and to ensure the employee is properly certified for the needed skill.

PROCEDURE

4.1 DMH may administer examinations and establish eligible registers (or certification lists) for some positions with foreign language skills as a requirement. Candidates will be tested for bilingual proficiency as part of the examination process and, if successful, issued a Language Proficiency Certificate. Successful candidate names will then be placed on the eligible registers. DMH may select candidates from the eligible registers when the foreign language skills are needed for a position. Candidates who are appointed from such registers are employed on the condition that they use their bilingual skills while holding the position. The bilingual bonus is authorized or terminated with the "Bilingual Bonus Authorization/Termination" form (MH329) (Attachment I).

Authorization of Bonus

4.2 When a District Chief wishes to appoint an eligible employee with a foreign language specialty, the original MH 329 along with a copy of the employee's Language Proficiency Certificate shall be attached to the Personnel Action Form (PAF) for processing.

4.2.1 If the candidate or employee already has a valid Language Proficiency Certificate (or retains eligibility after being terminated from the bonus), the District Chief shall enter specific justification information, such as frequency of use, on the MH 329. A copy of the MH 329 shall be retained by the District Chief. Upon completion of the appropriate sections of the MH 329, the Processing Staff Liaison shall return two copies to the District Chief. One copy is given to the employee and the other filed in the employee's office folder.

4.2.2 If the candidate or employee does not have a valid Language Proficiency Certificate, the District Chief shall complete the MH 329, checking the box "I request that a Language

Proficiency Examination be administered" and send it to the Bilingual Coordinator who shall arrange for a proficiency test and notify the District Chief of the results.

If the candidate or employee passes the proficiency test, the Bilingual Coordinator shall attach a copy of the Language Proficiency Certification to the MH 329 and return it to the District Chief for processing (see Section 4.2).

4.3 The District Chief determines and justifies whether a given assignment requires a bilingual employee and approves or terminates the bilingual bonus as appropriate. The District Chief has responsibility for authorizing a bilingual bonus. Supervisory levels are not to be delegated final authority to approve a bilingual bonus.

4.4 The Processing Staff Liaison shall review the MH 329 and complete the Personnel Division portion of all copies. If no effective date is indicated on the MH 329, the Processing Staff Liaison shall contact the appropriate District Chief. The Processing Staff shall enter the information into CWTAPPS. The MH 329, along with a copy of the Language Proficiency Certificate, shall be filed in the employee's Official Personnel File. Two copies shall be returned to the District Chief. The Processing Staff Liaison shall notify the District Chief if the MH 329 is not approved as submitted.

Termination/Continuation of Bonus

4.5 Authorization to receive the bilingual bonus terminates whenever the employee is rated less than competent in an official Performance Evaluation, transfers between County Departments, changes pay location, promotes, demotes, changes classification, begins an unpaid leave or has been on a continuous leave of absence for 60 or more calendar days, changes assignment or is no longer required to use the foreign language on the job.

4.6 If the bilingual bonus is to be continued following transfer to a new pay location or a new classification, the District Chief who supervises that pay location must request such continuance on the PAF and attach a properly completed MH 329.

4.6.1 Payment of the bilingual bonus may only be authorized as long as the facts upon which it is based continue to exist and the employee continues to remain eligible.

4.6.2 The District Chief must terminate the bonus as soon as possible but no later than five (5) business days after eligibility ceases. The District Chief shall complete the "Termination" portion of the MH 329 in triplicate and send the original to the Bilingual Coordinator in HRB, keep the first copy for office records and send the second copy to the employee (if available).

4.6.3 The Processing Staff shall terminate the bonus and file the original MH 329 in the employee's Official Personnel File.

Review of Bonus

4.6 At least every six months, HRB shall survey all work locations with employees receiving a bilingual bonus. The District Chief for that work location shall confirm in writing that the employee(s) receiving a bilingual bonus meet the criteria as set forth in the ELIGIBILITY section of this policy.

4.8 On a monthly basis Payroll staff shall review and identify those employees receiving a bilingual bonus who have been absent 60 or more calendar days. Payroll shall then notify the Processing Staff to stop payment of the bonus.

4.8.1 Once Payroll is notified that an employee has returned to work, Payroll shall notify the Processing Staff to reinstate the bonus.

5.1 The effective date of the bonus shall be the date designated on the MH 329 by the District Chief, provided the employee meets the eligibility criteria.

6.1 Full-time employees certified to receive the bilingual bonus established in County Code Section 6.10.140 shall receive additional compensation at the rate specified by the Board of Supervisors. Employees paid on an hourly basis shall receive additional compensation at the hourly rate specified by the Board of Supervisors.

6.2 In no event shall such compensation be effective before the employee is certified or before the first day of his/her assignment to the qualifying position.

AUTHORITY

Los Angeles County Code, Section 6.10.140
Memoranda of Understanding between the County and Certified Bargaining Units

ATTACHMENT

Attachment I Bilingual Bonus Authorization/Termination – Form MH 329

REVIEW DATE

This policy shall be reviewed on or before November 1, 2006

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

BILINGUAL BONUS AUTHORIZATION/TERMINATION

PLEASE TYPE

EMPLOYEE NAME:	EMPLOYEE NO.:
PAYROLL TITLE"	ITEM NO.:
OFFICE/POGRAM:	PAY LOCATION:

☐ **AUTHORIZATION**

Language required: _____

Skills required: ☐ Speaking ☐ Writing ☐ Reading

Date Certificate issued: _____

Duties requiring use of bilingual skills (be specific):

_____

_____

_____

_____

_____

Average Number of Times Language Used: _____ Per Day _____ Per Week

Date Assignment Begins _____

This is to certify that the employee meets the eligibility criteria established by departmental policy.

☐ I request that a Language Proficiency Examination be administered for the language and skills identified above.

☐ I request bilingual bonus for the employee. _____ _____
District Chief Signature Date

☐ **TERMINATION**

Reason: _____

Date: _____

☐ I authorize termination of bilingual bonus

_____ _____
District Chief Signature Date

PERSONNEL DIVISION USE ONLY

1. Effective Date of Bonus/Termination _____Date Payroll notified _____
2. Reason for denial of request _____

   Date District Chief notified _____

_____ _____
Bilingual Coordinator Signature Date

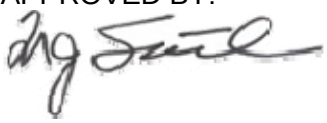
SEND ORIGINAL AND 3 COPIES TO BILINGUAL COORDINATOR
RETAIN COPY IN OFFICE FILE

CRITERION 7

DMH P&P 104.8 Clinical Records Guidelines

(Attachment 11)

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
CLINICAL RECORD GUIDELINES: CONTENTS AND GENERAL DOCUMENTATION REQUIREMENTS	**104.8**	**04/15/05**	**1 of 5**
APPROVED BY:  Director	SUPERSEDES **104.8**	ORIGINAL ISSUE DATE **09/01/04**	DISTRIBUTION LEVEL(S) **2**

PURPOSE

1.1 To provide general guidelines related to the organization and contents of the clinical record.

1.2 To provide minimum documentation guidelines applicable to all mental health services provided by the Department of Mental Health (DMH) regardless of payor source.

POLICY

2.1 Employees of DMH must adhere to established guidelines related to the organization and contents of the clinical record (Sections 4.1 and 4.2).

2.2 Employees of DMH must adhere to general documentation guidelines as set forth in this policy (Sections 4.3, 4.4 and 4.5).

PROCEDURE

3.1 GENERAL GUIDELINES APPLICABLE TO THE CLINICAL RECORD

3.1.1 A paper copy clinical record of all services provided shall be maintained in all facilities with the exception of Jail Mental Health Services.

3.1.1.1 Protected Health Information (PHI), which includes all clinical documentation, shall not be saved on any disk or any other electronic medium until such time as the Department implements its electronic record.

3.1.2 The contents of charts must be firmly attached to the folder in which the documents are maintained.

3.1.3 All direct services must be documented in the Clinical Record by the end of the next scheduled work day following the delivery of service and prior to submission of claims for reimbursement.

3.1.3.1 All other documents related to a client must be filed in his/her clinical record within five (5) working days in accordance with the Department's chart order format.

3.1.4 The client's name and number must be on all documents in the chart.

4.1 CONTENTS OF CLINICAL RECORD

4.1.1 All clinical records shall contain:

- an acknowledgement of receipt of the Health Insurance Portability and Accountability Act (HIPAA) "Notice of Privacy" form signed by the client;
- a Consent of Services and when required, a Consent for Minor;
- all applicable release and access documents, including the Accounting Tracking Sheet;
- administrative forms, i.e., Integrated System Face Sheet; UMDAP;
- an Initial and Annual Assessment update, and when seen for medications, a Physician Evaluation;
- Psychological Testing reports;
- Client Care/Coordination Plan;
- correspondence;
- progress notes, including case conferences/team consultations;
- Discharge Summary;
- Outpatient Medication Review form(s), in accordance with Department procedures;
- physician orders;
- laboratory test results;
- prescriptions;
- administration of meds; and
- documentation indicating whether or not the client has executed an Advanced Directive.

4.2 DIAGNOSIS GENERAL GUIDELINES

4.2.1 The Five Axis DSM diagnosis on the assessment shall be consistent with the assessment information and all other documentation in the clinical record, including any co-occurring diagnosis.

4.2.2 The Principal Diagnosis must be one of the diagnoses identified by the State Specialty Mental Health codes as a diagnosis eligible for Medi-Cal reimbursement through the mental health system of care, otherwise known as an "included diagnosis."

4.2.3 Diagnoses that support medical necessity under Medicare, according to National Heritage Insurance Company (NHIC) are:

4.2.3.1 Any diagnosis consistent with those specified in **Indications and Limitations of Coverage and/or Medical Necessity,** or the ICD-9-CD descriptors in the list of **ICD-9-CM Codes that Support Medical Necessity.**

4.2.4 If the diagnosis is changed during the course of treatment, a "Change of Diagnosis" form shall be filed in the chart (with the exception of Jail Mental Health) and the information entered into the DMH Integrated System (IS).

4.3 DOCUMENTATION GENERAL GUIDELINES

4.3.1 Documentation must be complete and legible.

4.3.2 DMH Programs shall use only those forms approved by the Department.

4.3.3 Progress notes must include:

- date, including the day, month and year of service delivery;
- type of service delivered, as indicated by a pertinent procedure code/description of service;
- location of service;
- time spent by the rendering provider in the delivery of the service, which for some services must be broken out into face-to-face and other time;
  ("Face-to-face time" is defined literally as the actual time a client is visually in the presence of and interacting in some way with staff. "Other time" includes non-face-to-face contacts with the client, documentation, and travel time. "Total time" is a combination of "face-to-face time" and "other time".)
- names of all staff participating in the service and each of those staff's "total time";
- for groups, the number of the clients for which claims will be submitted (clients present or represented in the group);
- each entry must contain a description of what was attempted and/or accomplished during the contact toward the attainment of a treatment goal;
- a description of changes in medical necessity, when appropriate;
- signature of the service provider, including full name, license/payroll title; and
- co-signatures when required:
  - Mental Health Services – no Bachelor's Degree and less than two (2) years; and students;

- Day Treatment Intensive, daily progress notes – MH related BA; two (2) years experience in MH, no BA or two (2) years experience; and students.
- Day Treatment Intensive, weekly summary – Licensed Vocational Nurse; Psychiatric Technician; MH Rehabilitation Specialist; MH related BA; two (2) years experience; and students.
- Day Rehabilitation – MH related BA; two (2) years experience in MH, no BA or two (2) years experience; and students.
- Targeted Case Management – No BA or two (2) years experience and students.

4.3.4 If abbreviations are used, they should be standard, industry-accepted abbreviations.

4.3.5 The use of correction fluid or correction tape is not permitted. If a documentation error is made, it should be lined-through with a single line, the word "error" noted next to the line-through, initialed and dated and, when appropriate, the correct information charted.

4.3.6 In situations where documentation of services does not occur on the day the service was provided:

4.3.6.1 The service date is to placed in the left column of the note; and

4.3.6.2 The date on which the note was written should appear at the beginning of the note followed by the appropriate documentation for the service provided.

4.4 OTHER DOCUMENTATION ISSUES

4.4.1 Interventions to accommodate the needs of the visually and hearing impaired, as well as those with limited English proficiency, must be documented.

4.4.2 When the client's primary language is not English, there is to be documentation to show that services were offered in the client's primary language and/or that interpretive services were offered. Clients should not be expected to provide interpretive services through friends or family members. **(See DMH Policy #202.21 Language Interpreters for further information.)**

4.4.3 When cultural or linguistic issues are present, they must be documented along with the actions to link the client to culturally and/or linguistically specific services.

SUBJECT: **CLINICAL RECORD GUIDELINES: CONTENTS AND GENERAL DOCUMENTATION REQUIREMENTS**	POLICY NO. **104.8**	EFFECTIVE DATE **04/15/05**	PAGE **5 of 5**

4.4.4 In order to obtain culturally and linguistically accurate information from clients who do not speak English as a first language, the Department has translated some of its forms into other languages. Whenever non-English forms are used, the English translation version must be printed on the back of the same page. If that is not possible, the English version must be placed immediately adjacent to the non-English version in the clinical record.

AUTHORITY

California Code of Regulations, Title IX, Chapter 11, Medi-Cal Specialty Mental Health Services
National Heritage Insurance Company, Final Local Medical Review Policies, Psychopharmacology and Psychotherapy, effective 10/1/2003

RELATED POLICIES

DMH Policy No. 104.10 Medicare Clinical Documentation

DMH Policy No.104.9 Clinical Documentation for Medi-Cal and non-Medi-Cal/non-Medicare Services.

REVIEW DATE

This policy shall be reviewed on or before April 2010.

CRITERION 7

Letter from the California State DMH, dated October 22, 2008, regarding Consumer Satisfaction Surveys in threshold languages

(Attachment 12)

CALIFORNIA DEPARTMENT OF
Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 651-9524

October 22, 2008

Robin Kay, Ph.D.
County of Los Angeles
650 South Vermont Avenue
Los Angeles, California 90020

Dear Dr. Kay:

On behalf of Elaine Bush, Chief Deputy Director, California Department of Mental Health (DMH), the Office of Multicultural Services (OMS) is responding to your request to make available the Performance Outcomes & Quality Improvement (POQI) Consumer Perception Survey (CPS) into other threshold languages. In your letter, you indicated that the CPS forms have not been translated into all threshold languages, and this has created significant barriers to consumers expressing their opinions regarding mental health services that are provided to them. We have researched this issue with Ms. Minerva M. Reyes in the POQI Section at DMH regarding your inquiry. Ms. Reyes indicated the Department's website is providing translated versions of the CPS forms in seven different languages. These languages are English, Spanish, Chinese, Hmong, Russian, Tagalog, and Vietnamese and can be found at http://www.dmh.ca.gov/POQI/Consumer_Perception_Surveys.asp.

You further clarified in a follow-up email (October 14, 2008) to our office that there are still CPS forms that have not been translated into the languages of Armenian, Arabic, Cambodian, Farsi, and Korean. The Department is currently identifying and prioritizing the development of translations based on their frequencies as Medi-Cal threshold languages across counties. We are pleased to inform you that in the future, we will definitely include providing the CPS forms in the requested languages.

Our sincere apologies for not replying sooner, if you have any questions regarding the CPS, please contact Ms. Minerva Reyes of the POQI Section at (916) 654-3685. If you need additional information please contact me at (916) 654-2323.

Sincerely,

Rachel Guerrero

RACHEL G. GUERRERO, LCSW
Chief
Office of Multicultural Services

cc: Elaine Bush, Chief Deputy Director-DMH

OCT 23 2008

COUNTY OF LOS ANGELES

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

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4978
Fax: (213) 738-6455

November 9, 2009

TO: Mental Health Commission

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

SUBJECT: **STATE PERFORMANCE OUTCOMES & COUNTY PERFORMANCE OUTCOMES FOR CALENDAR YEAR 2008**

Please find attached the Executive Summary for the Los Angeles County Department of Mental Health (LAC-DMH) Annual Performance Outcomes Summary Report by Service Area and Countywide for Calendar Year (CY) 2008. The State Performance Outcomes System and the Federal Block Grant for Mental Health Services (Substance Abuse & Mental Health Services Administration – SAMHSA) requires annual participation in the administration of consumer/family perception of satisfaction surveys to inform the system and guide quality improvement activities.

Additionally, in 2006 the Los Angeles County Board of Supervisors approved the County Strategic Plan Guiding Coalitions' recommendations to improve the effectiveness of services delivered by social service contractors. As a result, the LAC-DMH converted to Performance Based Contracting and measurable Performance Outcomes on January 1, 2008. Within the Department of Mental Health, contractual authority for these functions is cited in the Legal Entity Agreement, Paragraph 10, Performance Standards and Outcomes Measures.

The full report is available online at: http://psbqi.dmh.lacounty.gov/qi.htm.

Should you have any questions or concerns related to this report, please contact the Program Support Bureau, Quality Improvement Division, Vandana Joshi, Ph.D., at (213) 251-6886 or Martha Drinan, RN, MN, CNS, at (213) 251-6885.

MJS:DM:MD:vj

Attachment

c: Carol Eisen, M.D.
Paul Arns, Ph.D.
Vandana Joshi, Ph.D.
Dennis Murata
Gurubanda Singh Khalsa
Martha Drinan

County of Los Angeles—Department of Mental Health
Program Support Bureau

State Performance Outcomes & County Performance Outcomes Report CY 2008

Executive Summary

Marvin J. Southard, D.S.W

Director of Mental Health

The County of Los Angeles, Department of Mental Health (LAC-DMH) Annual Performance Outcomes Summary Report for the eight (8) geographic Service Areas and Countywide for Calendar Year (CY) 2008 contains: the State Performance Outcomes for November 2008 in accordance with the State Performance Outcomes survey requirements; the County Performance Outcomes for May 2008 and November 2008 in accordance with the County of Los Angeles, Board of Supervisors Performance Outcomes survey requirements; and, the Performance Outcome for timely access to mental health services for persons discharged from psychiatric inpatient hospitals.

In CY 2008, there were 51,538 "Surveys Received" from Clinic Outpatient, Day Treatment, School and Field-Based Programs from four (4) Age Groups: 1. Youth Services Survey – Family (YSS-F for family members of consumers 0-17 years), 2. Youth Services Survey (YSS for 13-17 years), 3. Mental Health Statistics Program Survey – Adult (MHSIP for 18-59 years), and MHSIP Older Adult (for 60+ years). The 51,538 Total Surveys Received includes 39,967 or 77.5% from Clinic Outpatient and Day Treatment Programs and 11,571 or 22.5% from School and Field-Based Programs.

All Surveys Received are subject to an algorithm that excludes incomplete surveys prior to computing Survey Completion Rates. The remaining surveys that meet the criteria for data analyses are the "Surveys Completed". There were 42,659 "Surveys Completed" from Clinic Outpatient, Day Treatment, School and Field-Based Programs. The 42,659 Surveys Completed include 32,952 or 77.2% from Clinic Outpatient and Day Treatment Programs and 9,482 or 22.2% from School and Field-Based Programs. Reliability and Significance Testing were completed for Service Areas, Demographics, and Indicators.

COUNTYWIDE RESPONSE RATES, CY 2008

- The County Performance Outcomes Response Rate from Clinic Outpatient, Day Treatment, School and Field Based Programs was 43.3% for Surveys Received and 35.8% for Surveys Completed.
- The State Performance Outcomes Response Rate from Clinic Outpatient and Day Treatment Programs was 33.6% for Surveys Received and 27.7% for Surveys Completed.

STATE PERFORMANCE OUTCOMES, NOVEMBER SURVEY PERIOD

- Service Area (SA) 2 had the highest number of Surveys Received and Surveys Completed for all Age-Groups, followed by SA 8 and SA 6.
- There were 2,765 or 14.1% Surveys Received from Clinic Outpatient and Day Treatment Programs with a Reason Code for not completing the surveys. There are four (4) possible Reason Codes and the highest percent for all Age-Groups was "Refused" at 52.6%. Older Adults at 22% had the highest percent Reason Code for "Language" for not completing the surveys.
- Surveys Received for all Age-Groups at 95% agreed with: "Was Written Information Available to You in the Language You Prefer"? SA 5 had the highest percent agreement at 96% and SA 4 had the lowest percent agreement at 92%.

OVERALL SATISFACTION MEAN SCORES & SUBSCALE MEAN SCORES

The maximum range for Overall Satisfaction Mean Scores for the YSS-F and the YSS is 29 to145. The maximum range for the Adult and Older Adult is 37 to185.

- Surveys Completed for all Age-Groups had **Overall Satisfaction** Mean Scores of: YSS-F at 121.8, as compared with the YSS at 116.3 and the highest for Older Adults at 161.1, as compared with Adults at 153.7. The highest Overall Satisfaction Mean Scores by Service Area were: SA 6 for the YSS at 118.7 and Older Adults at 173.9; SA 4 for the YSS-F at 125.0 and Adults at 155.6. The lowest Overall Satisfaction Mean Scores by Service Area were: SA 1 for the YSS-F at 119.3, Older Adults at 143.0 and Adults at 150.0; and, SA 2 for the YSS at 114.0.

- Surveys Completed for all Age-Groups had **General Satisfaction Subscale** Mean Scores of: YSS-F at 21.8, as compared with the YSS at 20.2 and for Older Adults at 13.8, as compared with Adults at 13.3. The highest General Satisfaction Subscale Mean Scores by Service Area were: SA 4 for the YSS-F at 22.1; SA 6 for the YSS at 20.8 and SA 1, SA 2 and SA 7 for Adults at 13.4. The Mean Score for this subscale was not significantly different by Service Area for Older Adults.

- Surveys Completed for all Age-Groups had **Perception of Access Subscale** Mean Scores of: YSS-F at 8.7, as compared with the YSS at 7.9 and for Older Adults at 26.6, as compared with Adults at 25.6. The highest Perception of Access Subscale Mean Scores by Service Area were: SA 6, SA 7 and SA 8 for the YSS at 8.1; and, SA 2 for Adults at 25.9. The Mean Score for this subscale was not significantly different by Service Area for the YSS-F and Older Adults.

- Surveys Completed for all Age-Groups had **Perception of Quality and Appropriateness (Cultural Sensitivity) Subscale** Mean Scores of: YSS-F at 18.1, as compared with the YSS at 16.8 and for Older Adults at 40.0, as compared with Adults at 38.7. The highest Perception of Quality and Appropriateness (Cultural Sensitivity) Subscale Mean Scores by Service Area were: SA 5 for the YSS-F at 18.5; SA 7 for the YSS at 17.4 and SA 6 for Adults at 39.2 and Older Adults at 42.2.

- Surveys Completed for all Age-Groups had **Perception of Participation in Treatment Planning Subscale** Mean Scores of: YSS-F at 12.9, as compared with the YSS at 11.5 and for Older Adults at 8.8, as compared with Adults at 8.7. The highest Perception of Participation in Treatment Planning Subscale Mean Scores by Service Area were: SA 3 and SA 5 for Adults at 8.3. The Mean Score for this subscale was not significantly different by Service Area for the YSS-F, the YSS and Older Adults.

- Surveys Completed for all Age-Groups had **Perception of Outcomes Subscale** Mean Scores of: YSS-F and YSS at 23.3, and for Older Adults at 33.2, as compared with Adults at 31.5. The highest Perception of Outcomes Subscale Mean Scores by Service Area were: SA 4 for the YSS-F at 24.5 and Adults at 32.2. The Mean Score for this subscale was not significantly different by Service Area for the YSS, and Older Adults.

- Surveys Completed for all Age-Groups had **Perception of Functioning Subscale** Mean Scores of: YSS-F at 19.4, as compared with the YSS at 19.5 and for Older Adults at 20.4, as compared with Adults at 19.3. The highest Perception of Functioning Subscale Mean Scores by Service Area were: SA 4 for the YSS-F at 20.5; SA 6 for Adults at 19.7 and Older Adults at 21.7. The Mean Score for this subscale was not significantly different by Service Area for the YSS.

- Surveys Completed for all Age-Groups had **Perception of Social Connectedness Subscale** Mean Scores of: YSS-F at 17.0, as compared with the YSS at 16.4 and for Older Adults at 16.1, as compared with Adults at 15.6. The highest Perception of Social Connectedness Subscale Mean Scores by Service Area were: SA 4 for the YSS-F at 17.2; SA 2 and SA 7 for Adults at 15.8; and, SA 6 for Older Adults at 16.9. The Mean Score for this subscale was not significantly different by Service Area for the YSS.

- A total of 74.4% of the YSS-F reported that their child had Medi-Cal (Medicaid) insurance as compared with 7.9% that did not. In SA 1 the YSS-F had the highest percent of Medi-Cal (Medicaid) insured children at 83.4% as compared with the lowest percent in SA 5 at 64.6%. A total of 70.2% of the YSS reported that they had Medi-Cal (Medicaid) insurance as compared with 9.3% that did not. In SA 3 the YSS had the highest percent of Medi-Cal (Medicaid) at 78.1% as compared with the lowest percent in SA 2 at 58.4%.

See Technical Appendix Part I for March 2008 State Outcomes results.

COUNTY PERFORMANCE OUTCOMES, CY 2008

- The highest to lowest average percents for the four (4) Outcome Measures that were asked of all the Age-Groups were: "Services were available at times that were convenient" and, "Staff were sensitive to my cultural ethnic background" both at 88.4%, "Location of services was convenient" at 85.8%; and "Doing better in school and/or work" at 69.5%.

- The highest to lowest average percents for the three (3) Outcome Measures from the YSS-F and the YSS were: "I felt my child/I had someone to talk to when he/she was troubled" at 86.1%, "In a crisis, I would have the support I need from family and friends" at 83.7%, and "My child/I get along better with family members" at 72.2%.

- The highest to lowest average percent for the three (3) Outcome Measures from Adults and Older Adults were: "Staff were willing to see me as often as I felt necessary" at 88.7%, "I deal more effectively with daily problems" at 80.6%, and "Symptoms are not bothering me as much" at 69.1%.

One of the ten (10) Outcome measures showed significant differences for all Age-Groups by SA in May and November. The highest average agreement for "Location of services was convenient" was in SA 7, YSS-F (May & Nov.) in SA 5, SA 7, YSS (May & Nov.); and in SA 6 Adults (May & Nov.) and SA 4 SA 5 Older Adults (May & Nov.). The lowest average agreement was in SA 5 YSS-F (May & Nov.), in SA 4 YSS (May) and SA 1 YSS (Nov.); and in SA 8 (May & Nov.) for Adults and Older Adults.

A second Outcome Measure that showed significant differences in May and November was "My child/I get along better with family members". This Outcome Measure is only in the YSS-F and the YSS. The highest average agreement for "My child/I get along better with family members" was in SA 4 and SA 7 and the lowest average agreement was in SA 1 and SA 8.

A third Outcome Measure that showed significant differences in May and November for Adults and Older Adults was "Doing better in school and/ or work." The highest average agreement was in SA 4 for both Adults and Older Adults and the lowest average agreement was in SA 1.

See Table 2.7 for Baseline County Performance Outcomes and Tables 2.8 - 2.28 for distribution of the County Performance Outcomes by Service Area and Age Group. This Report is also available online at: http://psbqi.dmh.lacounty.gov/qi.htm

COUNTY OF LOS ANGELES

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

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

Reply To: (213) 738-4925
Fax: (213) 738-6455

August 28, 2009

TO: Board of Supervisors

FROM: Robin Kay, Ph.D.
Chief Deputy Director

Dennis Murata, M.S.W.
Deputy Director

SUBJECT: **STATE PERFORMANCE OUTCOMES & COUNTY PERFORMANCE OUTCOMES FOR CY 2008**

This is the Los Angeles County Department of Mental Health (LAC-DMH) Annual Performance Outcomes Summary Report by Service Area and Countywide for CY 2008. The State Performance Outcomes System and the Federal Block Grant for Mental Health Services (Substance Abuse & Mental Health Services Administration – SAMHSA) require annual participation in the administration of consumer/family perception of satisfaction surveys to inform the system and guide quality improvement activities.

Additionally, in 2006 the County of Los Angeles Board of Supervisors approved the County Strategic Plan Guiding Coalitions' recommendations to improve the effectiveness of services delivered by social service contractors. As a result, the LAC-DMH converted to Performance Based Contracting and measureable Performance Outcomes on January 1, 2008. Within the Department of Mental Health, contractual authority for these functions is cited in the Legal Entity Agreement, Paragraph 10, Performance Standards and Outcome Measures.

This aggregate report of findings also establishes baseline data for CY 2008 for selected performance indicators and provides opportunities for quality improvement initiatives and projects intended to measure and improve outcomes for consumers, families, and stakeholders of the mental health care system.

This report is also available online at: http://psbqi.dmh.lacounty.gov/qi.htm. Should you have any questions or concerns related to this report, please contact the Program Support Bureau, Quality Improvement Division, Vandana Joshi, Ph.D., at (213) 251-6886 or Martha Drinan, RN, MN, CNS, at (213) 251-6885.

c: Martha Drinan
Vandana Joshi
Gurubanda Singh Khalsa
Paul Arns
Carol Eisen

COUNTY OF LOS ANGELES

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

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

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MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

Reply To: (213) 738-4978
Fax: (213) 738-6455

September 1, 2009

TO: Each Supervisor

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

SUBJECT: **STATE PERFORMANCE OUTCOMES & COUNTY PERFORMANCE OUTCOMES FOR CALENDAR YEAR 2008**

Please find attached the Los Angeles County Department of Mental Health (LAC-DMH) Annual Performance Outcomes Summary Report by Service Area and Countywide for Calendar Year (CY) 2008. The State Performance Outcomes System and the Federal Block Grant for Mental Health Services (Substance Abuse & Mental Health Services Administration – SAMHSA) require annual participation in the administration of consumer/family perception of satisfaction surveys to inform the system and guide quality improvement activities.

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Should you have any questions or concerns related to this report, please contact me or your staff may contact the Program Support Bureau, Quality Improvement Division, Martha Drinan, RN, MN, CNS, at (213) 251-6885.

MJS:RK:DM:MD

c: Robin Kay, Ph.D.
Martha Drinan
Vandana Joshi, Ph.D.
Gurubanda Singh Khalsa
Paul Arns, Ph.D.
Carol Eisen, M.D.

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION

August 31, 2009

TO: Executive Management Team
District Chiefs
Program Heads

FROM: Robin Kay, Ph.D.
Chief Deputy Director

Dennis Murata, M.S.W.
Deputy Director

SUBJECT: **STATE PERFORMANCE OUTCOMES & COUNTY PERFORMANCE OUTCOMES FOR CALENDAR YEAR 2008**

Please find attached the Los Angeles County Department of Mental Health (LAC-DMH) Annual Performance Outcomes Summary Report by Service Area and Countywide for Calendar Year (CY) 2008. The State Performance Outcomes System and the Federal Block Grant for Mental Health Services (Substance Abuse & Mental Health Services Administration – SAMHSA) require annual participation in the administration of consumer/family perception of satisfaction surveys to inform the system and guide quality improvement activities.

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RK:DM:MD:VJ

c: Martha Drinan
Vandana Joshi
Gurubanda Singh Khalsa
Paul Arns
Carol Eisen

CRITERION 7

FSP Child Consumer Satisfaction Survey CY 2009

(Attachment 13)

COUNTY OF LOS ANGELES –DEPARTMENT OF MENTAL HEALTH

COUNTYWIDE CHILD MHSA PROGRAM ADMINISTRATION

CHILD FSP CLIENT SATISFACTION SURVEY 2009

OVERVIEW

In an effort to determine customer satisfaction with the Child FSP program, a stratified random sampling methodology was used to identify 527 ethnically diverse clients and families who are either currently receiving Child FSP services or have received them during the past. Due to the high rate of FSP consumer transience, only 228 of the identified 527 families were successfully interviewed.

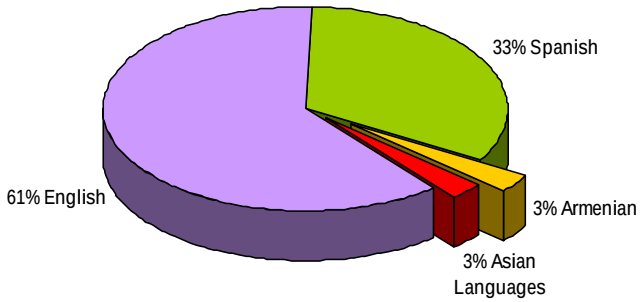
Several Service Area Parent Partners assisted with the development of the survey and conducted interviews during evening hours and on weekends to give parents and caregivers who worked during the day an equal opportunity to participate in the survey as well.

The surveys were conducted in Armenian, Cambodian, Cantonese, English, Korean and Spanish.

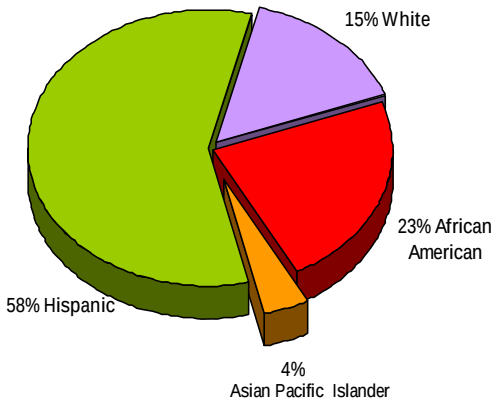
The ethnic mix of families surveyed included African American, Asian Pacific Islander, Hispanic and White.

The charts below illustrate the breakdown by percentage of the languages the survey was conducted in and the ethnic mix of the people surveyed.

LANGUAGES SURVEY CONDUCTED IN



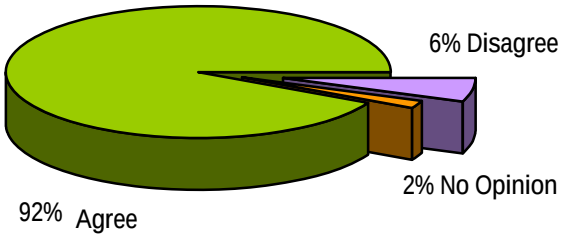
ETHNICITY OF RESPONDENTS



CHILD FSP CLIENT SATISFACTION SURVEY 2009

Response Breakdown

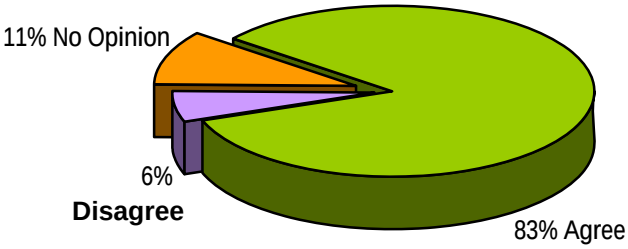
PREFERRED LANGUAGE DELIVERY



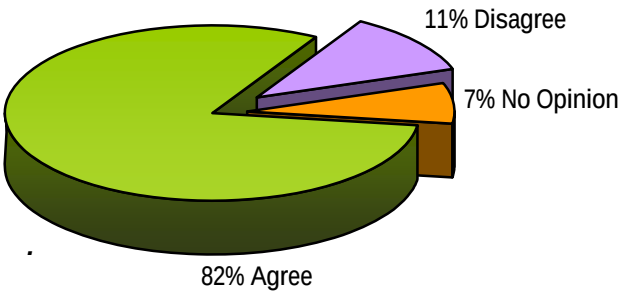
The ability to provide services in the child and family's first language is a Full Service Partnership core principle. Nearly all of the families surveyed indicated that FSP services were provided to them in their first language.

FIELD-BASED SERVICE DELIVERY

Field-based service delivery means delivering services to clients & families "where they are", whether that's at home or school, a local park, community center or even McDonalds. Over 80% of the clients & families surveyed were happy to report that they were able to choose when and where they recieved FSP services.



CRISIS RESPONSE AWARENESS

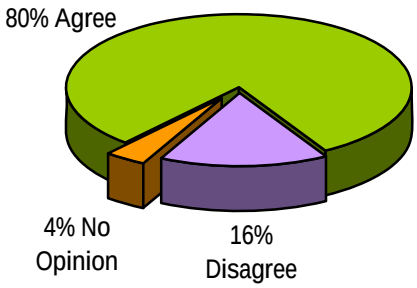


Child FSP provider agencies are required to review their emergency procedure protocol with each new FSP enrollee and ensure that family members are aware that the FSP treatment team is available 24/7 should a crisis situation occur. The vast majority of families interviewed were both familiar with their provider's emergency protocol and knew that their treatment team would respond to a crisis situation 24 hours a day, 7 days a week.

CHILD FSP CLIENT SATISFACTION SURVEY 2009

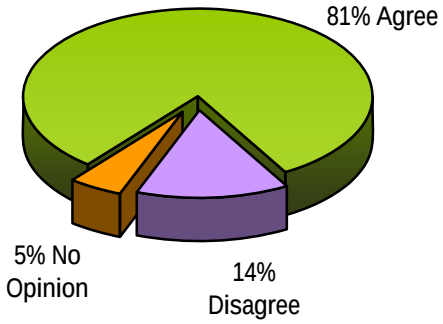
Response Breakdown

FSP SERVICES ARE BENEFICIAL

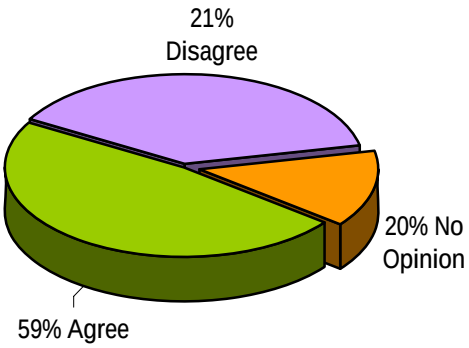


Approximately 80% percent of the families surveyed felt that the FSP services they received were beneficial to their child's treatment and well being and that their FSP treatment team was supportive of their needs.

SUPPORTIVE TREATMENT TEAM



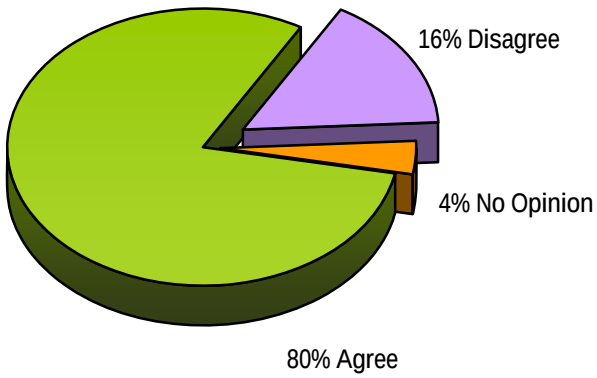
LINKAGE



Linking the child and caretaker to community services is essential to ensuring continuity of care. Approximately 60% of the families interviewed agreed that their FSP treatment team connected them to local community resources.

OVERALL SATISFACTION

80% percent of those surveyed stated that, overall, they were satisfied with the Child FSP services that had been provided to their child & family.



CHILD FSP

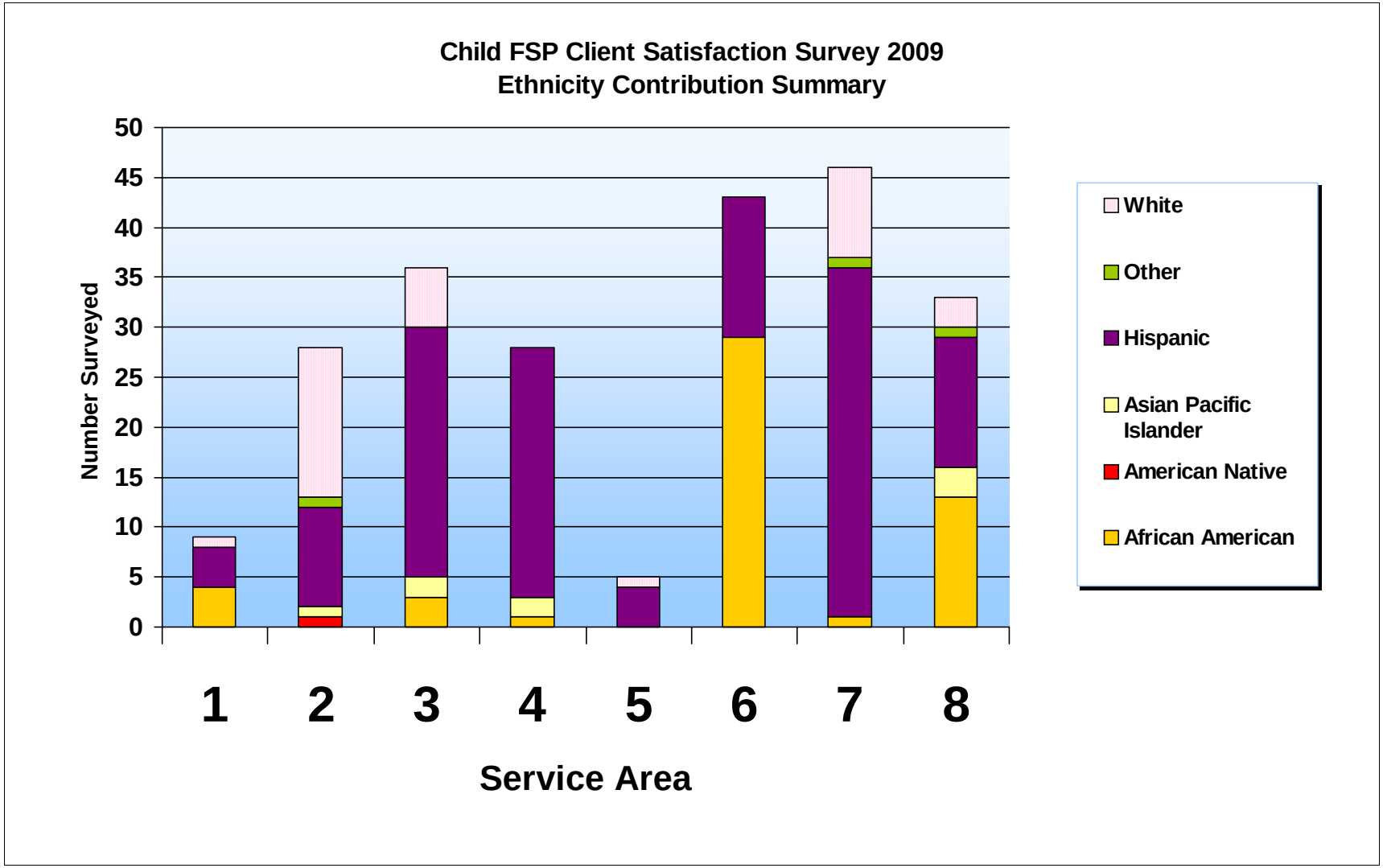
Client Satisfaction Survey 2009

DATA REVIEW

Created by:

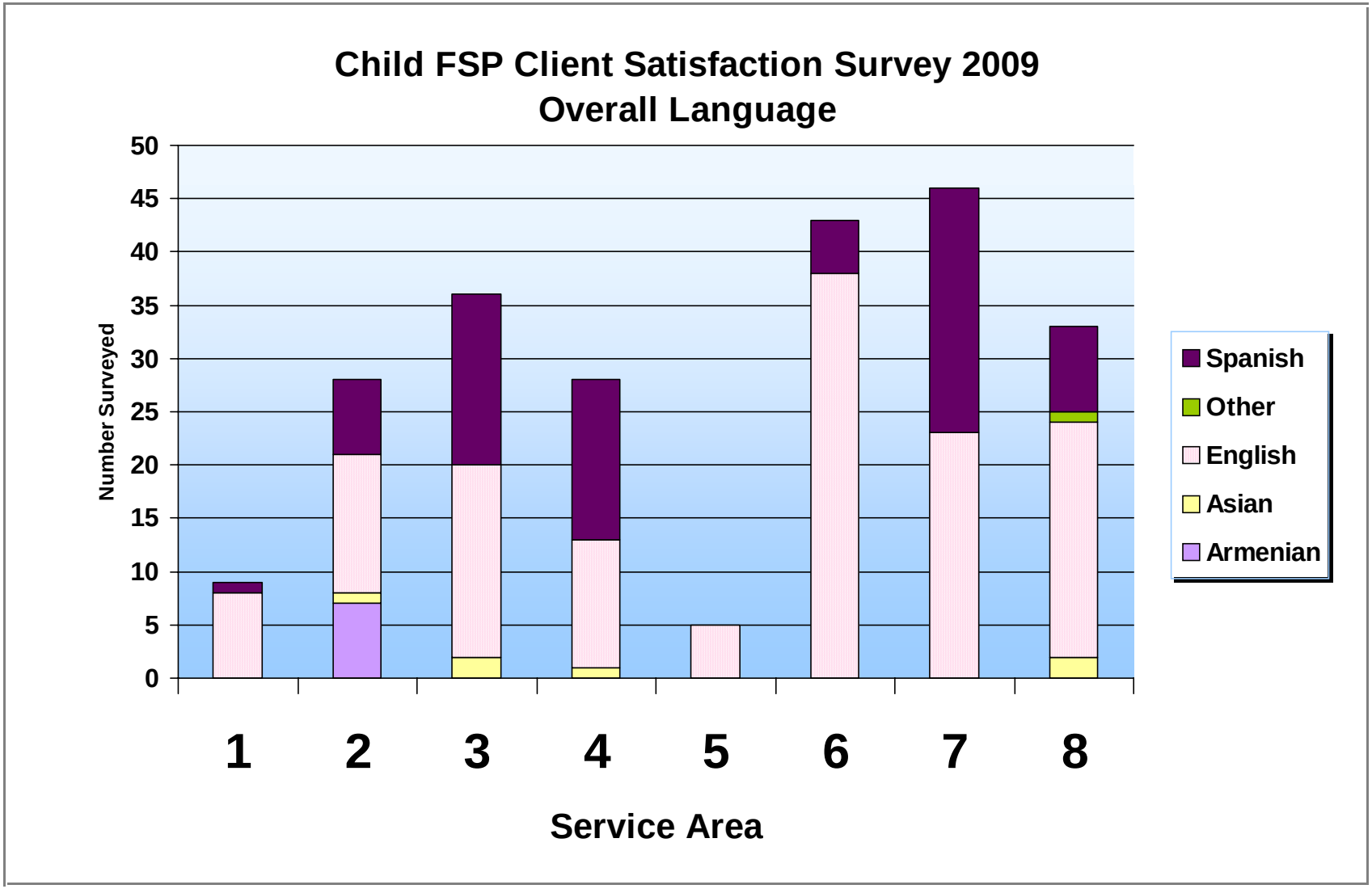
Countywide Child MHSA Program Administration

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH



Thursday, February 18, 2010

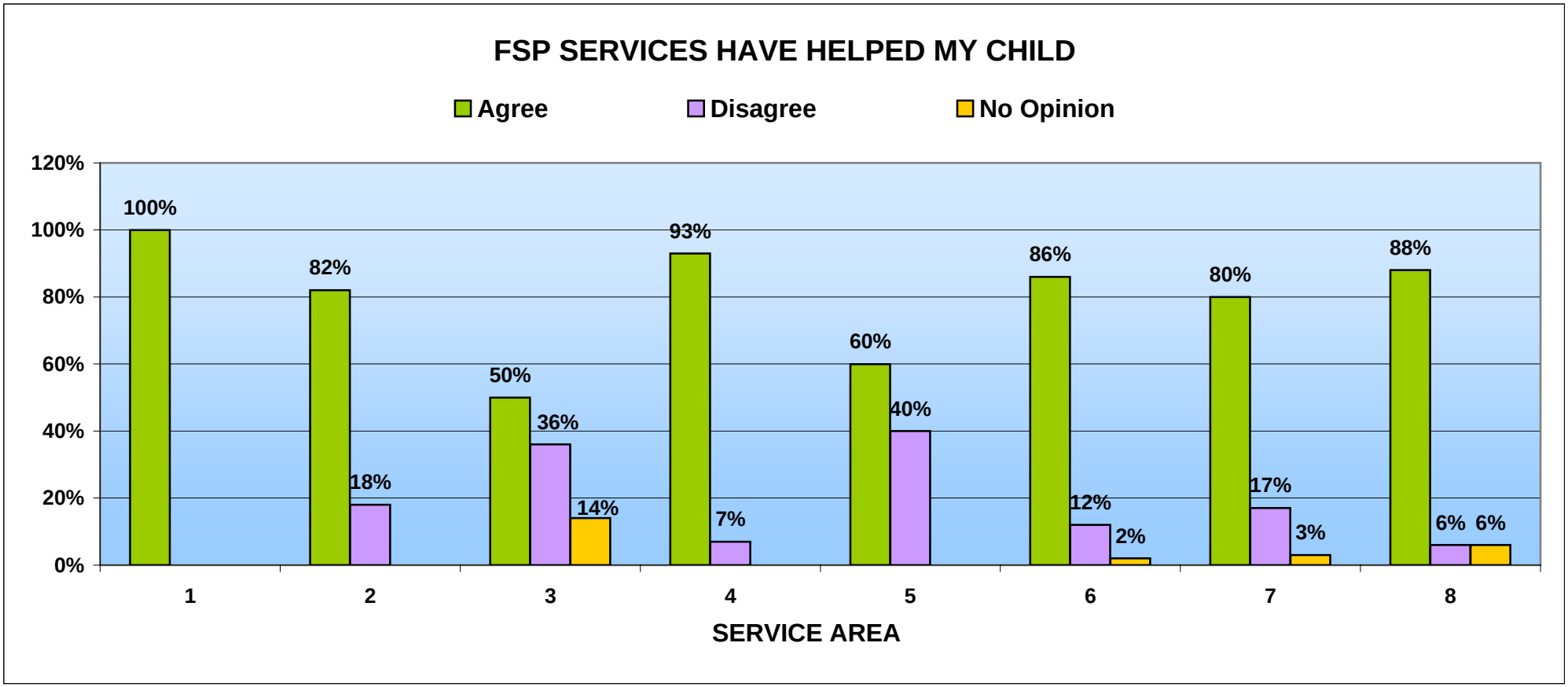
COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH



February 8, 2010: dm

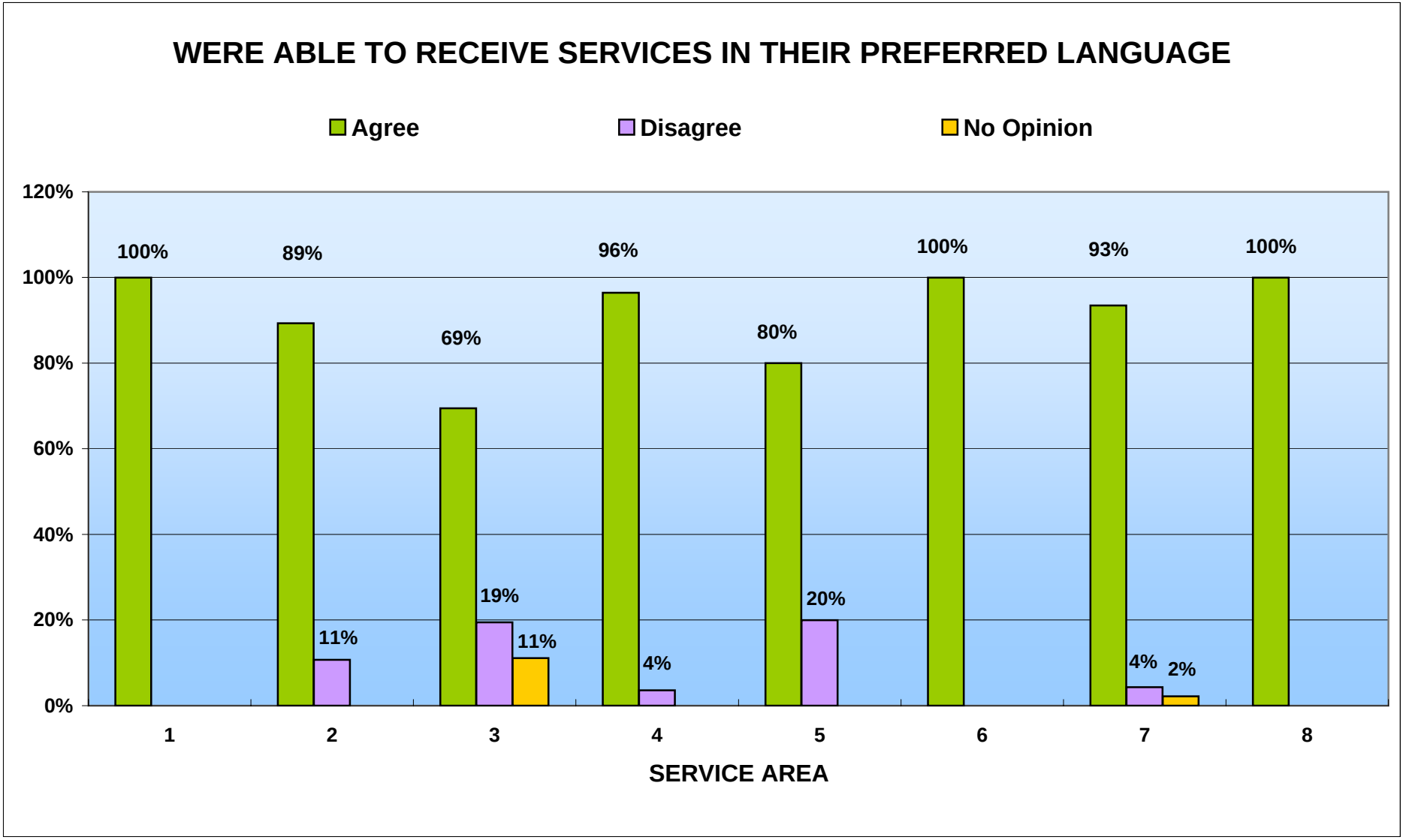
COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

Child FSP Client Satisfaction Survey 2009



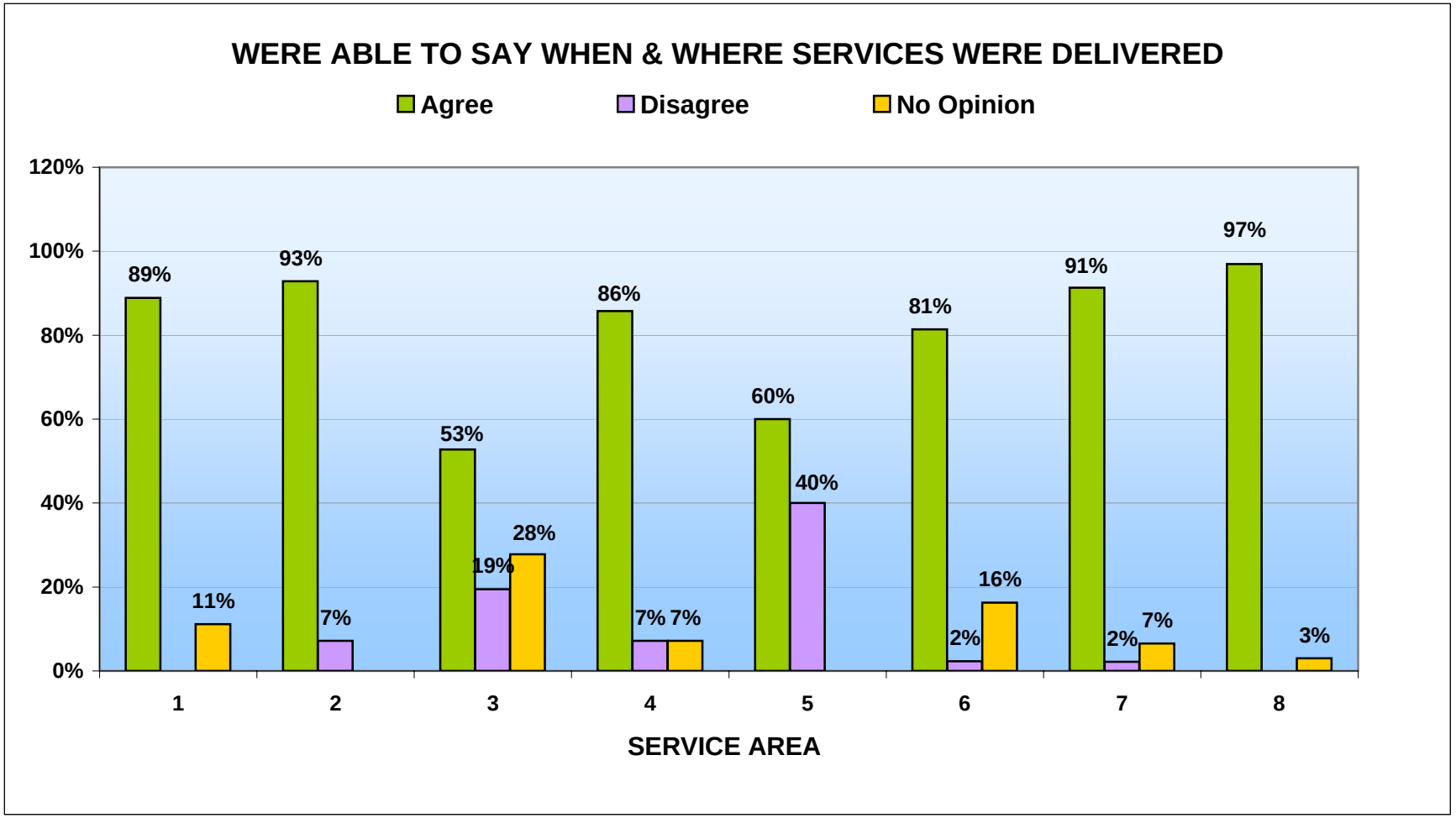
COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

Child FSP Client Satisfaction Survey 2009



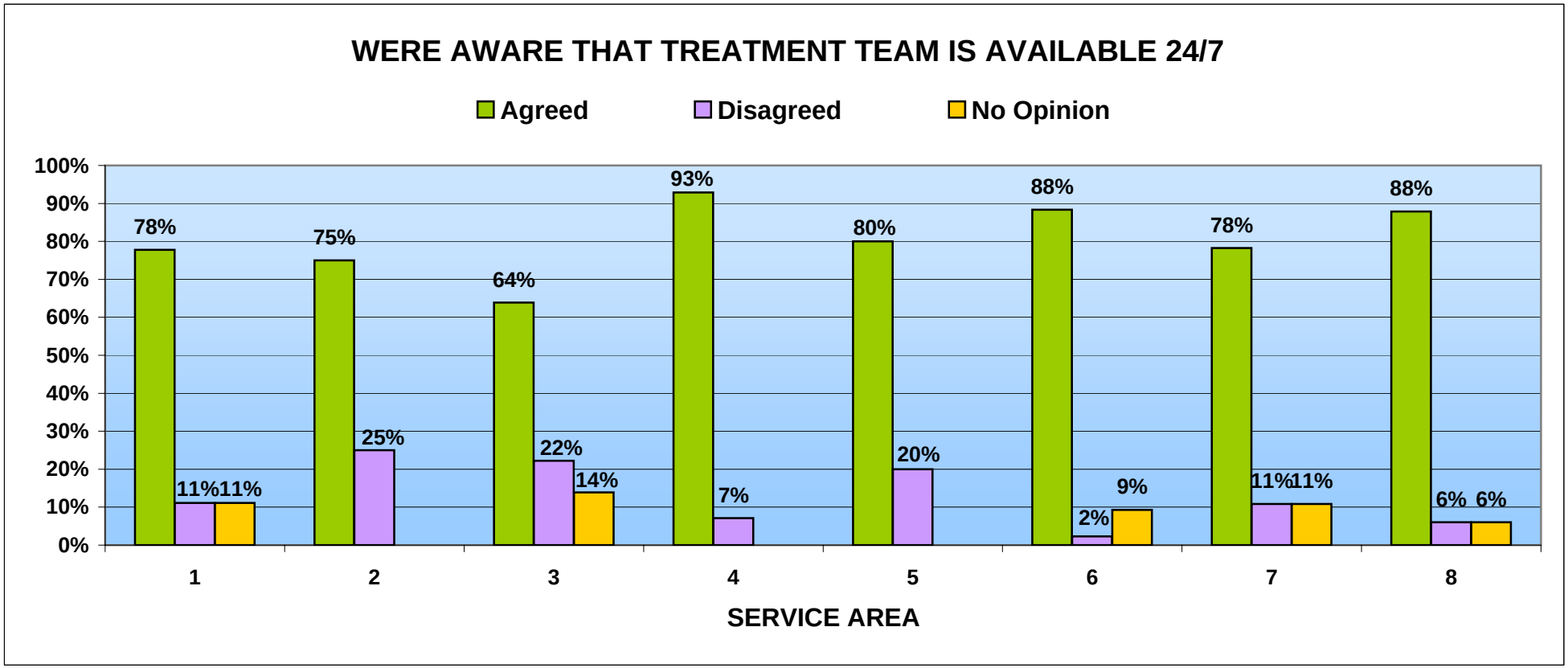
COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

Child FSP Client Satisfaction Survey



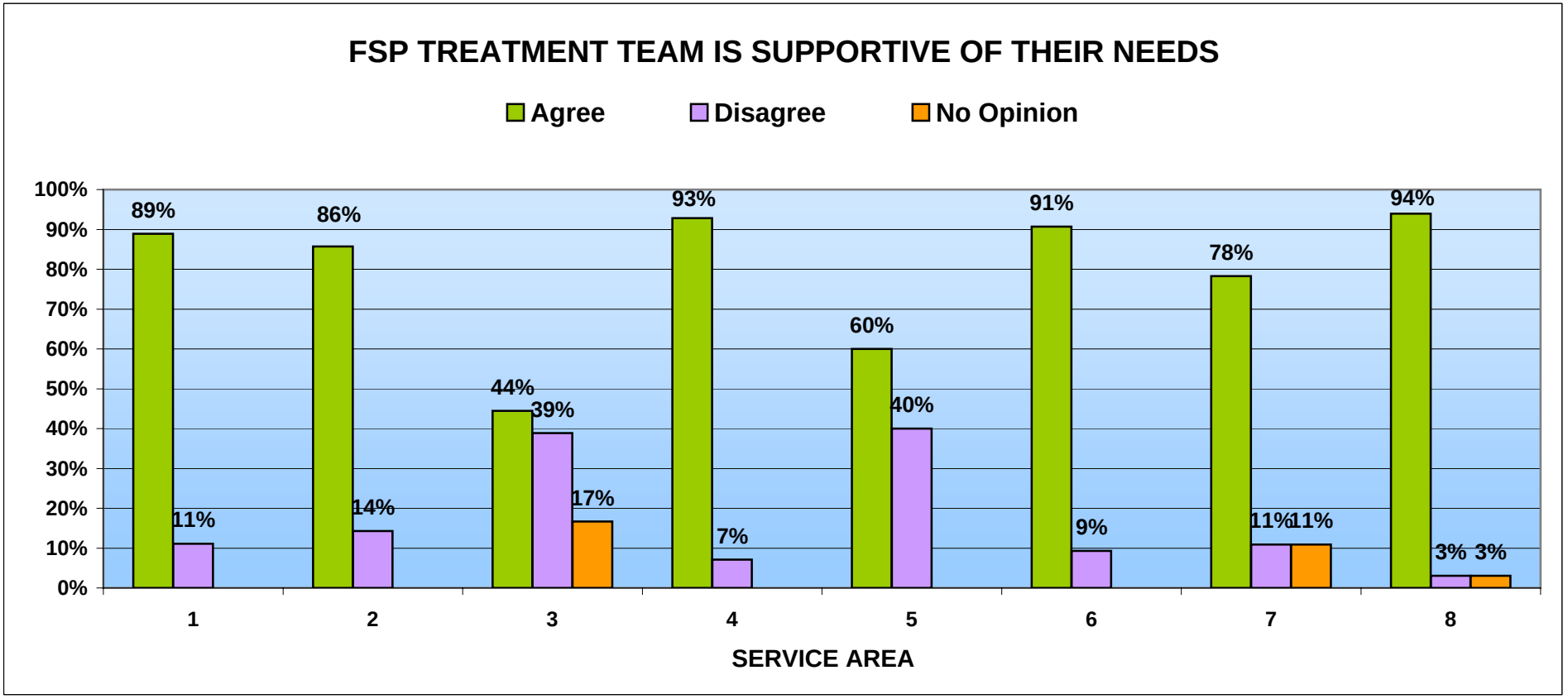
COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

Child FSP Client Satisfaction Survey 2009



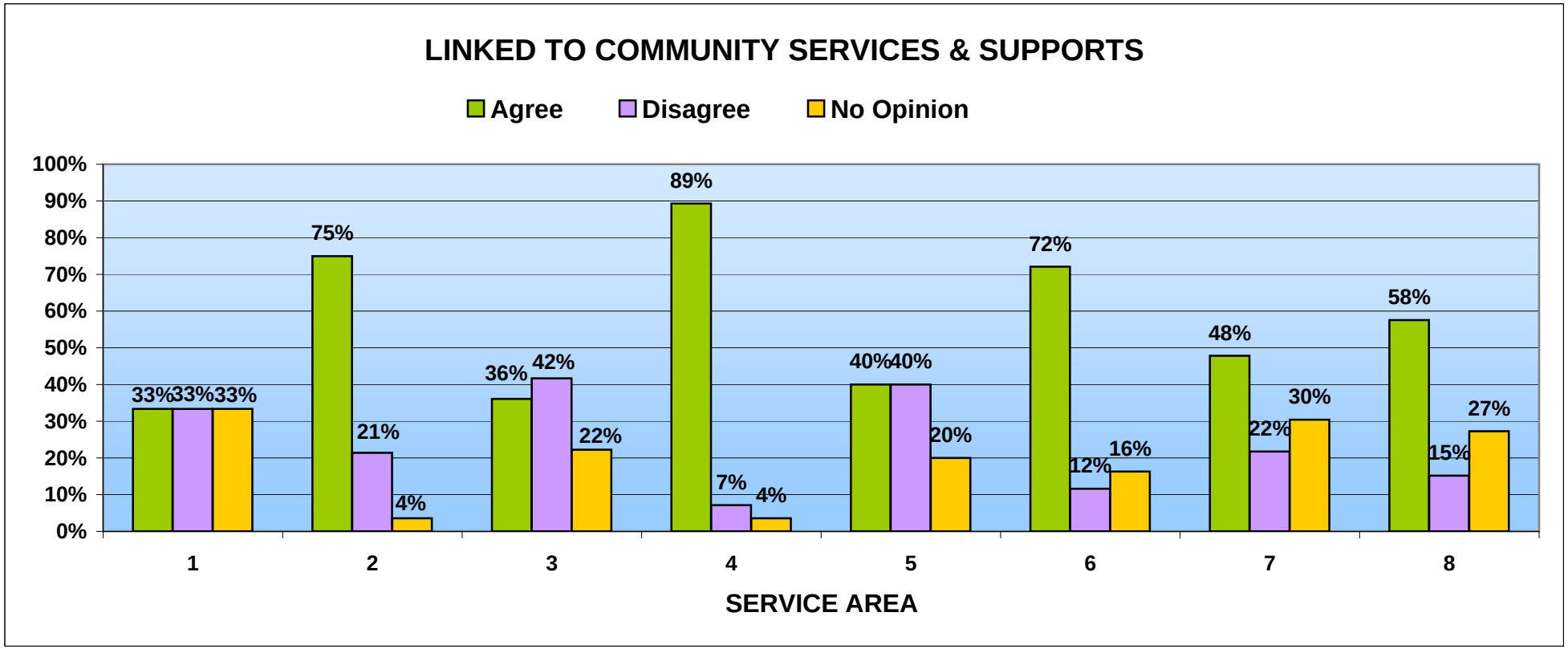
COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

Child FSP Client Satisfaction Survey 2009



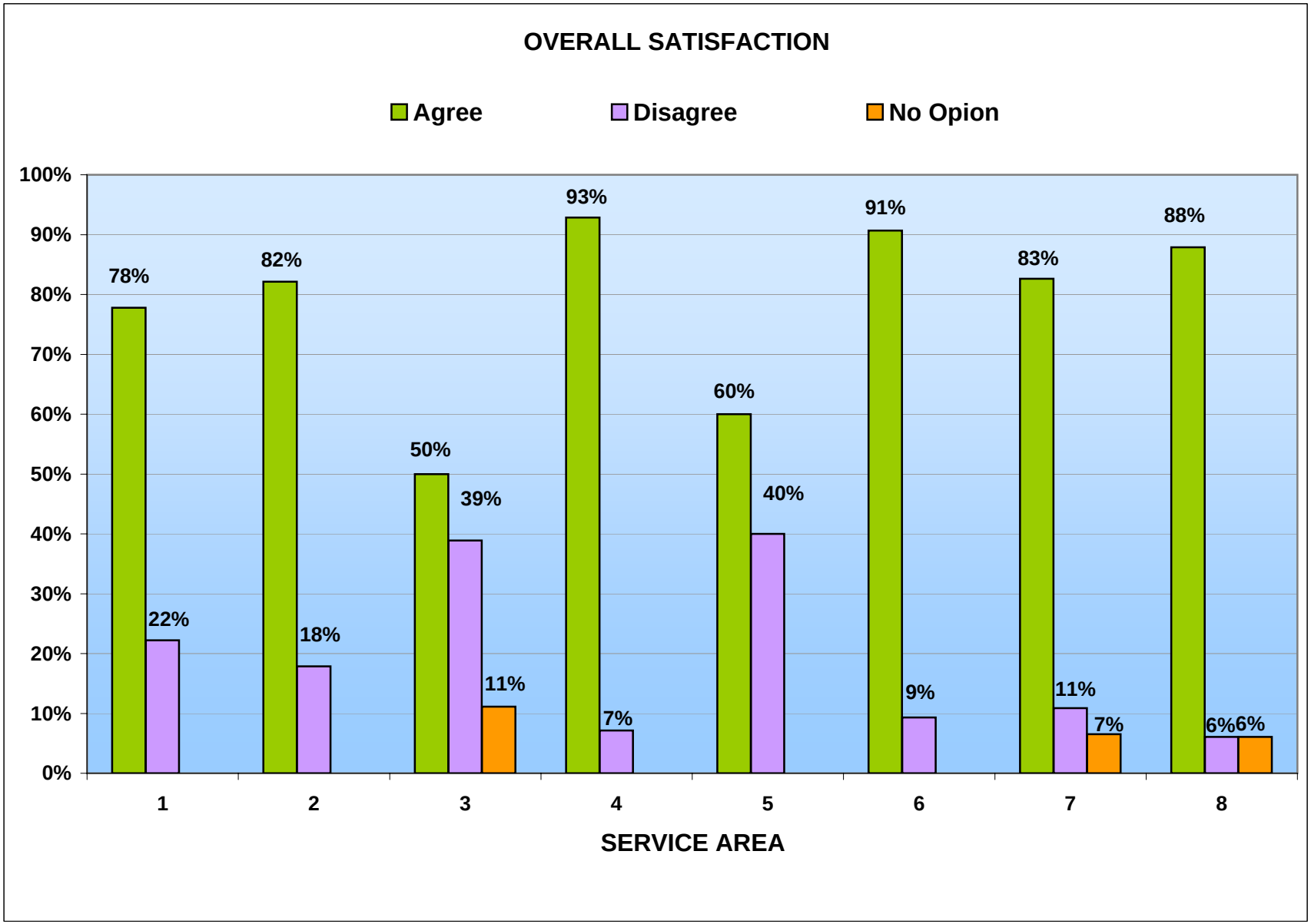
COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

Child FSP Client Satisfaction Survey 2009



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

Child FSP Client Satisfaction Survey 2009



CRITERION 7

Specifications for Translation Projects

(Attachment 14)

COUNTY OF LOS ANGELES
SPECIFICATIONS
For

Date:

Solicitation #: _____ Requisition #: _____

For: _____

BIDDER TO COMPLETE THE FOLLOWING INFORMATION

Company Name: _____

Address: _____

Contact Person: _____

Tel: No.: _____ Fax No.: _____

E-mail address: _____

Notice:
Bidder shall state in the right hand column wherein your product offered differs, indicating performance, specific size, and/or make and model of all components when not exactly as specified. When bidder is bidding items exactly as described in the left hand column, please state "AS SPECIFIED" on the right hand column. Failure to return and fill in this form will be considered sufficient reason for rejection of your offer. Literature alone is not sufficient for consideration of your offer.

All equipment must meet California and County of Los Angeles safety requirements. The equipment shall be the latest model and shall not have been used as a demonstrator. Bidders shall submit detailed literature on the unit they propose to furnish.

REQUIREMENTS	INDICATE EXCEPTION OR STATE "AS SPECIFIED" BELOW
The Cultural Competency Unit is part of the Planning Division. The Unit views its role as an internal mechanism that is integral to the planning, assessment, and evaluation of mental health services that are culturally and linguistically responsive to the unique needs of the Los Angeles County diverse communities. The Unit is committed to providing the technical assistance, the education, and the training necessary to integrate cultural competency in all the Department's operations. The objective of the Unit is to increase service accessibility for the ethnically and linguistically diverse communities. **Goal:** The Los Angeles County – Department of Mental Health believes that all services and programs provided by the county must reach out to underserved populations, including persons with limited English proficiency. This project aims to provide translation and cross-cultural linguistic adaptation of forms in outreaching and engaging underserved, inappropriately served, and hard to reach ethnic communities.	

REQUIREMENTS	INDICATE EXCEPTION OR STATE "AS SPECIFIED" BELOW

Requirements for the bids for translation of forms include:
 	
• Minimum of five (5) years experience of translation and cross-cultural linguistic adaptation of forms in:
  ➢ Arabic
  ➢ Armenian
  ➢ Cambodian
  ➢ Chinese
  ➢ Farsi
  ➢ Korean
  ➢ Russian
  ➢ Spanish
  ➢ Tagalog
  ➢ Vietnamese
 	
• Strong familiarity with the cultural and linguistic background of the communities who speak the languages listed below. The translated documents must not be a word for word rendition of the original document, but rather a meaning for meaning transfer in which the end result is not just an accurate translation, but naturally sounding target language. In the final translated document, syntax, grammar, spelling and terminology must be correct, and cultural elements must be taken into account. Indicate mechanism use in ensuring accuracy of translated materials in terms of both language and culture.
  ➢ Arabic
  ➢ Armenian
  ➢ Cambodian
  ➢ Chinese
  ➢ Farsi
  ➢ Korean
  ➢ Russian
  ➢ Spanish
  ➢ Tagalog
  ➢ Vietnamese	

REQUIREMENTS	INDICATE EXCEPTION OR STATE "AS SPECIFIED" BELOW
• Translated documents must be at a 6th grade reading level. Provide mechanism use in ensuring required reading level. • Must have strong familiarity with the mental health system, including terminology and concepts used by the Department of Mental Health. • A minimum of three (3) references to be provided. • Provide samples of previous work completed in languages stated above. A minimum of one (1) form sample per language. • We reserve the right to make up to four (4) revisions to the originally interpreted document at no additional charge. The vendor will correct omissions and misspellings pointed out by the client during the process of translation review to client's satisfaction at no charge. • We reserve the right to the ownership of all interpreted documents. • Work closely with client to ensure that final translation product has incorporated client's feedback. • Pagination of the form in foreign language is to remain the same as the English version or as closely as possible. • Final output must be provided in MS Word, EPS, PDF or JPEG Files via email. • The bidder must provide an itemized breakdown of the cost and the total project must not exceed $35,000.	

CRITERION 8

List of Wellness Centers

(Attachment 1)

Directory to Wellness/Client-Run Centers in Los Angeles County

Service Area 1

(WC) Antelope Valley MHC
251 East Avenue K-6, Lancaster, 93535
(661) 974-8400

(CRC) National Mental Health Association
1609-G E. Palmdale Blvd., Palmdale 93550
(661) 947-1595

Service Area 2

(WC) Hillview MHC
12450 Van Nuys Blvd., Pacoima 91331
(818) 896-1161 ext. 287

(WC) San Fernando MHC
10605 Balboa Blvd., Granada Hills, 91344
(818) 832-6161

(WC & CRC) San Fernando Valley CMHC
14411 Vanowen St., Van Nuys 91405
(818) 989-7475

(CRC) Topanga West Guest Homes
22115 Roscoe Blvd., Canoga Park 91304
(818) 345-8355, ext 110

(WC) West Valley MHC
6800 Owensmouth Ave. Ste 160,
Canoga Park 91303
(818) 610-6700

Service Area 3

(WC) Arcadia MHC
301 E. Foothill Blvd., Arcadia 91006
(626) 821-5858

(WC) Bridges
11927 Elliott Ave., El Monte 91732
(626) 350-5304

(WC) ENKI– La Puente
160 S. Seventh Ave., La Puente 91744
(626) 961-8971

(WC) Pacific Clinics
9353 E. Valley Blvd., Rosemead 91770
(626) 441-4221 ext. 310

(WC) Bill Compton, Jr. Wellness Center
66 Hurlburt, Pasadena 91105
(626) 441-4221 ext. 109

(WC) Prototypes
2555 E. Colorado Blvd. #100, Pasadena 91107
(626) 577-2261

(WC) Social Model Recovery System
223 E. Rowland St., Covina 91723
(626) 332-3145 ext. 241

Service Area 4

(WC) Downtown MHC
529 S. Maple Ave., Los Angeles, 90013
(213) 430-6700

(WC) Gateways
437 N. Hoover St., Los Angeles 90004
(323) 644-2040 ext. 210

(WC) Hollywood MHC
5000 Sunset Blvd., 6th Fl., Los Angeles 90027
(323) 671-2600

(WC) LAMP
527 Crocker St., Los Angeles 90013
(213) 488-9559

(WC) Northeast MHC
5564 S. Figueroa St., Los Angeles 90042
(323) 351-5100

(WC) PC Portals
269 S. Mariposa Avenue., Los Angeles 90004
(213) 639-2660

(CRC) SHARE!
425 South Broadway., Los Angeles, 90013
(310) 305-8878

(CRC) Special Services for Groups
2120 W. 8th St., # 210, Los Angeles 90057
(213) 368-1888 ext. 12

Service Area 5

(WC) Didi Hirsch
4760 S. Sepulveda Blvd., Culver City 90230
(310) 390-6612 ext. 324

(WC) Edmund D. Edelman Westside MHC
11303 W. Washington Blvd., Ste 200,
Los Angeles 90066
(310) 966-6500

(CRC) SHARE!
5521 Grosvenor Blvd., Los Angeles 90066
(310) 305-8878

(CRC) Step Up on Second
1328 Second St., Santa Monica 90405
(310) 394-6889 Ext. 53

(CRC) Westside Center for Independent Living
12901 Venice Blvd., Los Angeles 90066
(310) 390-3611

Service Area 6

(WC) Compton MHC
921 E. Compton Blvd., Compton 90221
(310) 668-6993

(WC) Exodus Recovery
8401 S. Vermont Ave., Los Angeles 90044
(323) 789-6492

(WC) Pacific Clinics/Portals
3881 S. Western Ave., Los Angeles 90062
(323) 290-4374

(WC) SCHARP
5201 S. Vermont Ave., Los Angeles 90037
(310) 631-8004 ext. 18

(WC) South LA Wellness Center (Exodus)
11905 Central Ave., Los Angeles 90059
(323) 312-0145

(WC) West Central MHC
3751 Stocker St., Los Angeles 90008
(323) 298-3680

Service Area 7

(CRC) California Hispanic Commission
10012 Norwalk Blvd., Santa Fe Springs 90670
(562) 941-2537

(WC) ENKI
1436 Goodrich Blvd., Commerce 90022
(323) 201-3920

(CRC) National Mental Health Association
2677 Zoe Ave., Ste 303A, Huntington Park, 90255
(323) 346 0960, ext 226

(WC & CRC) Pacific Clinics
11731 Telegraph Rd., Santa Fe Springs 90670
(562) 949-8455 ext. 207

(WC) Rio Hondo MHC
17707 S. Studebaker Rd., Cerritos 90703
(562) 402-0688

Service Area 8

(WC) Exodus Recovery
923 South Catalina Ave., Redondo Beach, 90277
(310) 792-5454

(WC) Harbor-UCLA Medical Center
21730 S. Vermont Ave. Ste 210, Torrance 90502
(310) 222-2085

(WC) Healthview
921 S. Beacon St., San Pedro 90731
(310) 984-3055 ext. 3149

(WC) Long Beach MHC
1976 Long Beach Blvd., Long Beach, 90806
(562) 218-4013

(WC) National Mental Health Association
1078 Atlantic Ave., Long Beach 90813
(562) 285-0149

(WC) San Pedro Mental Health Center
150 W. 7th St., San Pedro 90731
(310) 519-6100

(WC) South Bay Mental Health Center
1300 S. 155th Street, Ste. 103, Gardena 90247
(310) 512-8104

(CRC) The One in Long Beach
2017 E. 4th St., Long Beach, 90814
(562) 434-4455

(WC) Transitional Living Center
16119 Prairie Ave., Lawndale 90260
(310) 973-2892

KEY: WC—Wellness Center
CRC-Client Run Center

County of Los Angeles Board of Supervisors

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

William T Fujioka
Chief Executive Officer

County of Los Angeles-Department of Mental Health
Adult System of Care
550 South Vermont Avenue
Los Angeles, CA 90020

Mental Health: Hope, Wellness, and Recovery

County of Los Angeles Department of Mental Health

Wellness & Client-Run Centers

Mental Health Services Act

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

Deputy Director
Cathy A. Warner, L.C.S.W.

"Promoting Community Integration, Client Empowerment, Social, Emotional, and Physical Well-Being"

http://dmh.lacounty.gov/DMHServices/adults.html

What is the Mental Health Services Act (MHSA)?

California's voters passed Proposition 63 in the November 2004 General Election. On January 19, 2005, Proposition 63 was signed into law and renamed the Mental Health Services Act (MHSA).

What does the MHSA fund?

Each county in California has or are in the process of developing local plans for new kinds of mental health services. The first of these plans is the Community Services and Supports Plan (CSS). The objective of the CSS Plan is to provide an array of 24-hour/7 days a week services to children, transitional age youth, adults and older adults who needs are not currently met through other funding sources.

What is a Wellness/ Client-Run Center?

Wellness/Client-Run Centers provide two new options for adult clients to assist them on the road to recovery from their mental illness.

This brochure will also assist clients in answering questions about the types of activities and services being offered, in addition to how to contact a Wellness/ Client-Run Center nearest to them.

Wellness/Client-Run Center Activities and Services	**Wellness**	**Client-Run**
Psychiatric Services; medication support services & prescription management	**X**	
Case Management; support client goals for recovery, plan & coordinate services	**X**	**X**
Health Screenings; body mass index, blood pressure, diabetes, cholesterol, etc.	**X**	
Healthy Living Activities, including recreation, health education, and referral to primary healthcare services	**X**	**X**
Peer led Self-help Groups	**X**	**X**
Peer Support Services	**X**	**X**
Supports for clients with co-occurring disorders	**X**	**X**
Linkages and Referrals	**X**	**X**
Outreach, Collaboration, and Connection with the Community	**X**	**X**

Frequently Asked Questions

Q: *Who does a Wellness Center serve?*

A: Clients who are stable in treatment and looking to further progress their recovery goals.

Q: Who does a Client-Run Center serve?

A: Any client seeking additional support provided from peers, like support groups.

Q: What are Peer Support services?

A: Peer support can include self-help groups or one-on-one services like mentoring. Through peer support, clients with similar experiences can relate to each other and offer advice, suggestions, and strategies for managing their lives in recovery.

Q: How is a Wellness or Client Run Center different than a Mental Health Clinic?

A: Clients in recovery have an important decision-making role in the management of the Centers. All staff at Client-Run centers and at least 50% of staff at Wellness Centers are consumers in recovery.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE

Wellness / Client-Run Center
Contact Information

Agency	DO/Con	Prov Number	Service Area	Wellness Centers	Client Run Centers	Contact Name	Phone Number
Antelope Valley MHC							
251 East Avenue K-6, Lancaster	DO	7756A	1	√		A. Christina Dedeaux	661 974-8400
Arcadia MHC							
301 E. Foothill Blvd. Arcadia, California 91006	DO	7777A	3	√		Makan Emadi	626 821-5858
Augustus Hawkins Mental Health Center							
1720 E. 120th St., Los Angeles, 90059	DO	6864	6	√		Kimberly Hairston	310-668-4803
Bridges							
11927 Elliot Ave., El Monte 91732	Con	7595	3	√		Nancy Svetlecic	626 350-5304
CA Hispanic Commission							
10012 Norwalk Blvd, Santa Fe Springs 90670	Con	7722	7		√	Isabella Meloni	562 941-2537
Coastal Asian Pacific MHC							
14112 S. Kingsley Drive., Gardena, CA 90249	DO	7064	8	√		Helen Chang	310-217-7312
Compton MHC							
921 E. Compton Blvd, Compton 90221	DO	1938Y	6	√		Shirely Flourney	310 668-6800
Didi Hirsch							
4760 S. Sepulveda Blvd, Culver City 90230	Con	1973	5	√		Herman Corteza	310 390-6612 x324
111 N. La Brea, Ste. 500, Inglewood, CA 90301	Con	7209W	5	√		Herman Corteza	310 390-6612 x324
Downtown MHC							
529 S. Maple Ave, Los Angeles, CA 90013	DO	7057	4	√		Dirk Kuiken/Mary Williams/Lynne Burroughs	213-430-6700
Edmund D. Edelman Westside MHC							
11303 W. Washington Blvd, Ste. 200, LA 90066	DO	7769	5	√		Sherwood Brown	310 966-6500
ENKI							
160 S. 7th Ave., La Puente 91744	Con	7173	3	√		Christine Barber	626 961-8971
1436 Goodrich Blvd, Commerce 90022	Con	7253	7	√		Tiffany Jones	323 201-3920
Exodus Recovery							
8401 S. Vermont Ave, LA 90044	Con	7385	6	√		Melinda Mendel	323-789-6492
923 South Catalina Ave., Redondo Beach 90277	Con	7248	8	√		Robert Dutile / Tammy Braden	310-792-5454
Gateways Satellite							
437 N. Hoover St., Los Angeles 90004	Con	6757	4	√		Carol Langone	323-644-2026 x 201
Harbor-UCLA							
21730 Vermont Ave, Ste 210, Torrance 90509	DO	7738	8	√		Jeff Adams	310 781-3403
HealthView							
921 S. Beacon St., San Pedro 90731	Con	7092	8	√		Michael Fitzgerald	310 984-3055 x3149
Hillview							
12450 Van Nuys Blvd, Pacoima 91331	Con	7068	2	√		Gaston Nguyen	818 896-1161 x 287
Hollywood MHC							
5000 Sunset Blvd 6th fl, Los Angeles 90027	DO	7739	4	√		Dorene Donayre	323 671-2600
Jewish Institute, Inc							
114 East 5th Street, Los Angeles, CA 90013	Con	7727A	4	√		Paul Gregorson	213 706-4211
Kedren							
4211 S. Avalon Blvd., Los Angeles 90011	Con	7080		√		Berta E. Ortiz	323-233-0425, x 265
LAMP							
527 Crocker St., Los Angeles 90013	Con	7202	4	√		Leah Carroll	213 488-9559
115 East 3rd Street, Los Angeles 90012	Con	7781	4	√		Shannon Murray	213-613-0703
Long Beach MHC							
1975 Long Beach Blvd., Long Beach, 90806	DO	1927	8	√		John Lewis/Mark Martin	562-218-4013
Long Beach Asian Pacific MHC							
4510 E. Pacific Coast Hwy, Suite 600, Long Beach, 90804	DO	7207	8	√		Camille Do/Julie Leevarinpanich	562-346-1100
Mental Health America							
1609 E. Palmdale Blvd, Suite G Palmdale 93550	Con	7352	1		√	Jeannie Herron	661 947-1595
2677 Zoe Ave, Ste 303A, Huntington Park 90255	Con	7018	7		√	Angelica Garcia	323 346-0960 x226
830 Atlantic Ave., LB 90813	Con	7576	8	√		John Travers	562 285-0149 x 223
Northeast MHC							
5564 N. Figueroa St., Los Angeles, 90042	DO	1914	4	√		Linda Fazio	323-341-5100
Pacific Clinics							
66 Hurlbut, Pasadena 91105	Con	1974	3	√		Audrey Read Brown	626 441-4221 x310
9353 E. Valley Blvd, Rosemead 91770	Con	7101	3	√		Hua Wen	626-287-2988
11721 Telegraph Rd, Santa Fe Springs 90670	Con	7194	7		√	Annette Holguin	562 949-8455
11721 Telegraph Rd, Santa Fe Springs 90670	Con	7194	7	√		Arlene Yamamoto	562 949-8455
1172 South Grand Avenue, Glendora 91740	Con	7380	3	√		Mary Martin	626-335-5980
(PC Portals) 3881 S. Western Ave, LA 90062	Con	7690	6	√		Sharareh Ghedari	323 290-4374
(PC Portals) 269 S. Mariposa Ave., LA 90004	Con	7677	4	√		Peter Cashorali	213-639-2660
Palmdale MHC							
1529 E. Palmdale Blvd, Ste. 150, Palmdale	DO	7386	1	√		Harry Taylor	661-575-1800
Prototypes							
2555 E. Colorado Blvd #100, Pasadena 91107	Con	7370	3	√		Rebecca Medina	626 577-2261
Rio Hondo MHC							
17707 S. Studebaker Rd., Cerritos 90703	DO	1930	7	√		Juana Gonzalez	562 402-0688
Huntington Park area†	DO		7	√		Leticia Guzman-Soydan	562 402-0688
San Fernando MHC							
10605 Balboa Blvd, Granada Hills 91344†	DO	6840	2	√		Wendi Tovey	818 832-6161
San Fernando Valley CMHC (Victory Clubhouse)							
14411 Vanowen St., Van Nuys 91405	Con	7235	2		√	Greg Walston/Roger Seward	818 989-7475
14411 Vanowen St., Van Nuys 91405	Con	7235	2	√		Jessica Clark	818 989-7475
San Pedro MHC							
150 W. 7th St., San Pedro 90731	DO	1928	8	√		Carol Padilla	310-519-6100
Santa Clarita MHC							
23501 Cinema Drive, Suite 210, Valencia 91355	DO	1905	2	√		Michelle Majors Sabrinia Barscheski	661-288-4800
SCHARP							
5201 S. Vermont Ave., Los Angeles 90037	Con	7242	6	√		Julie Elder/Dolly Allison	310 631-8004x18 323-751-2677
SHARE! (Emotional Health Anonymous)							
5521 Grosvenor Blvd, Los Angeles 90066	Con	7596	5		√	Kevin Wright	213-213-0100
425 South Broadway, Los Angeles, CA 90013	Con	7773	4		√	Janice Og	310-846-5270
Social Model Recovery Systems							
508 S. 2nd Ave., Covina, Ca. 91723	Con	7710	3	√		Dawn Dades	626-974-8122
South Bay MHC							
1300 S. 155th St., Ste 103, Gardena CA 90247	DO	1935	8	√		Cenci Nuccio	310-512-8104
South LA Wellness Center (Exodus)							
11905 Central Ave., Los Angeles 90059	Con	7774	6	√		Julius Stuckey	323-312-0145
Special Services for Groups -BACUP							
2120 W. 8th St., Ste. 210, Los Angeles 90057	Con	7112	4		√	Andy Posner	213 368-1888 x12
Special Services for Groups -APCTC							
1310 Wilshire Blvd., Los Angeles, 90017	Con	7517A	4	√		Elvie Soldevilla	213-483-3000 X300
Step Up On Second							
1328 Second St, Santa Monica 90405	Con	7099	5		√	Jackee Huett	310 394-6889 x33
The One in Long Beach, Inc							
2017 E. 4th St., Long Beach, 90814	Con	7737C	8		√	David Fernandez	562.522.7952
Topanga West							
22115 Roscoe Blvd., Canoga Park, 91304	Con	7283	2	√		Michelle Logvinsky	818-884-8110
22115 Roscoe Blvd., Canoga Park, 91304	Con	7283	2		√	Michelle Logvinsky	818-884-8110
Verdugo Mental Health Center							
1540 East Colorado Blvd., Glendale, 91205	Con	1971V	2	√		George Eckart	818-244-7257, x 1418
West Central MHC							
3751 Stocker St, LA 90008†	DO	1908	6	√		Stephanie Stewart	323 290-5803
West Valley MHC							
6800 Owensmouth Ave., Ste 106, Canoga Park CA 91303	DO	7746	2	√		Brian Moore	818-610-6700
Westside Center for Independent Living							
12901 Venice Blvd, Los Angeles 90066	Con	7062	5		√	Keith Miller	310 390-3611

† Not the permanent site.

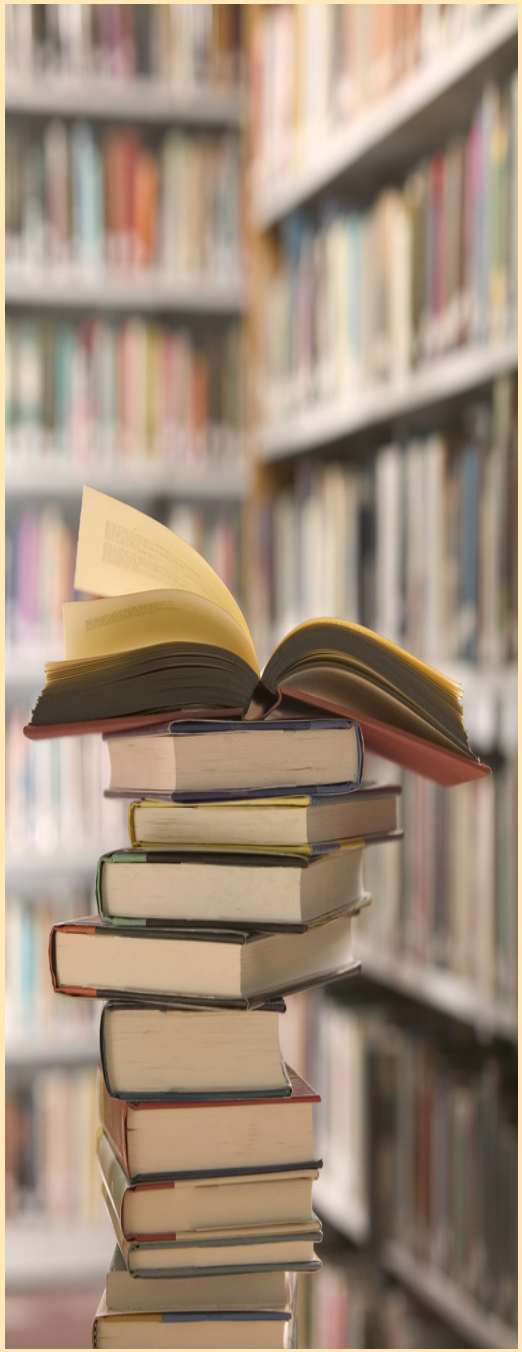
DO- Directly Operated/ Con- Contracted Provider

DO Wellness Centers	20
Contracted Wellness Centers	28
Contracted Client Run Centers	12
Total MHSA WCRC	60

CRITERION 8

Self-help Library Project PowerPoint and List of Self-help Library Resources

(Attachment 2)



"Books are the quietest and most constant of friends; they are the most accessible and wisest of counselors, and the most patient of teachers."

Charles W. Eliot

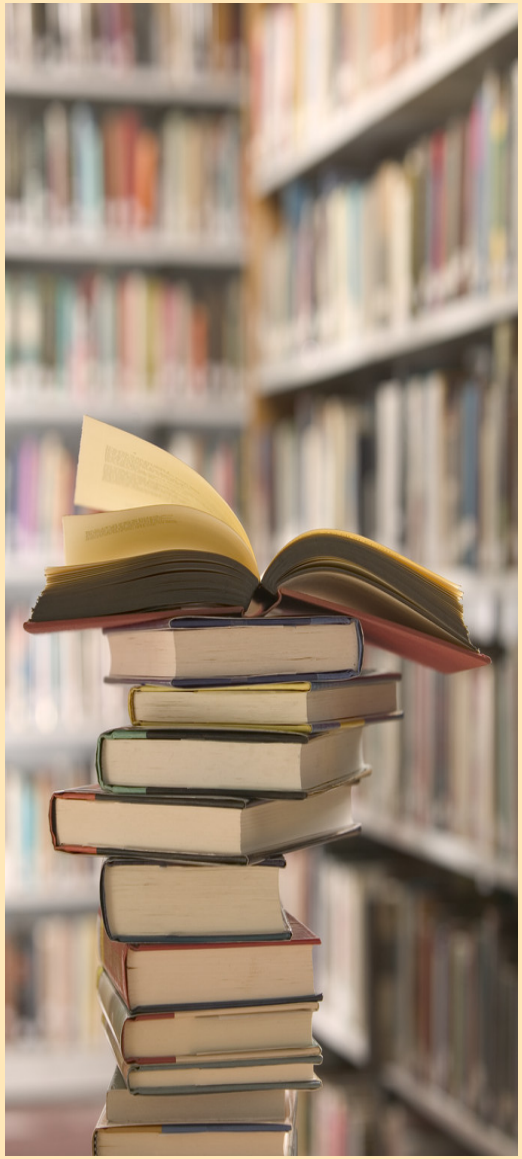
Self-Help/Recovery Library Project

LAC-DMH

Planning, Outreach & Engagement Division

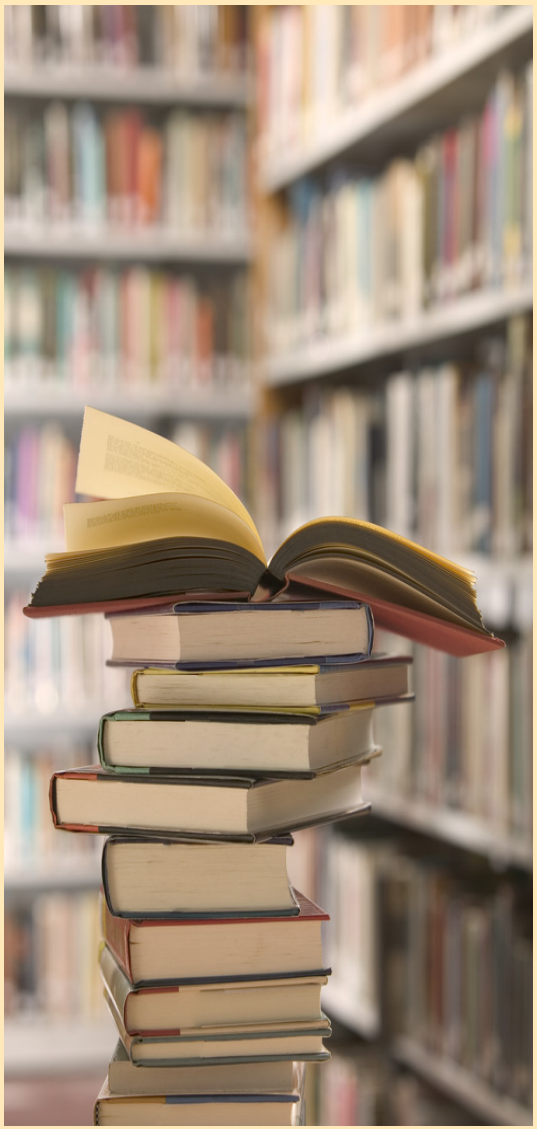
Presenter: Sandra Chang Ptasinski, Ph. D.

Overview of the Presentation



- Mission Statement
- Developmental Phases
- Self-help Library Themes
- Self-help Library Materials
- Self-help Library Locations
- Self-Help Libraries' Hours of Operation
- Self-Help Libraries' Staffing
- Library Functioning Survey and Summary of Findings
- Parent Advocates' Feedback
- Self-help Library Taskforce Members

Mission Statement

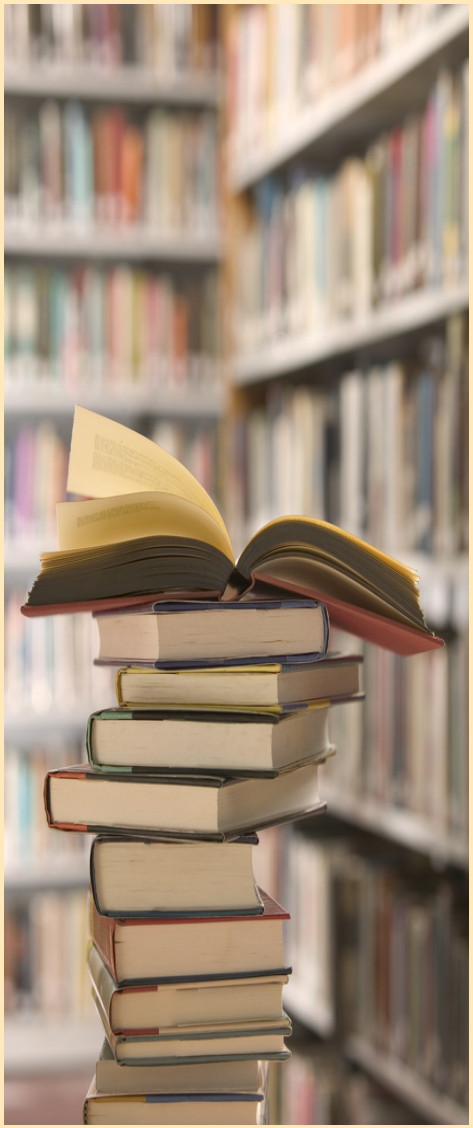


"The Self-help/Recovery Library's main goal is to educate, inspire, inform and transform communities and the mental health system by

- Developing an educational resource on wellness, self-help and mental health that will provide accurate and relevant information to diverse communities in order to increase their knowledge and sensitivity, and reduce the stigma associated with mental illness
- ...Promoting the use of educational materials on wellness, recovery and mental health to make these available to consumers, family members, caretakers, clinicians, providers and the interested general public."

Adapted, March 2008

Developmental Phases



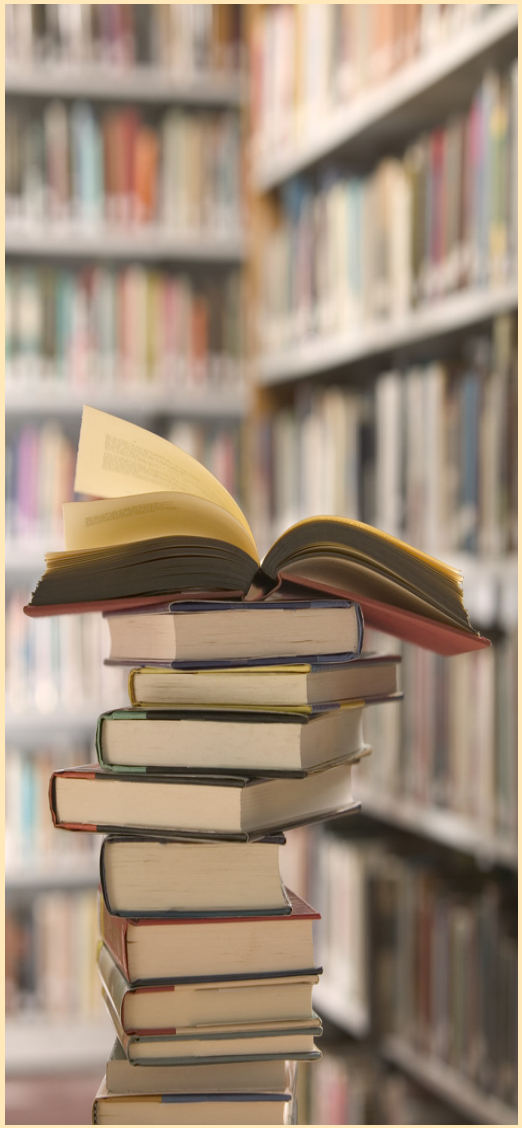
- Phase I:

❖ Gathering of quality, concise, and practical educational materials such as self-assessment tools, skill-building as well as empowerment promoting resources, and basic information on diverse mental health conditions

  - Geared to consumers, family members, care takers and community members

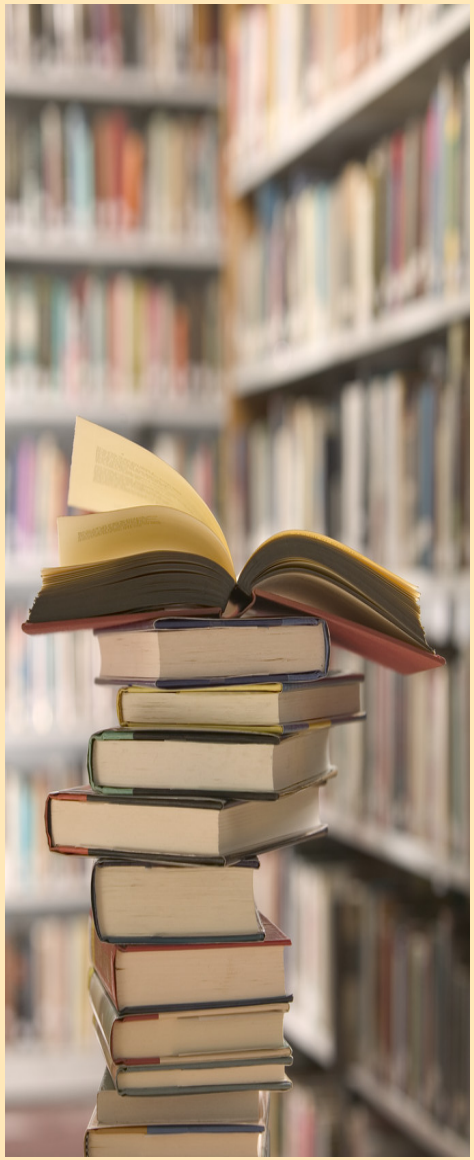
❖ Identification of library site selection

Developmental Phases



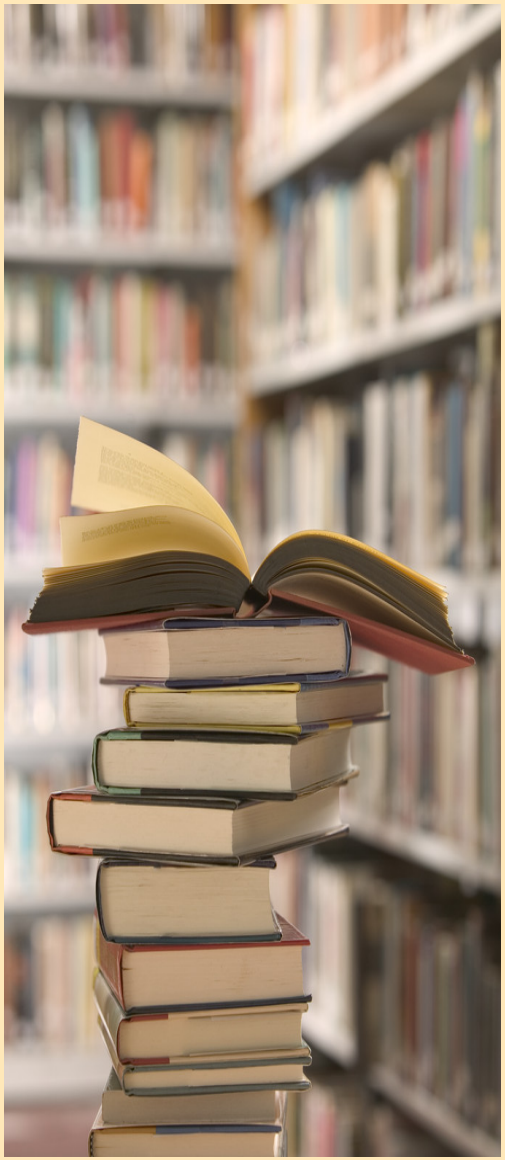
- Phase II:
  - ❖ Implementation
    - Space
    - Manning and maintenance
  - ❖ Tracking mechanisms
    - Visitor and resource utilization
  - ❖ Quarterly visits
    - Feedback on library functioning

Self-help Library Themes



- Wellness:
  - Factual information on mental health, physical health education, nutrition and exercise
- Recovery/resilience:
  - Self-help support , vocational , educational and W.R.A.P.
- Hope:
  - Anti-stigma, inspirational, personal stories
- Resources for parent advocates:
  - Factual, practical, concise information relevant to parenting issues

Self-help Library Materials



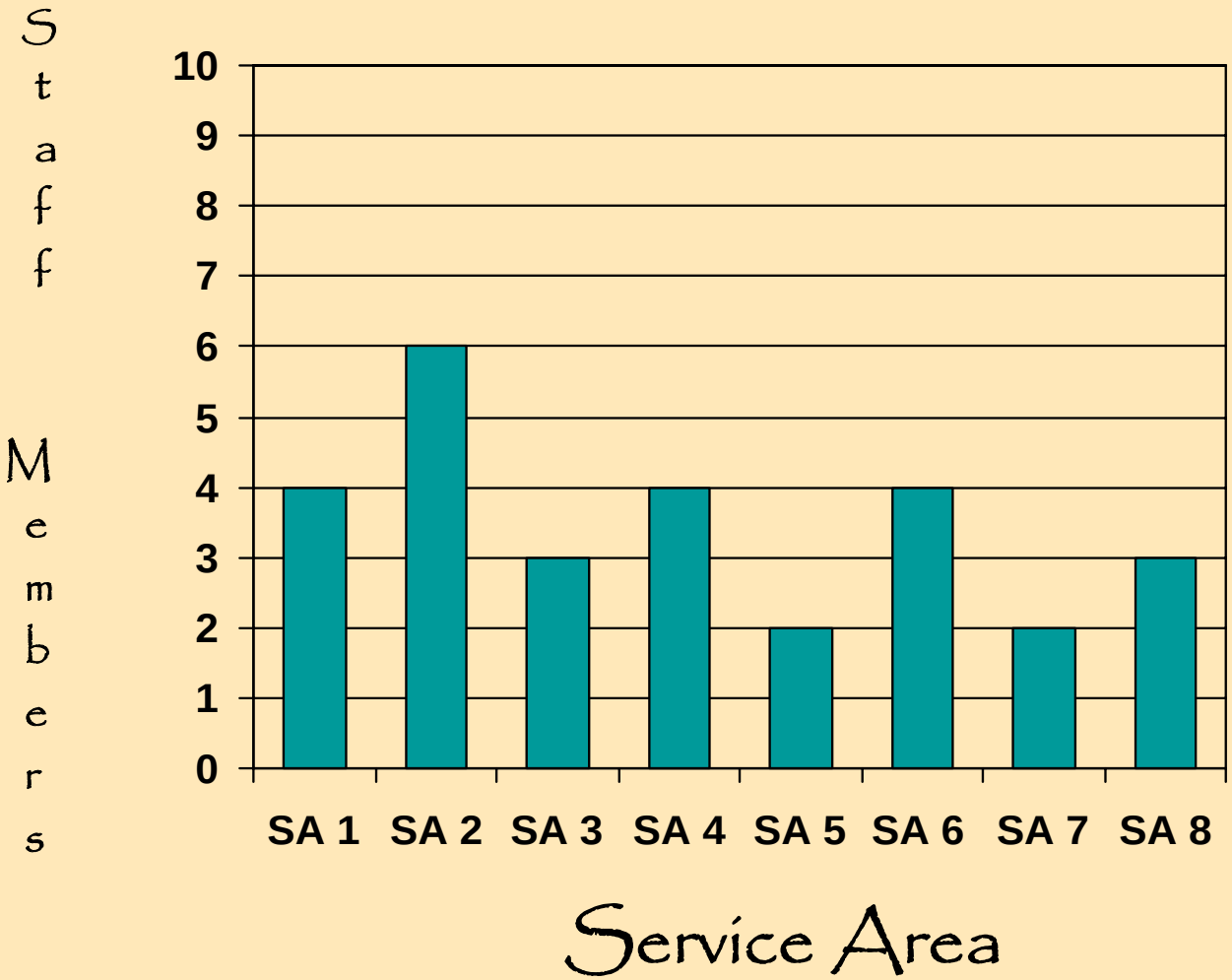
- Theme-based recommendations
- Family and care-taker focus
- Close to 100 titles
  - W.R.A.P.
  - Spanish
- VHS materials
- Mental health brochures (Chinese, Tagalog, Vietnamese, Russian, and Cambodian)
- Laminated motivational posters
- Resources for Parent Advocates

Self-help Library Locations

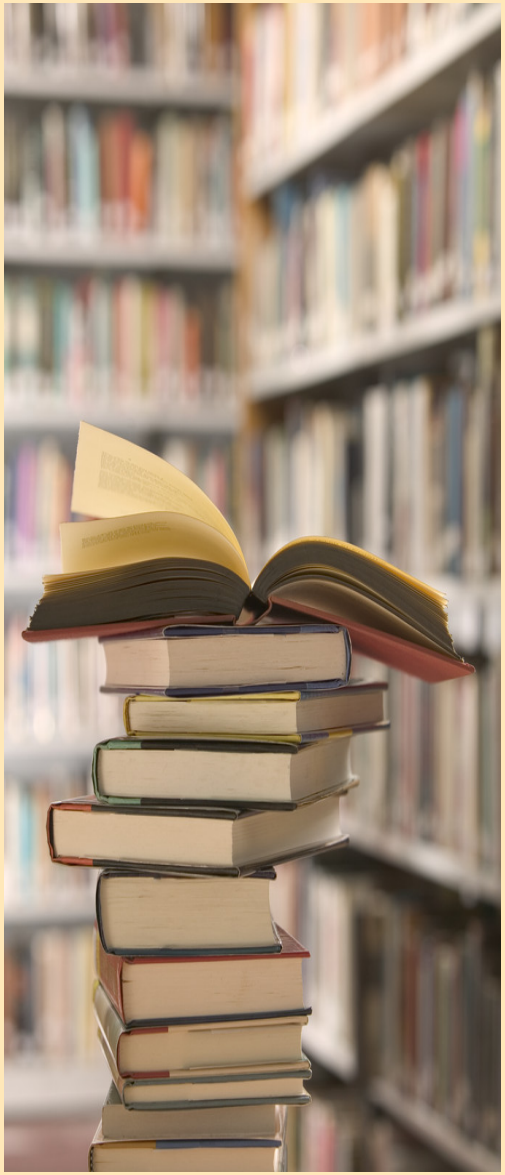
- Palmdale/Antelope Valley Wellness Center
- San Fernando Mental Health Center
- Arcadia Wellness Center
- Northeast Wellness Center
- Edelman Wellness Center
- West Central Wellness Center
- Rio Hondo Mental Health Center
- Harbor-UCLA Wellness Center

SA	Location/Phone	Weekly Schedule	Contact
1	Palmdale/Antelope Valley Wellness Center 349/A, East Avenue K-6 Lancaster, CA 93535 (661) 723-4260	Mon. 10:00 am to 12:00 pm Tues. 2:00 pm to 4:00 pm Thur. 10:00 am to 12:00 pm Fri. 8:00 am to 4:00 pm	Mr. Daryl Riley
2	San Fernando Mental Health Center 10605 Balboa Blvd. Granada Hills, CA. 91344 (818) 832-2400	Mon. 3:00 pm to 6:00 pm Tues. 4:00 pm to 6:00 pm Wed. 3:00 pm to 6:00 pm Thur. 4:00 pm to 6:00 pm Fri. 3:00 pm to 6:00 pm	Mr. Hugh Hayes
3	Arcadia Wellness Center 301 E. Foothill Blvd. Arcadia, CA 91006 (626) 471-6500	Mon. 8:00 am to 4:30 pm Tues. 8:00 am to 4:30 pm Wed. 8:00 am to 4:30 pm Thur. 8:30 am to 4:30 pm Fri. 8:30 am to 4:30 pm	Mr. Makan Emadi
4	Northeast Wellness Center 5564 N. Figueroa St. Los Angeles, CA. 90042 (323) 341-5100	Mon. 1:00 pm to 3:00 pm Tues. 9:00 am to 11:00 am Wed. 1:00 pm to 3:00 pm Thur. 1:00 pm to 3:00 pm Fri. 9:00 pm to 11:00 pm	Mrs. Mary González-Veleta
5	Edelman Wellness Center 11303 Washington Blvd. 2nd floor Los Ángeles, CA. 90066 (310) 482-3200	Mon. 8:00 am to 5:00 pm Tues. 8:00 am to 5:00 pm Wed. 12:00 pm to 6:00 pm Thur. 8:00 am to 5:00 pm Fri. 8:00 am to 5:00 pm	Mr. Sherwood Brown
6	West Central Wellness Center 3741 Stocker St. 2nd floor Los Angeles, CA. 90008 (323) 298-3686	Mon. 9:00 am to 4:30 pm Tues. 9:00 am to 4:30 pm Wed. 9:00 am to 4:30 pm Thurs. 9:00 am to 4:30 pm Fri. 9:00 am to 4:30 pm	Dr. Stephanie Stewart
7	Rio Hondo Mental Health Center 17707 S. Studebaker Road Cerritos, CA. 90703 (562) 402-0688	Mon. 10:30 am to 2:30 pm Tues. 10:30 am to 2:30 pm Wed. 10:30 am to 2:30 pm Thur. 10:30 am to 2:30 pm Fri. 10:30 am to 2:30 pm	Mrs. Juanita Gonzales
8	Harbor-UCLA Wellness Center 21730 S. Vermont Ave. Suite 210 Torrance, CA. 90502 (310) 781-3403	Mon. 12:00 am to 3:00 pm Tues. 12:00 am to 3:00 pm Wed. 10:00 am to 1:00 pm Fri. 12:00 am to 3:00 pm	Mr. Jeffrey Adams

Self-help Libraries' Staffing

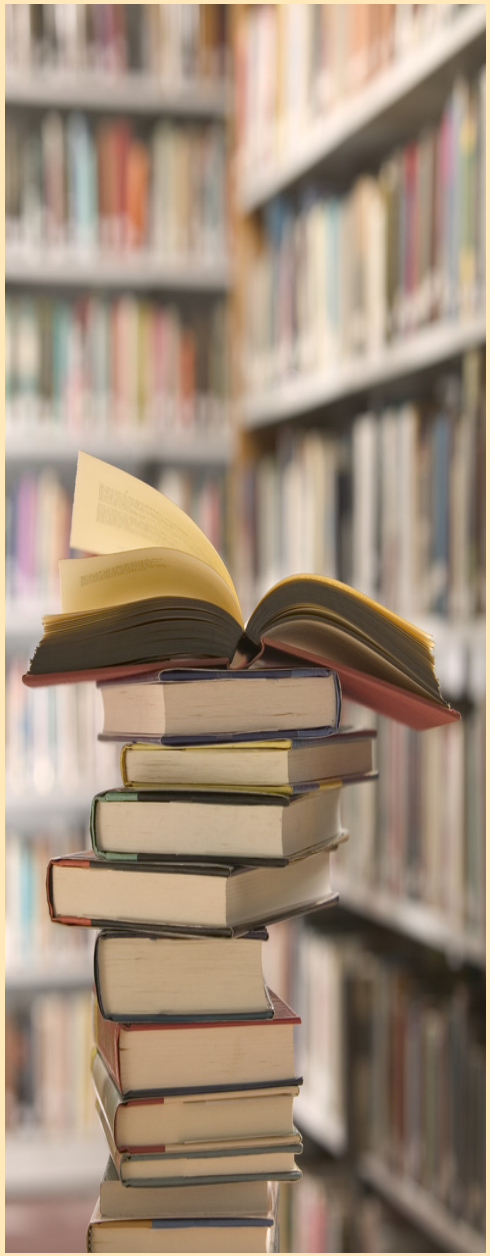


Self-help Library Functioning Survey



- Is the Library fully functioning at this time?
- How is the book checking system working?
- What kind of tracking system are you using to identify reading preferences among library users?
- What are the positive outcomes of having the library?
- What barriers have you found in the library's functioning so far?
- Any issues/concerns raised by staff working in the library?

Library Functioning - Summary of Findings

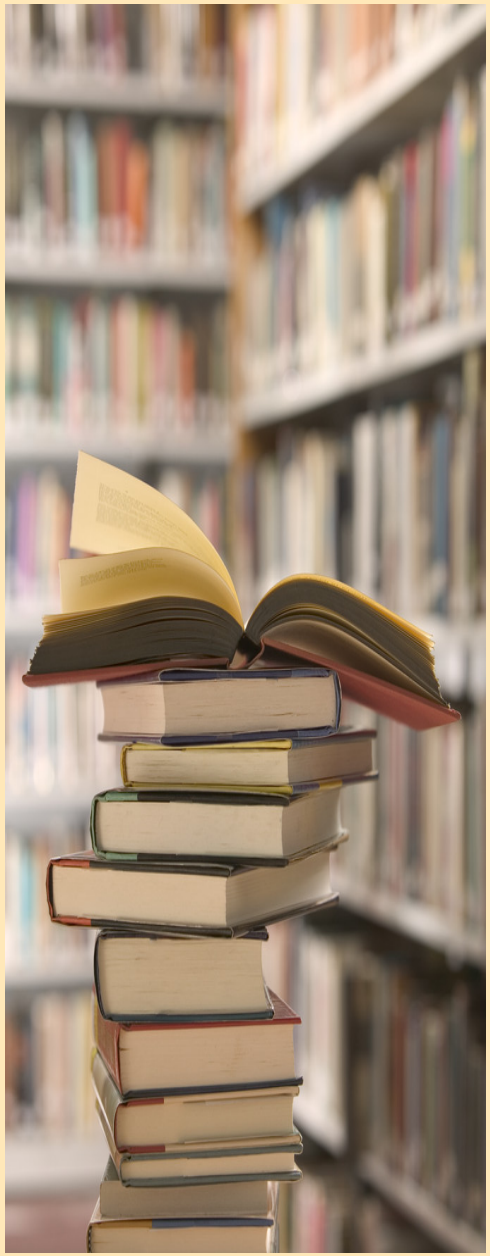


- Libraries fully functioning: (8)
  - One per Service Area.
- Book checking system in use:
  - Book log and index cards listing borrower's name, book title, date and due date. (8)
- Tracking system in use to identify reading preferences:
  - Book log and monthly tracking. (8)
- **Positive outcomes of having the library:**
  - Consumers are happy knowing more about their mental health, having a dedicated room for reading that promotes relaxation.
  - Self-help libraries are promoting self-advocacy.
  - Provide consumers with a means for socializing.

Library Functioning – Positive Outcomes (cont.)

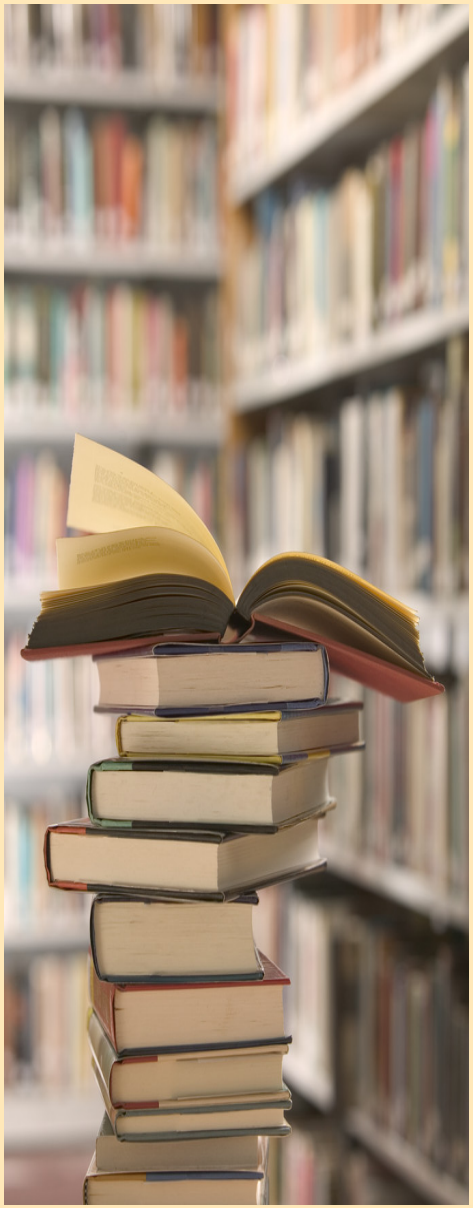
- "The wellness center, through the Self-Help Library Project, is promoting self-advocacy and clients are thrilled about it."
- "People have been checking out the library books to educate themselves about their mental health issues."
- "Clients are excited to educate themselves about different life issues. Staff is having the opportunity to recommend a book as homework to compliment the therapeutic process."
- "So far, Clients like it because they have a dedicated room for reading which makes for a relaxed and welcoming environment."
- "Consumers are really interested in reading."
- "The library has given consumers the opportunity of knowing more about their mental issues and getting together through our brown bag and book discussion club at lunch time on daily basis."
- "Consumers are saying they are happy knowing more about their mental health and having their families involved in the process as family members read books to consumers."

Library Functioning - Summary of Findings



- Barriers to library functioning:
  - Not enough funds to buy library set-up resources such as index cards, and small envelopes.
  - Not enough books on employment, resume writing and careers.
- Any issues/concerns identified by staff:
  - Lack of computer equipment and TV-VCR combos to video tapes and DVD's.
  - Limited physical space

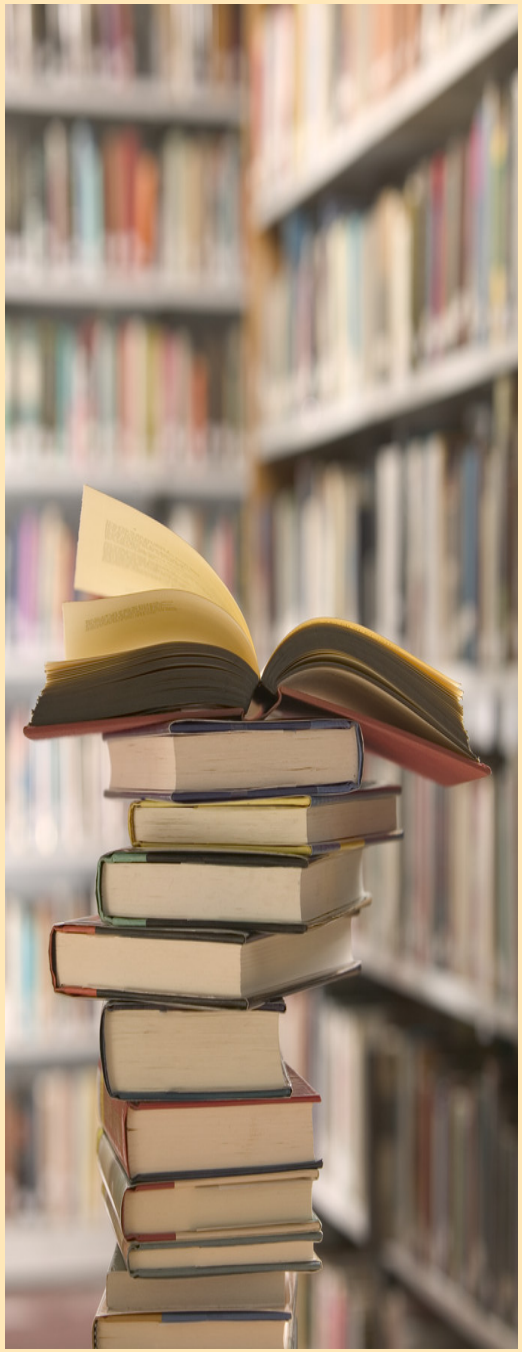
Parent Advocates' Feedback



- What has been your experience so far, with the materials for Parent Advocates?
  - Very helpful (7)
- Is there any particular material that has been more popular than others?
  - Self-help literature for parents (7)
- What area do you think needs more attention?
  - Parenting Skills (7)
  - Information for undocumented families(7)
- Would you like to suggest any idea as improvement to the Parent Advocates area?
  - Education on children's mental health (2)

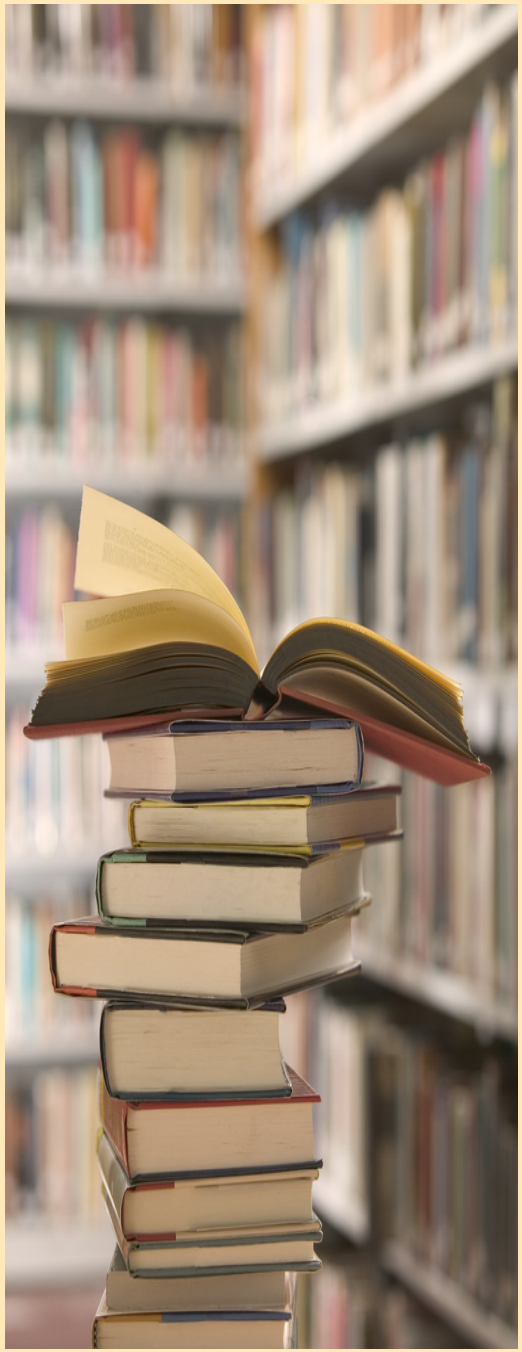
Taskforce Members

- Alysa Solomon, Advocacy and Empowerment Division
- Carmen Diaz, Child, Youth and Family Program Administration
- Catherine Bond, Project Return Peer Support Network
- Debbie Innes-Gomberg, D. C., MHSA Implementation
- Diane Klotz, Planning Division
- Edgar Moran, Planning Division
- Eufel Martinez, Planning Division
- Krista Scholton, Adult Systems of Care/ MHSA Implementation
- Lucious Wilson, Training Division
- Nancy Kless, Office of the Medical Director
- Rita Murray, National Alliance for the Mentally Ill
- Ruth Hollman, SHARE! The Self Help and Recovery Exchange
- Sandra Chang Ptasinski, Planning Division



Self-help Library Project

- Questions?
- Comments?
- Suggestions?



Thanks for your time and attention

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

PLANNING DIVISION

SELF-HELP RECOVERY LIBRARY PROJECT

LIST OF RESOURCE MATERIALS

Books:

1) Anxiety and Phobia Workbook, the
2) Ansiedad infantil
3) Ayude a sus Hijos a tener exito en la Escuela
4) Adolescencia: riesgo total
5) Almost grown
6) Asunto de familia
7) Bipolar child, the
8) Como detectar y vencer depresion en jóvenes
9) Chicken soup for caregiver's soul
10) Chicken soup for kids' soul
11) Chicken soup for dieters' soul
12) Chicken soup for the teenage soul
13) Chicken soup for the grieving soul
14) Chicken soup for the African American soul
15) Chicken soup for African American women
16) Chicken soup for children with special needs
17) Chicken soup for the recovering soul

18) Como enfrentar la depresión: Guias practicas

19) Claves para criar a un hijo adoptado

20) Complete family guide to schizophrenia, the

21) Couple's guide to a growing marriage

22) Caring for yourself while carrying for your aging parents

23) Coping with your difficult older parent

24) Como dejar el alcohol

25) Cuando su hijo tiene de 6 – 12 años

26) Center cannot hold, the

27) Como controlar el mal genio

28) Como recuperar su autoestima: Guía para mujeres

29) Desperate marriage

30) Detour: My bipolar road trip in 4-D

31) Donde están las instrucciones para criar a los hijos?

32) Depresion para dummies

33) Dual disorder recovery workbook, the

34) Entre padres e Hijos

35) Experience of recovery, the

36) Five love languages

37) Five love languages of children

38) Five love languages of teenagers

39) Family education in mental illness

40) Family intervention guide to mental illness

41) How to survive the real world

42) Habits not diets

43) How to care for aging parents

44) Hidden victims, hidden healers

45) Helping someone with mental illness

46) I am not sick. I don't need help

47) I'm not alone: A teen’s guide to living with a parent with mental illness

48) Insomnio y otros trastornos del sueno

49) Limites con los adolescents

50) La demencia

51) Los 7 grandes errores que cometen los buenos padres

52) Las emociones, la salud y la mujer de hoy

53) Mayo Clinic on healthy aging

54) Mejor sola que mal acompañada

55) My mother, your mother

56) Messages, the communication skills book

57) Minding the body, mending the mind

58) Mothering through domestic violence

59) Navigating the journey of older parents

60) Peace Pilgrim: Her life and works

61) Padres de hoy

62) Para romper los patrones de la depresión

63) Recovery workbook: Practical coping and empowerment strategies, the

64) Raising a moody child

65) Relaxation and stress reduction workbook

66) Recovery and wellness models of hope

67) Soloist, the

68) SOS ayuda para padres

69) Sopa de pollo para el alma de los padres

70) Sopa de pollo para el alma

71) Sopa de pollo para el alma Latina

72) Surviving schizophrenia: A manual for families and consumers

73) Un pensamiento positivo para cada día

74) Unquiet mind, An

75) Vivir en equilibrio: 9 principios para crear buenos hábitos

76) Will's choice: a suicidal teen

77) Wishing wellness

78) Working with families of the mentally ill

79) When someone you know is mentally ill

80) WRAP: Living without depression and manic depression

81) WRAP: Plan de acción para la recuperación del bienestar

82) WRAP: the loneliness workbook

83) WRAP: wellness recovery action plan

84) WRAP for veterans and people in the military

85) WRAP: a wellness recovery action plan for people with dual diagnosis

86) WRAP for kids

87) WRAP: Recovering from depression with a workbook for teens

88) WRAP story of, the

89) WRAP: Winning against relapse: a workbook of action plans for recurring health and emotional problems

90) Zen path through depression

VHS materials:

91) Invisible workforce

92) My sister is mentally ill

93) Catching up with the world

94) I love you like crazy

95) Reach one, teach one

96) Recovering from mental illness

97) Mental illness in the family

98) Family coping with mental illness

Laminated motivational posters, set of 10

Titles received after some sites have picked up their materials:

April 27, 2009

1) Four languages of marriage 8*

2) Cinco lenguajes de amor 2

3) Cinco lenguajes del amor de los jóvenes 2

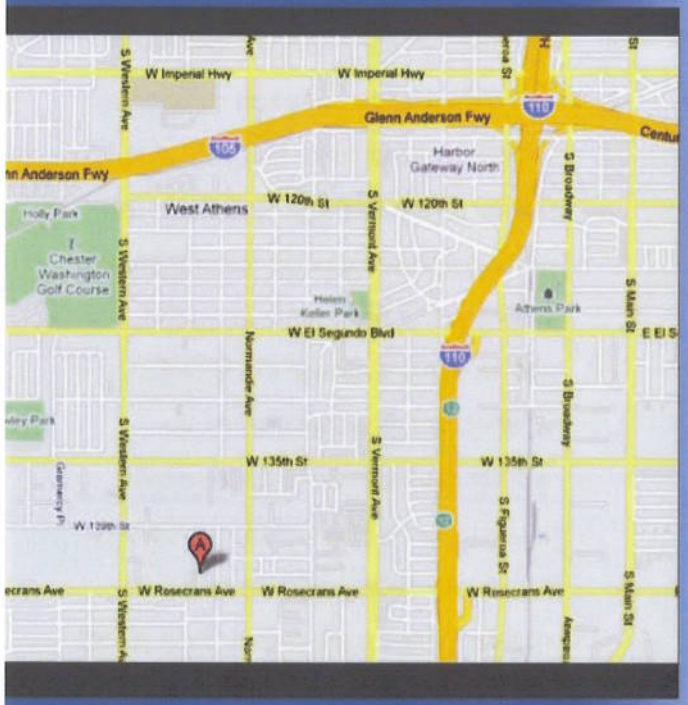
CRITERION 8

Coastal Wellness Center Brochure

(Attachment 3)

Office Hours

Monday - Thursday	8:00 AM to 6:00 PM
Friday	8:00 AM to 5:00 PM



Coastal
Asian Pacific Islander
Mental Health Center
14112 South Kingsley Drive
Gardena, CA 90249-3018

Ph: (310) 217-7312
Fax: (310) 352-3111

Coastal
Asian Pacific
Mental Health Center

Is a directly operated Los Angeles County Department of Mental Health Clinic offering various mental health services with bilingual capability and cultural sensitivity. The center's purpose is to identify mental health needs and to respond to those identified needs of the Asian Pacific Islander communities in Los Angeles County, most specifically in Gardena and the South Bay Region.

County of Los Angeles
Department of Mental Health

Coastal
Asian Pacific Islander
Mental Health Center

General Information

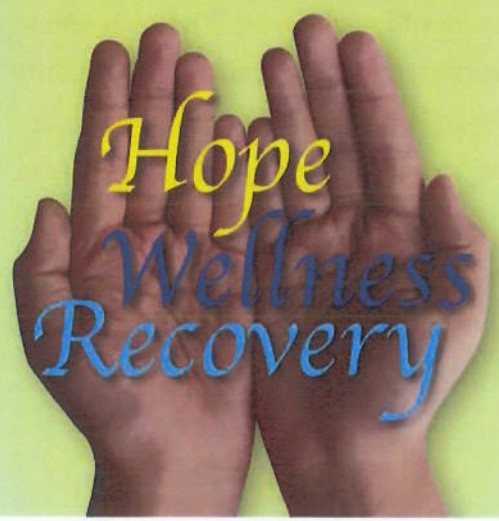
Coastal Asian Pacific Islander Family Mental Health Center is an Asian and Pacific Islander focused mental health clinic providing Asian and Pacific Islander focused mental health clinic providing bilingual and bicultural (English, Cambodian, Korean, Vietnamese, Cantonese, Mandarin, Japanese. Taiwanese, Samoan, Tongan, and Khmer) services in many modalities including sensitive case management to the seriously and persistently mentally ill population as well as to the general population of the South Bay and Gardena area.

Team Services

We use a multi-disciplinary team approach which includes Psychiatrists, Psychologists, Psychiatric Nurses, Psychiatric Social Workers and other mental health professionals. Each applies his/her own unique skills in diagnosis and treatment.

Types of Services

- Adult and Children Therapy Services
- Mental Heath Evaluation, Consultation, and Referral
- Family Focused, Culturally, and Linguistically Competent Services
- Crisis Intervention
- Medication Evaluation and Treatment
- Case Management
- Field Clinical Capable Services (FCCS)
- Full Service Partnership (FSP)
- Recovery and Wellness Groups
- Community Living Program (CLP)
- Psycho Social Education
- Transitional Youth Wellness Group
- CalWORKS and GAIN/GROW Programs
- Dual Diagnosis Assessment and Treatment
- Community Outreach and Education



Philosophy

Mental Health problems can surface during all phases in one's life span. These problems can manifest in many areas of life such as family, school, work, and social settings. Social withdrawal, drastic life changes, physical complaints without medical basis, drug and alcohol abuse, and legal problems can indicate a possible presence of mental illness. Our program is designed to reduce or manage the harmful effects of these symptoms. We also encourage self-reliance so that our clients can better function in society with minimal dependence on others. All provided services are strictly confidential.

Fees

Fees are based upon the individual's ability to pay. MediCal and Medicare are accepted and no one is refused services because of their inability to pay.

COASTAL API FAMILY MHC

WELLNESS GROUPS

Life Skills Support Group
Mon 10am-12pm (Linda/Thao)

Assists CalWORKs participants in gaining life skills to prepare to join the workforce through developing coping skills, identifying personal strengths, and gaining peer support

Multi-Family Focused Group
Every Last Mon, 4-6pm (Tim/Justin)

Provides a place for learning, support and networking for multiple family participants as well as discuss topics relevant to mental illness, mental health, recovery, wellness and quality of life

Korean Parents' Support Group
Every Third Mon, 4-5:30pm (Justin/Linda)

Provides a culturally sensitive and safe environment where parents can meet and help each other in a supportive, caring and non-judgmental atmosphere

Wellness Walking Group
Wed, 9-11am (Serena)

Practice stress management skills, reduce social isolation, and increase physical fitness

Wellness Group
Wed, 1-3pm (Manu/Thao)

Improve physical health through exercise while gaining social skills and engage in fun activities to improve emotional wellbeing

Program Head: Helen Chang, LCSW
14112 S. Kingsley Drive
Gardena, CA 90249
Phone: (310) 217-7312
Fax: (310) 352-3111

Friendship Group
Wed, 3-4:30pm (Manu/Thao)

Develop appropriate social interactions, peer relationships, gain social skills and provide support to one another towards recovery goals

Communication Skills Group
Thurs, 2-4pm (Edwin)

Develop verbal and non-verbal communication as well as listening and language skills and gain confidence in daily social interactions with friends, family and others

Community Living Program
Fri, 9am-12pm (Serena/Josephine)

Help trauma survivors develop daily living skills, relaxation exercises through tai chi, psycho-education, and cultural awareness

CRITERION 8

Fliers for Plays

(Attachment 4)

UNA FAMILIA COMO OTRAS !!!
(Ensayo teatral)

Grupo de Teatro Amanecer
Directora: Gloria Trujillo
Guión: Dr. Julio Celada

(Sesión de inicio-Relajación)

LA MAESTRA

¡A relajarse todos! ¡Necesitamos relajarnos!:

-No olviden su respiración profunda, tomar el aire por la nariz y sacarlo por la boca varias veces, es bien importante.

- A continuación nos hacemos la idea de que estamos limpiando una mesa. Lo hacemos con una mano y luego con la otra para que quede con mucho brillo.

- Ahora nos imaginamos que estamos metidos en un pozo y nos imaginamos que vamos a salir con la ayuda de un lazo (una y otra vez se hace los gestos de estar trepando por la pared del pozo con la ayuda del lazo imaginario). Estamos en un pozo de depresión y vamos a salir de ella.

- Nuevamente respiramos profundamente para relajarnos.

Ahora vamos hacer los ensayos. A ver ¿Quién hizo la tarea?. Tenemos que practicar en el teatro lo que hemos aprendido. Repito ¿Quién hizo la tarea?, ¿Nadie la hizo?

LIDIA (ABUELA)
¡Yo!! Yo la hice.

MAESTRA
¡Bien! Qué bueno Lidia, Yo te ayudare con el papel que le corresponde a María. Empecemos con el ensayo.

RAMONA/MADRE
(Entra la madre llevando de brazos a la abuela)
Mira mamacita mucho me alegra que te quedes con nosotros. Ven que te voy a enseñar tu cuarto, aquí nadie te va molestar y sabes muy bien que te queremos mucho. Aquí está tu cama, en este lugar vamos a poner tus cositas y en este mueble vamos a poner las medicinas que te receto el

doctor. Por cualquier cosa que necesites me avisas voy a estar en la cocina, sabes que aquí todos te queremos mucho mama (Sale).

ABUELA
(Se queda sola en la habitación y empieza a caminar alrededor como recorriendo con la mirada toda la habitación. Identifica un lugar y luego saca de entre sus cosas una medalla o fotografía, la cuelga y exclama) ¡Hay Chon, Chon! Me siento arrimada ¿Dónde estás? No me dijiste que me ibas a dejar sola.
¡Donde estés!.. Se que estas bien, pero para mí no es igual, yo me siento triste. Después de 57 años de vivir juntos me has dejado.

(Haciendo gestos de resignación se sienta) Yo me siento triste de que te hayas ido pero no hay modo, ya te has ido y que se le va hacer pues.

FILOMENA/NIETA
(Entra sonriente y se dirige sigilosamente para que la abuela no la vea y le cubre los ojos con las manos) ¡Hola! A ver si adivinas ¿Quién soy?

ABUELA
(Entre asombrada pero complaciente) ¿Quien puede ser? Mi nieta pues. ¿Quien más puede ser?

FILOMENA/NIETA
Estas aquí sentada sola, abuelita. ¿Como estas? (La toma de las manos y ambas se ponen de pie)

ABUELA
Estoy muy bien gracias, pero no dejo de estar triste porque extraño a tu abuelo.

FILOMENA/NIETA
Pero mi abuelito ya está en el cielo y desde allí te cuida y no quiere que estés triste.

ABUELA
Ya sé que está en el cielo pero lo extraño. El me dijo que me iba mandar hacer una caja grandota para que entráramos los dos y dijo que cuando el se muriera también yo me fuera con el, ya que el se iría conmigo si yo

muriera primero. Entonces, yo le dije que yo no quería irme antes de tiempo….(ja,ja,ja.. se rien todos)

NIETA
(Sonriente) ¡Abuelita! ¿Que tal si nos conseguimos otro abuelito Chon?. Tu eres bonita. Nada más te cambias de ropa, te vas conmigo al baile, y allí conseguimos otro abuelito.

ABUELA
No, No, donde vamos a encontrar otro igual. A donde voy a ir a bailar yo, ja,ja,ja..

NIETA
¡Bueeno! Abuelita ¿Y como lo conociste a mi abuelito?

ABUELA
Yo lo conocí en el viaje de peregrinación que hacíamos a Plateros. El iba mas adelante, mientras que yo iba con mi abuelito en burro. Entonces, yo hice que el burro fuera más rápido (hace gestos) hasta que alcance al grupo donde iba Chon. Luego le dije, ¡Oye Chon! ¿Tienes novia?.
Me respondió que no tenía novia porque su esposa tenía poco tiempo de muerta. Yo le dije entonces, mira Chon, mi papa ya lleva tres esposas muertas y tú te asustas, ¡quiero que sepas que tú me gustas!.

NIETA
Ja ja ja ¿Le dijiste eso abuelita?

ABUELA
¡Si le dije!

FILOMENA/NIETA
¡No lo puedo creer! Si yo eso le digo a un chico y mi mama se entera, le da un patatús.

ABUELA
Yo tampoco le dije a mi papa porque me hubiera castigado.

FILOMENA/NIETA
Oye abuelita! Tú le ayudabas a tu papa en teatro, verdad?.

ABUELA
Claro que sí. Yo imitaba al diablo “Borsabu” y al diablo “Asquerote” ¡Ohhh..si!!. Cuando yo tenía 10 años, le ayudaba a mi papa a estudiar los textos de “La Pastorela”

FILOMENA/NIETA
Y como lo hacías? Porque él no sabía ni leer ni escribir.

ABUELA
Te voy a enseñar (Imitando al diablo) “Yo soy el diablo Asquerote que por las mujeres ando al trote”. Y el otro diablo decía: “Yo soy el diablo Bonsabu que vengo desde lo más profundo” “Aquí he venido a verlos y alborotar a todo el mundo”

NIETA
(Todos alborozados, aplauden….) Bravo.. bravo!!! Qué bonito imitas. Aunque el tema de diablos y aparecidos me da un poco de temor (hace gestos de temor, pero cambia inmediatamente y surge la nieta cariñosa, buena y aparentemente muy segura de si)
Abuelita quiero enseñarte unas fotos de mi graduación en la escuela. Sé que vas a estar muy orgullosa de tu nieta, ven a mi cuarto.

ABUELA
Vamos pues mi nieta querida (Se toman de las manos y ambas salen)

RAMONA/MADRE
(Entra en ropa de casa, parece que tuviera prisas, recoge algunas cosas y habla para sí misma) Ya es tarde y cuantas cosas quedan aún por hacer. Ya va llegar mi viejo del trabajo. (Encuentra algún objeto de Filomena en el suelo y lo mira con ternura) Y esto es de mi hija, ella es muy inteligente, y no lo digo solo porque es mi hija, sino porque estudia mucho y quiere llegar a ser una gran mujer. Pero me preocupa que a veces se ponga muy nerviosa.

PANCHO/PADRE

(Regresa a casa después del trabajo, está cansado y enojado) Esto es un desorden mujer, que haces en todo el día. Mira como tienes la casa, esta descuidada y las cosas tiradas en el suelo.

RAMONA/MADRE
Tranquilo Pancho, no exageres. Ahora mismo estuve arreglando las cosas. Y hace una hora estuve platicando con las vecinas respecto a cómo nos organizaremos las madres de la comunidad para prevenir el consumo de drogas entre los chamacos, sabes que ese problema a crecido mucho y los padres algo tendremos que hacer, ¿No es verdad?.

PANCHO/PADRE
Ahora estas de chismosa y para eso si tienes tiempo. Tengo hambre.

RAMONA/MADRE
Tu solo piensas en comer, entiende que las familias del vecindario necesitamos ayudarnos para el bienestar de nuestros hijos y de nuestra comunidad..

PANCHO/PADRE
Deja de hablar de la vida de los demás y dedícate un poco a lo tuyo y a tus hijos. Arréglate, péinate.

RAMONA/MADRE
Es verdad que debo estar más arreglada pero también yo estoy trabajando y estoy preparándome para ayudar mejor a mi familia. A propósito de hijos, tú también debes ayudarme cuando estés en casa.

PANCHO/PADRE
Yo tengo dos trabajos y no tengo tiempo. (Gritando) Además estoy cansado.

RAMONA/MADRE
Porque me gritas, si estas enojado… ¡relájate!. Platica con tus hijos, has ejercicios y sal a caminar, vas a ver como se te quita el cansancio. Hay Pancho, no sé qué hacer contigo, no entiendes ni colaboras. No hagas escándalos que los vecinos se van a dar cuenta.

PANCHO/PADRE

Que quieres que te entienda pues. No me importan los vecinos, a ver si te oyen para que te de vergüenza. Haz algo por ti y por tu casa.

RAMONA/MADRE
También tú tienes que hablar con los hijos porque como padre te necesitan. Habla especialmente con nuestra hija que a veces se siente muy nerviosa.

PANCHO
Eso es por tu culpa, tú debes de cuidar a los hijos y la casa, y no lo estás haciendo bien. Sírveme de comer que tengo mucha hambre (Sale del escenario)

RAMONA
¡Tú solo piensas en comer!(Sale)

FILOMENA
(Se halla en la habitación arreglando sus cosas, por ejemplo doblando sus pañuelos) (Se escenificara el perfeccionismo y el orden obsesivo) Así como lo he doblado debe estar, ni una línea mas ni una línea menos,…. ¡Huuy no me queda parejo!. Tiene que estar perfectamente bien parejito, parejito. Más o menos así, ¡Perfecto!

PANCHO
(Entra) Ahh.. Estas aquí, te estaba buscando Filomena ¿Dónde estabas hoy que has llegado muy tarde?

FILOMENA
(Nerviosa e insegura) En la escuela…Papa!

PANCHO
¿Ah sí? ¿Porque te vieron en el parque entonces? Lo que me sorprende de ti es que siendo una buena hija, una buena estudiante y con metas altas en la vida, hay temporadas en que no te reconozco porque estas de mal genio, nerviosa, insegura y no cumples con tus quehaceres.

FILOMENA

Eso no es verdad, yo estuve en la escuela. Sino pregúntale a mi abuelita ya que ella me acompañó.

PANCHO
(Con dudas) Bueno te voy a creer. Pero por favor no faltes a la escuela, ¿que es eso de faltar? Mañana quiero una letra firmada por tu maestro. (La mira detenidamente) desde hace unos días te veo mas pálida y nerviosa ¿te ocurre algo Filomena?

FILOMENA
¡No! ¡No! Nada…pero bueno. Papa, a veces me pongo muy nerviosa, empiezo a temblar y me entra una desesperación como que algo terrible me va pasar y no lo puedo evitar. Sin embargo, dura poco tiempo. Por esa razón algunas veces he ido al parque a relajarme o le he pedido a mi abuela que me acompañe.

PANCHO
Mi hija no puede ser una mujer cobarde ni débil, le daría pena a la gente de verte así por la vida, incluso se burlarían de ti. No le hagas caso a esas tonterías que se llaman ¡Nervios! , ¡tú debes ser fuerte como tu padre! ¡Ji,ju, jay! ¿No es verdad? (mirando al público y arreglándose los bigotes. Luego sale)

FILOMENA
(Hace gestos de fortaleza) ¡Yo también soy una mujer fuerte y lucho cada día por ser mejor! (Filomena se ubica en la silla y se dispone a leer un libro) Bueno tengo que estudiar un rato más antes de irme a dormir y mañana tengo que entregar una tarea ¡Huuy..!

PANCHO
Ok no te interrumpo mas y descansa. Buenas noches.

FILOMENA
(Lee algo en voz alta.. después empieza a bostezar… a dormitar.. intenta seguir leyendo)

(Mientras estaba estudiando se quedo dormida, tiene los brazos cruzados y una posición incómoda. Aparece un ligero ronquido…hay movimientos y quejidos, se mueve dormida, hay respiración entrecortada. Se agita, intenta espantar algo con las manos, abre los ojos, tiene una mirada

desorbitada y grita) ¡El diablo Asquerote! ¡El diablo Asquerote!... Mama, mama el diablo Asquerote viene por mí, no dejes que me lleve.(estuvo experimentando una pesadilla, y de sus movimientos y gritos, ella no es consciente porque estaba dormida), ¡Mamaaa!

(Filomena medio dormida sigue agitada y sudorosa, entra la madre a calmarla. Filomena se abraza instintivamente a la mama y luego se despierta) (Ya mas calmada y tomando control de sí misma) !El diablo Asquerote venía por mí.

MADRE
Tranquila, tranquila no pasa nada. No hay ningún diablo Asquerote. Ya paso. (Le pasa las manos por la cara de la hija) Estas sudando. (Le pone las manos en el pecho) Y tienes el corazón muy acelerado. No te preocupes,
Mucha gente experimenta pesadillas y yo también las tengo a veces, especialmente cuando en el dia he tenido mucho estrés.

FILOMENA
Menos mal que solo fue una pesadilla….

MADRE
Ven, vamos a la cocina. Te voy a preparar un te para que te relajes.

MAESTRA
(Hace un comentario sobre temas de pesadilla y actuación de teatro. Le dice a Filomena y especialmente al publico de que han pasado dos días y hay nuevas cosas que hacer).

FILOMENA
(Contenta y tarareando está arreglando su sala) Tenía mucho miedo suspender el examen que tome ayer; pero felizmente, todo salió bien y hoy me entere que me saque un A en el examen de matemáticas. Nunca estoy segura de lo que he estudiado a pesar de que estudio mucho, pienso que voy a suspender pero generalmente hago bien mis exámenes. Creo que necesito ser menos perfeccionista.

HUGO/NOVIO
(Hace un silbido característico y repite dos veces)

FILOMENA
(Reconoce el silbido, se arregla la ropa y hace un comentario gracioso)
Allí viene mi Huguito, el dulce……

HUGO/NOVIO
Hola preciosa, ya se fue tu papa?

FILOMENA
Si salió temprano a trabajar y mi mama se fue hacer sus mandados. Solamente está mi abuela.
HUGO
Hoy que es domingo ¿podríamos salir a pasear?.

FILOMENA
¿Vamos a pasear? ¡Bueno!!! (Mira al novio y le arregla la gorra varias veces) Vamos a revisar tu gorra para que te quede mejor.

HUGO
¡No seas tan perfeccionista mujer!

FILOMENA
(Vuelve a mirar y a verificar la gorra) Ahora esta mejor, solo quiero hacer lo mejor posible.

HUGO
Está bien. ¿Nos vamos?

FILOMENA
Deja que avise a mi abuela. ¡He abuelita!, ya regreso voy a salir a pasear con Hugo (Salen ambos)

AGRIPINA
¡Ramona! Como estas? Soy yo Agripina.

MADRE
Bien, ¡Pásale! Me da gusto de verla

AGRIPINA
He venido a visitarte y te traigo un pastelito de elote.

RAMONA/MADRE
Gracias por el elote que huele muy agradable.

AGRIPINA
También a mi me da mucho gusto de verte. ¿Pero qué te pasa?, te veo preocupada.

RAMONA
Es mi hija, tú la conoces, ella es muy estudiosa y tiene muchas ilusiones en la vida. Pero las cosas se las toma muy a pecho y últimamente hay momentos en que esta muy nerviosa.

AGRIPINA
Tú sabes que puedes contar conmigo porque para eso somos buenas vecinas. ¿Que le pasa a Filomena?.

RAMONA
Hay días que se preocupa mucho por las cosas y le entra la desesperación y parece como que le faltara el aire.

AGRIPINA
Pero ella es muy estudiosa, alegre, tiene un novio que la quiere y no se le nota los nervios.

RAMONA
Sí, pero hay momentos en que se pone nerviosa y se angustia mucho.

AGRIPINA
Dices que ¿Filomena es nerviosa?. (Pensativa) Huumm.. Ahora que recuerdo, en la casa tengo folletos de información donde aparecen direcciones donde dan pláticas sobre temas de salud mental.

RAMONA
¿Salud mental? ¿Mi hija con problemas de salud mental? ¿Eso no es para los locos? ¡! Hay Dios que va decir la gente!!

AGRIPINA

No mujer, lo que ocurre es que hay mucha ignorancia en la gente sobre estos temas, por eso la vergüenza o el miedo. Muchas veces el miedo y la vergüenza de tener un problema de salud mental, o de que algún ser querido lo tenga, es peor que tenerlo. Hay muchos lugares donde puedes recibir ayuda.

RAMONA
(Corajuda) Tampoco vecina, no me trates de ignorante o ¿acaso tú vives muy bien en tu casa? ¿Y tu no tienes problemas?. Nosotros, para que sepas, somos ***una familia como otras***.

AGRIPINA
No te enojes, solo quiero ayudarles. (Acercándose a los oídos) Aquí en confianza, te voy a decir que yo tengo problemas de ansiedad, fobia a los insectos y hago compras compulsivas. Pero, desde que recibo ayuda de salud mental me siento mucho mejor.

RAMONA
Está bien vecina, y cuando puedas me traes más información.

AGRIPINA
Tengo unos folletos en el carro y ahora mismo te lo voy a dar. ¡Ven conmigo!

RAMONA
Ok vamos pues.

FILOMENA
(Está nerviosa, camina de un lado para otro) Solo me queda dos días para el examen de Física. De 10 ejercicios de física que acabo de hacer, 9 me han salido perfectos pero uno no me sale, y eso va ser mi fracaso en el examen. Voy a intentarlo otra vez, La raíz cuadrada de 25 es 5 y de 80 es 8 ¿o 10?, ..¡noooo!

…hay..huy estoy perdiendo la tranquilidad. (Se pone nerviosa, empieza a sudar y temblar.. y demás síntomas del ataque de pánico) ¡Oh no! ¿Otra vez? No puede ser. Me está faltando el aire, siento que mi corazón se me va a salir, me voy a desmayar y aun no he resuelto el problema…(se toca ambas sienes) también aquí me está latiendo fuerte, me va dar un "strocke" me voy a paralizar, ¿ Qué hago? ¿Qué hago?.

Ahh ya se, voy hablarle a mi novio (marca en su celular)

Alo Hugo!!, ¿Dónde estás? ¿Me puedes ayudar? me falta el aire, mi corazón está muy acelerado y me va dar un strocke, ¿puedes acompáñame al Hospital de Emergencia? (Sigue hablando por el celular)

¿Qué dices?..¿Qué estas cerca de mi casa?¡Que bien!..¿Qué me tranquilice?...Lo estoy intentando pero… ¡no puedo!!! (Hace las respiraciones profundas) ¡No puedo calmarme! ¿Qué llegaras en 5 minutos? Bien!! Te espero. (Tocándose el corazón) ¡Mi corazón, mi corazón…me muero!!

HUGO
(Entra de prisa) Ya estoy aquí, ¿Qué tienes?

FILOMENA
(Lo abraza) Que bien que llegaste. Me falta el aire.

HUGO
Entonces, ¿te doy la respiración “boca a boca”? ¿Te ayudo?

FILOMENA
No Hugo, es en serio (se sonríe). Siento que el corazón se me va a salir.

HUGO
No te preocupes, comprendo por lo que estas pasando. Estas muy nerviosa, Seguramente que no es nada serio pero es mejor que vayamos a Emergencia del Hospital (Mientras están saliendo). ¡Ven vamos! Ahora voy a hablarles a tus padres para encontrarnos en el hospital.(Salen)

MAESTRA
Filomena estuvo experimentando una situación de crisis, pensaba que le iba a dar un “strocke” incluso que se iba a morir, ¿una verdadera emergencia verdad? Allí la han atendido y ayudado a recuperar la tranquilidad y el control de si misma. Ella y sus seres queridos, ya están de regreso del Hospital, y nos van a compartir sus experiencias.

HUGO

Para calmar la gran crisis que estaba experimentando, los doctores la dieron un relajante y ella se tranquilizo rápido. Luego, le hicieron un estudio al corazón y dijeron que Filomena no tenía problemas del corazón ni otros problemas físicos. También dijeron, que la crisis de Filomena probablemente correspondía a un ataque de pánico. La recomendaron que practicara la relajación respiratoria todos los días para que pueda contrarrestar la ansiedad y que fuera a un centro de salud mental para hacerse una evaluación y recibir más ayuda.

PADRE
¿Qué puedo hacer por mi hija, estoy muy preocupado por ella. Aunque en el Hospital me han dicho que sus ataques de pánico no es por culpa mía ni de su mama. ¿Sera que nuestros líos de pareja y el que a veces yo no tenga tiempo para mi familia la esté afectando?.

MADRE
Yo le decía a mi hija que debe ser la mejor de su escuela, para que llegue a triunfar en este país, puesto que nosotros después de vivir más de 20 años aquí hemos luchado para darle lo mejor. La seguiremos ayudando para que salga adelante.

FILOMENA
Dicen que experimento crisis de ansiedad en forma de ataques de pánico. Mis amigos me han dicho que soy muy perfeccionista, que tomo las cosas a pecho y que debería tomarlas con calma, y confiar en mis capacidades. Sé que tengo que hacerme una evaluación en un centro de salud mental para recibir el tratamiento apropiado. Ahora, no me da pena, me importa mi salud, me quiero y por eso lo haré.

VECINA
En este folleto de salud mental dice que el ataque de pánico y el estrés postraumático son formas severas de ansiedad, que afecta a mucha gente, puede desencadenar depresión y adicciones y que hay tratamiento. Vecinas, combatamos el miedo y la vergüenza de padecer alguna condición mental, mas bien, confiando en nuestras capacidades salgamos adelante y busquemos la ayuda oportuna.

ABUELA
Los años me ha dado la sabiduría para actuar y la paciencia para comprender a mis hijos y nietos. Cuando hablas con un adulto mayor estas

aprendiendo a valorar la riqueza de tu cultura y afianzar tu identidad. A pesar de mi perdida reciente, yo soy optimista, tengo fe en la recuperación de mi nieta y sé que ella va ser una mujer triunfadora. ¡Una mujer latina triunfadora!

MAESTRA

Muy bien felicito a todos por el trabajo serio que están haciendo y les encargo revisar sus papeles para afianzar más el propósito de esta obra y entender a los demás. Sobre todo para entender mejor a las personas que tienen alguna necesidad de ayuda en salud mental.

COMO LAS OLAS DEL MAR

(Obra teatral)

Directora: Gloria Trujillo
Guión: Dr. Julio Celada

MAMA:
¡Espérate, a donde vas! ! Tienes que escucharme!
Siempre tienes prisa para tus actividades y no me ayudas con la educación de nuestros hijos.

PAPA;
(Mira su reloj) En este momento estoy de salida. Quede en verme con un amigo ….. y voy tarde.

MAMA:
(Enojada) Pero nuestra hija Diana es más importante que tu amigo, la veo muy nerviosa y desesperada. Hay temporadas en las que parece estar llena de energía y sin sueno y se pasa las noches en vela hablando con sus amigas; sin embargo, hay otros días en que la veo sin fuerzas, triste, desmotivada y se pasa el día metida en su cama sin poder levantarse. Además, me ha dicho que no quiere seguir estudiando. Yo la insisto que tiene que seguir con sus estudios, pero no me hace caso. Ya es tiempo de que intervengas.

PAPA:
(Con gesto de exceso de confianza) ¡Mira!, ella es mujer ¿Para que le sirve estudiar?. Si estudiar es perder el tiempo y va a la escuela a conocer novios. Y si luego se va a casar. Lo que debes hacer es enseñarle a cocinar, a bordar, a lavar bien la ropa. Ya que, si no es una buena esposa, recibirá palos. A propósito mi hijo Filemón esta muy bien en la escuela, el si estudia y es motivo de mi orgullo.

MAMA:
Me sorprende que sigas pensando como el macho del pueblo, Diana sabe hacer las cosas de casa quien no sabe es tu hijo. Pero Diana también debe seguir estudiando como su hermano para que pueda valerse en la vida, en mejores condiciones que nosotros. ¿O no es cierto que tu siempre te quejas de que ganas poco y hubieras querido tener mas estudios para ganar mejor?. ¡!Que Diana termine su "High School" y luego elegirá lo que ella quiera seguir estudiando!!.

PAPA:
Mira mujer, ¡porque nos hacemos los tontos!; si ella dice que no quiere estudiar que no lo haga. Recuerda a mis hermanas, ellas no estudiaron, mis primas tampoco. Solo están en sus casas con sus familiares.

MAMA:
¡Aja! Soportando a sus maridos borrachos y golpeadores. También mira a sus hijos, Pedro esta en las drogas, Luis en la cárcel. A propósito estuve leyendo el periódico del barrio ¿tu sabes cuántos niños Latinos hay en la escuela?. Aquí dice (señala el periódico) “que la mayoría son Latinos, el 95%, pero solo terminan el College o ingresan a la Universidad no mas del 16%”. ¿Te das cuenta? ¿Dónde están y que hacen esos jóvenes que no siguen estudiando? Sin embargo; eso es otro asunto, a mí ahora me interesa Diana, nuestra hija.

HIJA:
(Con atuendo rockero Muy subida de ánimo –hipomaniaca- se acerca y le da un beso a su padre, lleva unos panqueques para el) ¡Hi Papi! (). Te traje el postre que te gusta. (Con cierta indiferencia hacia su madre) ¿Mom quieres un pedazo?

PAPA:
Gracias mi princesa (empieza a comer el panqueque) (La mama no acepta la invitación)

MAMA:
Le comente a tu padre que te veo muy extraña, no has salido en todo el día de tu recamara y ahora te veo con el ánimo subido, muy eufórica… además ya no quieres ir a la escuela, quiero que hablemos sobre esto.

HIJA:
Ahora no tengo ganas de escucharlos, en los pocos momentos en que me siento ¡!alegre!! (hace ademanes de felicidad) y muy feliz tu no me apoyas. Para no oír tus sermones mejor me voy a mi cuarto (sale precipitadamente, mientras le sonríe a su papa y este la corresponde)

MAMA:
(Dirigiéndose al papa) ¿Y tú no la dices nada?

PAPA:
Déjate de dramas y vamos a dormir que ya es muy noche (Sale)

MAMA:
Tú no te preocupas por ayudarla… (Sale)

HIJA:
(Habla por teléfono) ¡Bueno mi amor, se me ha pasado la depre y la falta de animo, ahora estoy muy contenta y siento que puedo con todo, te invito a que salgamos a divertirnos! (hace ademanes de escuchar la respuesta afirmativa de su novio). De acuerdo, esperare a que se duerman y saldré por la parte de atrás. Recuerda que quiero ponerme bien happy y llegar hasta el cielo. ¡Alo! ¡Alo! ¿Que dices?, ¿Qué si fui a la escuela?. No, hoy tampoco fui a la escuela. La

maestra me aburre y con esas matemáticas me entra más flojera pero mañana será otro día. Deja ver si los viejos ya se durmieron (mientra se asoma por la ventana para verlos). ¡!Eureka!! ¡Se han dormido….! Halla voy! (Sale)

PAPA:
(Viendo el futbol, el campeonato mundial) ¡México! ¡México! Somos mejores que Sudáfrica.. A ver si ahora si ganamos. Si se puede (Narra parte de algunas jugadas) (Gritando) ¡vieja pásame una chela!

MAMA:
Estoy viendo mi novela “Sortilegio?.....” no molestes.

PAPA:
(Se para y sale a buscar una cerveza) No hay cariño en esta casa, ya no me atiendes como lo hacías antes, uno tiene que sacrificarse y salir a buscar su cervecita.

HIJA:
(Es por la mañana, esta despeinada y enojada, sale hablando por teléfono con su amigo) Ya me di cuenta Federico, no solo sales conmigo, también coqueteas (enamoras) en mi presencia a otras muchachas. ¿Así querías que me fuera a vivir contigo? Por tu culpa no estoy yendo a la escuela y además soy yo quien tiene que pagar las drogas que ambos consumimos. He decidido dejarte y no me hables ni me busques más.

(Pausa, escucha su celular) ¿Qué? ¿Qué yo te pertenezco?, ¿que debo seguir contigo y aceptar a otras? Eso nunca (cuelga el teléfono)

(Camina cabizbaja, pensativa y reflexiona en voz alta) Mi madre me lo decía, me advertía que tuviera cuidado en la vida y no le hice caso. Desde hace varios meses, mi estado de ánimo cambia mucho y no estoy yendo a la escuela. Que dura es la vida. La alegría, energía y ganas de hacer muchas cosas duran poco y luego estos sentimientos de soledad, angustia, tristeza y coraje conmigo misma me hacen sufrir. Nada tiene sentido, no sirvo para estudiar, no tengo ganas de estudiar ni de divertirme, ¡me odio, me odio! (Toma algo suyo-una fotografía- lo rompe y se le cae algún pedazo). (Exaltada) Me voy a la calle, voy a buscar al rey de la “mariana” porque necesito tranquilizarme. (Le entra la duda) o tal vez me voy a caminar para despejarme la mente (Se va..).

PAPA:
(Sale ojeando el periódico de la mañana) Es hora de ir a trabajar, pero antes quiero ver el resultado de la lotería que jugué ayer. ¡A ver cuando me llega la suerte y tenga mucho dinero!. (Se sienta y revisa el periódico) ¡Nooo! .. nada me ha tocado. Aunque hice la combinación del día de mi cumpleaños con el día en que conocí a mi vieja no tuve suerte.

MAMA:
(Sale tarareando una canción a hacer la limpieza) Ahora resulta que a los maridos hay que llevarles el periódico a sus manos y la cervecita a sus bocas y los hijos están solos, por eso les cuesta estudiar. (Mientras barre observa el pedazo de fotografía de su hija y se siente sorprendida) ¡Diana! ¿Diana qué es esto? Has roto tu fotografía, era la que más te gustaba y siempre la llevabas contigo. Esto no es normal (mirando el pedazo de fotografía ¿Qué te está pasando? Te veo unos días con mucha energía y otros no tienes ánimo para nada. ¿Habrá ido a la escuela? (Dirigiéndose a su marido) Oye Jacinto, algo tenemos que hacer, nuestra hija necesita ayuda.

PAPA:
(Sorprendido mira el pedazo de fotografía) Aquello que más quería lo ha roto. Ahora me doy cuenta de que ella necesita ayuda. Vamos a la escuela para hablar con la consejera, la última vez que estuvimos en la escuela nos trataron muy bien, se ve que son buena gente. Ellos sabrán decirnos lo que tenemos que hacer para ayudar a diana (Salen).

HIJA:
(En actitud cabizbaja deambula por la sala y luego dice) Creo que no vale la pena la vida que estoy llevando, no me gusto como estoy y como me siento. (Tomándose la cabeza con ambas manos) Mi cabeza esta echa una turbulencia, me siento muy mal y no se que hacer. Ahora que termine con Federico puede ser una buena oportunidad para volver hacer las cosas buenas que siempre he querido, como seguir estudiando para ser una enfermera y salir con amistades que de verdad sean buenas. ¡Pero mi animo cambia mucho, mi mente no puede enfocar ni concentrarse… sola no puedo!, ¡siento que voy a perder la razón! ¿Qué hago? (En actitud de demanda sale de la casa mientras pronuncia la siguiente frase) ¿Quién podrá ayudarme? ¿Talvez el consejero de la escuela? **Opción A**: (abraza su guitarra y la mima) Tu guitarra, eres la única que me entiende, contigo puedo relajarme, ¿me puedes cantar algo y decirme donde encontrar ayuda? (canción)/ **Opción B:** (Canción “la decían loca” de Mocedades/José L Perales.

PAPA:
(Entra hablando, contento y motivado) Ese consejero es buena gente y quiere ayudarnos. Sus opiniones y consejos me han hecho pensar que los hijos para poder estudiar y para crecer física y mentalmente en forma saludable necesitan de nuestra presencia y ayuda.

MAMA:
Así se habla viejo, nunca es tarde si la dicha es buena. Para nosotros la salud y el futuro de Nancy es nuestra dicha. Recuerda que el Consejero quiere hablar con Diana y debemos buscar la forma de decirla para que acepte esta invitación.

PAPA:
También dijo que lo padres podemos influir mucho en su autoestima sin sobreprotegerles demasiado ni gritarles por cualquier cosa. Que debemos resaltar las cosas buenas que hace y motivarles cada día para que estudien y así puedan vivir en mejores condiciones que nosotros. Dicen que los padres podemos guiar y ser buenos ejemplos para con los hijos. (Pensativo) ¿De este modo podre acercarme más a mis hijos?

MAMA:
(Apoyando la reflexión del esposo) y debemos comprender sus cambios emocionales y trabajar la comunicación con ellos, que se puede combinar el amor, la disciplina y la responsabilidad. Pues tenemos un reto que trabajar con Nancy. Tu y yo tenemos que ponernos de acuerdo para que ella no nos maneje, tenemos que hacer acuerdos con ella y motivarla para que regrese a la escuela. Ahora voy a la cocina para preparar la comida, ya es hora.

PAPA:
(Colaborador) Mientras tanto yo voy a revisar unos biles. (Ambos salen)

HIJA:
(Entra en actitud tranquila, deja su bolso/ mochila sobre una mesa y se pone a ordenar las cosas en la sala de su casa) Para que no me critiquen voy arreglar este tiradero. Sigo nerviosa y preocupada porque hay varias cosas que no me están yendo bien ¿Que debo hacer? ¿Debo hablar con mis padres y contarles lo que me pasa? No, ellos no me comprenden, me castigarían. Entonces, ¿debo irme de casa? ¿A dónde? O debo volver a la escuela, aunque me cueste?

MAMA:
Hola mi preciosa, estuve haciendo la comida y no me di cuenta que ya habías llegado. ¡Oh que bonito te ha quedado el arreglo que has hecho en nuestra sala! Gracias por ayudarme en esto.

HIJA:
(Sorprendida por el gesto positivo de la madre) ¡Ahh mami, me alegra que te guste. (Con dudas) Quería comentarte algo, pero no quiero que me critiques.

MAMA:
(La madre amorosamente la toma de las manos y ambas se sientan) Te escucho hija, puedes contarme todo lo que quieras.

HIJA:
(Triste) Mom, necesito ayuda.

MAMA:
Claro mi amor, yo siempre estaré contigo

HIJA:
Para mi es difícil platicar esto contigo. Por una temporada la vida se me hizo muy fácil, creía sentirme dueña de mí, tomar mis propias decisiones y que nadie se metiera en mi vida. Estuve rebelde con ustedes y consumí drogas con mi novio, no estoy yendo a la escuela y he reprobado varias materias. Me siento triste y desilusionada, hay noches que no duermo bien. A veces pienso irme de casa para no ser una carga para ustedes (se lamenta). El padre se asoma y las observa cariñosamente).

HIJA
(Se da cuenta que ha llegado el padre) Mom, Dad, no quiero que sufran por mí, ya no quiero ser una carga para ustedes. Puedo trabajar, pagar mis gastos y en el futuro podría volver a la escuela. Pienso que mis maestros de la escuela se han desilusionado conmigo y creen que yo no valgo para estudiar. ¡Si trabajo los podría ayudar económicamente a ustedes!. Pero también pienso que ganaría más dinero si tuviera más estudios.

PAPA:
¿Qué le pasa a mi princesita? (La abraza)

HIJA:
Hay días que estoy muy triste y otros días estoy con mucha energía pero a la vez nerviosa y que no me puedo contener. Ustedes saben que estuve consumiendo drogas y no estoy yendo a la escuela, además termine con mi novio. ¡No se que hacer!

PAPA:
Precisamente, tu mama y yo hemos estado esta mañana en la escuela y tuvimos una reunión con el consejero y con algunos de tus profesores. Es que te veíamos muy nerviosa y quisimos hablar con el consejero de la escuela para buscar una ayuda para ti y para nosotros. Ellos también quieren ayudarte y nosotros por supuesto que queremos hacer mejor las cosas para que tu en el futuro puedas estar muy orgullosa de ti misma y de nosotros.

HIJA:
(Sorprendida) ¡Fueron a la escuela! ¿Qué les dijeron? Seguro que ya no quieren saber nada conmigo. ¿Verdad?

MAMA:
(Cariñosamente)Te equivocas. Tus maestros dicen que eres una persona muy inteligente que cuando te propones haces muy bien las cosas y que esperan que regreses a la escuela. Y nosotros estamos convencidos de que eres muy inteligente. Tus grados en la escuela siempre fueron muy buenos, además, tienes habilidades para tocar instrumentos musicales, para pintar, eres

deportista y tu sueno ha sido ser enfermera. ¡Y lo vas a lograr, si tu te lo propones y dejas que te ayudemos. (Entusiasmada) ¡Además hija el consejero es muy comprensivo y quiere verte!

HIJA:
(Esperanzada y con mas confianza en si) ¿Ustedes fueron a la escuela? ¿Y mis maestros dijeron que querían ayudarme?. O sea que puedo volver a la escuela? ¿Me darían otra oportunidad para mejorar mis grados?

(En la escuela, Oficina del Consejero)

CONSEJERO:
(Consejero y Diana entran conversando) Como ves Diana, acabamos de hablar con los profesores y ellos están de acuerdo que regreses a tus clases. Además te tienen un especial aprecio.

HIJA:
(Contenta) No lo creía, pero ahora veo que me aprecian. Es que les gusto la canción que interprete en la ceremonia de clausura del semestre anterior.

CONSEJERO:
Te felicito Diana por haber tomado la decisión de venir a la escuela, de no huir de tus problemas sino a hacerle frente. (La mira sonriente y hace gestos de aprobación) Eres valiente. En la escuela te vamos a ayudar y también tus padres están dispuestos a mejorar la comunicación contigo y ayudarte. Sobre tus problemas sentimentales con tu novio o exnovio, sobre tu autoestima y otros temas que quieras hablar conmigo, te propongo que nos reunamos una vez por semana, ¿que te parece?.

HIJA:
(Se toma la cabeza con gestos de satisfacción) Claro que si, acepto volver a platicar con Ud. Gracias por el tiempo que me va dedicar, aquí estaré puntualmente cada semana.

CONSEJERO:
Por otro lado, con respecto a tus altibajos emocionales, es decir las subidas de ánimo y mucha energía seguidas de tristeza y agotamiento, vamos a pedir que el equipo del Centro de Salud Mental con el cual trabajamos en coordinación, te haga una evaluación para determinar cual es la razón de esos cambios. Se de otros estudiantes de nuestra escuela que también tienen algo parecido al tuyo y se llama desorden bipolar y están recibiendo ayuda en ese centro y lo mas importante es que les va muy bien.

HIJA:
Y no me dirán los chicos que estoy “crazy”, ¿la gente no se reirá de mí?

CONSEJERO:
No mujer, a veces la ignorancia de la gente les lleva al prejuicio y a las burlas. Sin embargo, las cosas están cambiando y nuestra comunidad se esta educando muy bien en temas de salud mental. Además, los jóvenes de quienes te estoy hablando, no se avergüenzan de su condición mental y los demás los respetan.

HIJA:
¿Que es el desorden bipolar y como se trata?

CONSEJERO:
Nuestro cerebro produce muchas sustancias químicas que regulan las funciones del cuerpo y también las emociones. En ocasiones la alegría desmedida y la energía excesiva seguida de periodos de tristeza y abatimiento, se debe a que ciertas sustancias químicas del cerebro están desbalanceadas. Y cuando la persona toma la medicina apropiada recupera el equilibrio emocional.

HIJA:
Me esta queriendo decir que cuando alguien esta demasiado “happy” sin motivo alguno y luego esta triste, y no ha consumido drogas, ¿podría tener ese problema?

CONSEJERO:
Es cierto Diana, tu razonamiento es excelente. También para tu información, tener un horario para dormir, comer, estudiar y pasatiempos, es decir, tener una organización personal y no llevar una vida estresada, ayuda significativamente a contrarrestar ese y otros problema y a crecer en todos los aspectos.

HIJA:
¡!Hummm! tener horarios y saber organizarse…

CONSEJERO:
Es mas, hay un programa novedoso e innovativo del Departamento de salud Mental que se llama Full Services Partnership, que son servicios amplios y colaborativos por las que la persona que la necesita y la familia reciben ayuda. Es mas, si calificas, personas expertas van a tu casa para ayudarte con los estudios y ayudar a mejorar la comunicación familiar. Como ves Diana, este es solo un ejemplo. Quiero decirte que el panorama es bueno desde que la nueva Ley de Salud Mental esta vigente… Volviendo a nuestro tema, después de que el equipo de salud mental te haga la evaluación, te dirán si tú calificas para ello o que otro tipo de ayudas pueden brindarte. Por mi parte, yo hare la conexión para que te vean pronto.

HIJA:
Bueno, ya estoy harta de sufrir por mis problemas, gracias señor consejero por ayudarme. Acepto dar los pasos que usted me recomiende.

CONSEJERO:
Bien Diana, aquí te espero el próximo jueves a las 9:00 de la mañana.

PAPA:
(Contento y tarareando una canción pone en orden sus papeles)
Fue un día intenso en el trabajo pero me siento como renovado y con muchas ganas para luchar por los míos.

MAMA:
Cuantas ayudas existen en las escuelas, en los centros de salud mental y en la comunidad. Sin embargo estábamos viviendo de espalda a estos recursos.

HIJA:
(Regresa de la escuela y saluda cariñosamente a sus padres)
Después de un mes de ausencia, no fue fácil mi primer día en la escuela, pero todos se portaron bien conmigo.

PAPA:
Si mi princesita, haz dado un gran paso y tu puedes hacer un cambio en tu vida y nosotros estamos a tu lado para ayudarte. Es mas, tu mama y yo hemos hecho esta lista que contiene unos “Tips” para ayudarte mejor y queremos negociarlo contigo ¿Estás de acuerdo?

HIJA:
¿Negociarlo? Esa palabra no les había escuchado decir antes. Ustedes están cambiando. Podemos intentar la negociación.

MAMA:

1. Para que no tengas que ir incomoda en el bus, tu padre te dejara en la escuela cada mañana.

HIJA:
Y así me obligo entrar a la escuela cada día ¿verdad?

PAPA:

2. Vamos a reunirnos con el consejero periódicamente, tú y nosotros para ver como estamos funcionando.

MAMA:

3. Nos han invitado a participar en actividades del Centro de Padres de la escuela y hemos decidido asistir.

PAPA:

4. Cuando termines de hacer tus tareas en casa, y después de cenar juntos nos hemos propuesto platicar amigablemente con nuestros hijos acerca de cómo nos ha ido en el día a cada uno.

HIJA:
(Dirigiéndose a cada uno) ¿Y que va ser de tus partidos de futbol y tus telenovelas? ¿Y no me sentiré presionada por ustedes?

MAMA Y PAPA:
(En coro) ¡No mi hija!

MAMA:
Vamos a acordar y organizar nuestros horarios para comer, dormir, y los pasatiempos.

HIJA:
Horarios y organización para tener hábitos saludables, ¡lo que me decía el consejero! (Mirando al publico y con gestos de complacencia) ¿Mis padres son inteligentes verdad?

PAPA:
5. (Animado) No todo serán deberes, también tendrás privilegios. Si todos los días vas a la escuela, los fines de semana elegirás tus pasatiempos y saldrás con tus amigas.

HIJA:
(Más tranquila, sonriente) Así esta mejor ¡Oh qué bueno! Acepto el trato. Gracias Mom, gracias Dad siento que vuelvo a vivir. No me están criticando ni culpando, me están comprendiendo y dándome una nueva oportunidad, los quiero mucho y les prometo echarle ganas a mis estudios. Aceptare el tratamiento en caso de que lo necesite. Me dejare ayudar, lo prometo.

TODOS:
(Se abrazan alegremente)

CRITERION 8

Northeast Wellness Center Brochure

(Attachment 5)

MAKING A DIFFERENCE

NORTHEAST WELLNESS CENTER

The Northeast Wellness Center is a recovery and educational program which aims to create hope, empowerment and meaningful lives in the community.

We Dared to Dream of Recovery with:

Hopefulness

Recovery begins with a vision of what is possible. When individuals are valued, they begin to imagine that getting a job, earning a diploma, having an apartment and/or dating are possible. They begin to move forward and change their lives.

Empowerment

As individuals discover their capabilities and build confidence, they realize that they have choices and begin to create a fuller life. They experience the pleasure and self respect that come with a job well done.

Self Responsibility

To move ahead, each individual must come to realize that we are responsible for our own lives.

Meaningful Roles

Each discovers that there is life and purpose that is beyond a mental illness. One gains the confidence to grow beyond the "mentally ill" label.

Ingredients for Success

Northeast Wellness Center is emerging as an innovative program. We incorporate many types of recovery programs including Peer to Peer Listening, Vocational Rehabilitation, Self-Help, Spiritual and Physical Health, and Family and Community integration.

A Fulfilled Life

We measure the success of our programs by the improvements that individuals make in their quality of life such as in employment, education, finances, safe and stable housing and social relationships.

Equality

We provide services based on the individual's goals. We refrain from using a "Professional" to "Patient" relationship and respect individuals as equal partners in recovery.

The Community Groove

Traditionally, individuals with a diagnosis of mental illness are too often segregated from mainstream society. We work to reverse the segregation and foster integration.

High Level of Commitment

It is a powerful asset to have staff truly invested in the client's successes. The staff's belief in each clients' capacity for change, transforms into each clients' belief in him or herself and in each other.

Teamwork

The staff works as a team using coaching, mentoring, teaching and skills building. One major factor for success is the staff's ability to see the world through the client's eyes, and to see optimistically. As individuals discover goals and dreams, the staff supports their journey to a better life.

The staff includes 5 Mental Health peer advocates, a psychiatrist, a mental health counselor RN, a social worker, a substance abuse counselor and many volunteers.

Hours of Operation:
Monday through Friday,
from 8:00 AM - 5:00 PM
Saturday and Sunday for pre-arranged community events only

5564 North Figueroa Street,
Los Angeles, California 90042
Tel: 323. 341.5100 Fax: 323. 254.3950

NORTHEAST WELLNESS CENTER

Testimonial

I just wanted to give recognition to the staff at the Northeast Mental Health Center (NEMHC) and it's Wellness program for providing excellent service. I have been a client of NEMHC since 1991. I feel that the staff, doctors and nurses are extremely compassionate. Due to the help they have provided over the years, I have not gone into remission because of my illness (Bipolar characteristic II).

I have been through several stormy moments throughout the years, but thanks to the help of different staff members such as Regina Santos and Doctor Yee, I feel I have learned a lot about my condition and this has humbled me. NEMHC is, by far, the best facility I have gone to for help.

The staff trully demonstrates compassion and a true understanding of the people they serve. I feel that, for a county facility, it is better than some private servers.

I am now a volunteer in the Wellness program and have completed an internship to become a peer advocate. My dream is to work with the NEMHC and help those who suffer with the same condition that I have. I want to teach others how to cope with the illness and to show that there really is light- at- the-end-of-the tunnel. You just need to be patient and keep on moving forward. Never give up!

Monica C. ☙

Just one of the many great programs of the Wellness Center

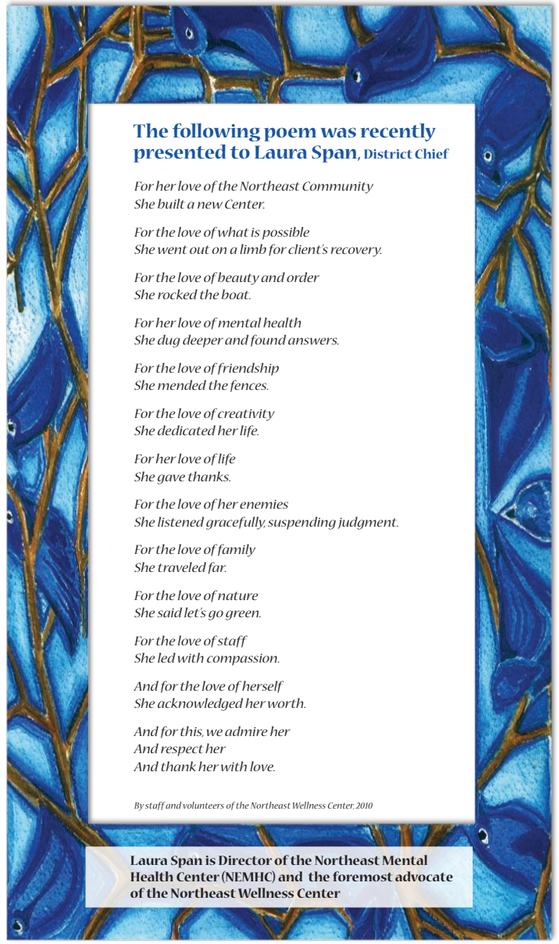
Stomp out the Butts

Facts you should know:

There are over 4,000 chemicals in cigarettes such as nickel, formaldehyde (embalming fluid), carbon monoxide (car exhaust), acetone (nail polish remover), and let's not forget nicotine (pesticide).

Why join the group:

- ❤ Become inspired to Quit and go through a process of how to make a decision
- ❤Build confidence and create a plan for change
- ❤Allow hope through spiritual guidance
- ❤Learn about using a Quitting aid
- ❤Share ways to deal with the stress of Quitting
- ❤Be creative when dealing with highly emotional situations.



The following poem was recently presented to Laura Span, District Chief

For her love of the Northeast Community
She built a new Center.

For the love of what is possible
She went out on a limb for client's recovery.

For her love of beauty and order
She rocked the boat.

For her love of mental health
She dug deeper and found answers.

For the love of friendship
She mended the fences.

For the love of creativity
She dedicated her life.

For her love of life
She gave thanks.

For the love of her enemies
She listened gracefully, suspending judgment.

For the love of family
She traveled far.

For the love of nature
She said let's go green.

For the love of staff
She led with compassion.

And for the love of herself
She acknowledged her worth.

And for this, we admire her
And respect her
And thank her with love.

By staff and volunteers of the Northeast Wellness Center, 2010

Laura Span is Director of the Northeast Mental Health Center (NEMHC) and the foremost advocate of the Northeast Wellness Center

If you know of any great news in and around the Northeast area of Los Angeles and would like to publish it in the

Good News

or would like to get an event or your business mentioned, please contact Stella Archer at:
323.341.5100

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Editor In Chief: Laura Span
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Contributing Artists: Mita Cuaron
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Nurturing hope, promoting wellness and supporting recovery

NORTHEAST WELLNESS CENTER

OUR DREAM IS TO HELP OTHERS ACHIEVE THIER DREAMS

Good News

A publication of Northeast Wellness Center | Volume 1, Issue 1 | Mental Health Services Act MHSA Works! | Spring 2010

The 256 will not be eighty sixed!

The clients, the staff, and the active volunteers at Northeast Wellness Center have successfully helped save Metro bus line 256 from elimination.

Since January 2007, the Los Angeles Metropolitan Transit Authority (MTA) has periodically proposed to discontinue this vital route. The 256 is the only line that runs through El Sereno, Monterey Hills, and Hermon. It alone serves the Northeast Mental Health clinic, as well as connecting to Pasadena, Altadena and communities in between.

Along with other community members, clinic volunteers Elias Fonseca and Zack Rice testified at an MTA public hearing, pointing out the adverse effects of eliminating line 256. Students in Northeast who attend Cal State LA and Pasadena City College would be without public transportation, as would those using the Senior Citizens Centers, Huntington Memorial Hospital, and other public facilities including Northeast Mental Health Center.

Mr. Fonseca was especially active in fighting the MTA proposal. With a small group of clinic staff and volunteers, he created a protest letter and petition to deliver to MTA for their consideration. Mr. Fonseca was responsible for gathering 450 signatures of community members who opposed closing the route. Along with the support of Jose Huizar's office (Councilman, 14th District) and the Arroyo Seco Neighborhood Council, Mr. Fonseca's dedication and action helped create a positive outcome for riders of line 256.

Early this year at a public hearing in Hermon, MTA announced that bus line 256 would continue to serve our Northeast communities. We owe this tremendous success to Mr. Fonseca who is a member of the Positive Visions Group which functions as a Client Council. Their major role is to lead in collaboration with staff and to give input from a peer perspective. In that role, they took action in the community. Mr. Elias Fonseca led with intention and his letter writing strategy boldly brought success. ☙

Due to the great efforts of so many volunteers the 256 still runs.

A message from the district chief and director

Volunteers and clients at Northeast Wellness Center are learning new skills and experiencing success through random acts of giving. These acts of giving are projects and ideas created by peer advocates, by the Positive Visions Group (also known as the Client Council) and by staff in general. I am pleased that the Wellness Center is a place where clients genuinely are empowered to contribute and make changes in their lives. The Positive Visions Group consists of clients, staff and community members who meet twice a month to implement new ideas and to engage in visioning, dialogue and implement new programs. I noticed that the volunteers enjoy 'giving back' to their community and by engaging in successful achievements, they transform these experiences into positive life changes. The volunteers' work is a key to open the door and take small steps to recovery.

I take this opportunity to thank all of the volunteers for their endless contribution to the Wellness Center, and for their input to this, our first newsletter. I also want to thank the staff for their dedication and commitment to the clients' wellbeing and recovery.
Laura Span ☙

INSIDE THIS ISSUE

Next Issue
Peace in the Northeast March
Faith-Based Collaboration
Don Quixote Self-Help Library
And Much, Much More...

Celebrations

On April 8, 2010, we celebrated the 3rd Annual Volunteer Appreciation Luncheon for the dedicated services in honor of forty-nine (49) Northeast Wellness Center volunteers. **Laura Span**, District Chief and Director, and **Linda Fazio**, Wellness Center Supervisor, presented each volunteer an attractive Certificate of Appreciation. Ten volunteers received a personalized crystal plaque for having contributed the most hours to the Center. Both Laura and Linda elegantly expressed their gratitude and Linda Fazio acknowledged specifically each volunteer's unique contributions and affirmed their successful efforts in the program.

Seventy (70) volunteers, clients, staff and community members attended the event. It was held at Italiano's Restaurant, a quaint and animated place filled with art, music and tasty Italian cuisine in Highland Park. The restaurant was adorned with lime green and fuchsia balloons and marvelous flower arrangements created by Linda Fazio.

Mary G. Veleta, Wellness Center Social Worker, was the MC. She kept the program moving and introduced the special guests, as well as the other amazing speakers who added meaning to the afternoon.

The theme of the luncheon was a Celebration of **Unity and Community**. Laura Span gave a moving speech recognizing the volunteer work ethic and thanked each volunteer for their commitment to making the Wellness Center a leader in quality services.

Cathy Warner, Deputy Director, Adult Systems of Care, also spoke about how appreciative and proud she is of the volunteers and their excellent contributions to their recovery.

Our Guest Speaker was **Eduardo Vega**, Director of Empowerment and Advocacy. He spoke eloquently about how important it is to fight against stigma and discrimination and of the power of giving, using examples from his own life. He also spoke about the systematic transformation inspired by the Recovery Model that is steadily unfolding in the Department of Mental Health.

Dr. Aguilar gave an inspiring talk extending her own gratitude to each volunteer and also thanked the staff for each one's exceptional role in the Wellness Center. She said she is impressed with how the staff of the Northeast Wellness Center uses their intelligence, spirituality and clinical skills to assist each client.

Two special guests performed their soulful music. Veronica Vásquez, talented performer and Dr. Aguilar's daughter, sang two inspiring songs that moved the audience. Leslie Ramírez, a gifted violinist and Angeles Ramírez' daughter, played a classical piece exquisitely.

Reflecting on the event, it was a touching and festive occasion where volunteers were honored. We especially thank our Northeast Mental Health Center team for joining us in recognizing the volunteers.

We also thank **Dina Flores** and **Stella Archer** for organizing this wonderful event and to all of the Wellness staff who assisted them. In particular we thank Linda Fazio for her guidance, her knowledge and mentoring, which was vital to the success of this event.

Car wash!

Cleaning up with car wash events!

On May 1, 2010, the Positive Visions group held a Car Wash at the Northeast Mental Health Center parking lot. The volunteers raised money to donate to Franklin High School located in Highland Park. Positive Visions members were impressed when they learned that several Franklyn High School students were traveling to Washington, D.C., as a reward for their excellent academic achievement. The group members unanimously agreed to contribute to this worthy cause.

Last year, with the help of our staff and volunteers, we were able to raise enough money to create seventy gift baskets filled with food for clients who were most in need during the holiday season. This might not have been possible were it not for the hard work and dedication of our staff and volunteers, plus the generous donations of our sponsors who helped us fund our food drive.

We would like to thank the Mount Washington Association, whose donation consisted of two car loads of canned goods for the Northeast community. Self-Realization Fellowship donated a Smart & Final gift card for the food drive. Also, a big thanks to those volunteers who graciously offered their time to create crafts to sell and donate the profits for future food drives!

Through the planning and implementing of the Car Washes, the volunteers raise funds for very worthwhile projects of their choice. Their success is based on the concept of taking ownership of their ideas which is incredibly empowering and exciting.

Through the Positive Visions group, the Northeast Wellness Center has launched

Angels on Call

This is a peer-to-peer service provided by clients who volunteer and are available to visit fellow clients either at the hospital or in their homes. Anyone hospitalized or experiencing depression or isolation, remember that Angels are here to break the cycle of loneliness and despair.

Angels On-Call will:

- Sit with the person and chat without giving advise
- Listen with enthusiasm and care
- Take a magazine or book
- Bring cheer and laughter
- Advocate
- Offer hope and connect the client back to the Northeast Wellness Center

If you would like an Angel visit, or would like to receive your Angel wings, just call **(323) 341-5100 and asks for Rebeca Perez.**

From its inception three years ago to the present, the Northeast Wellness Program has blossomed and grown. We now have our own newly finished space where the Wellness Center continues to expand its groups and services.
We look forward to seeing you for your next appointment or group participation.

Please stop by with family and friends to see what we have to offer. ***Everyone is welcome.***

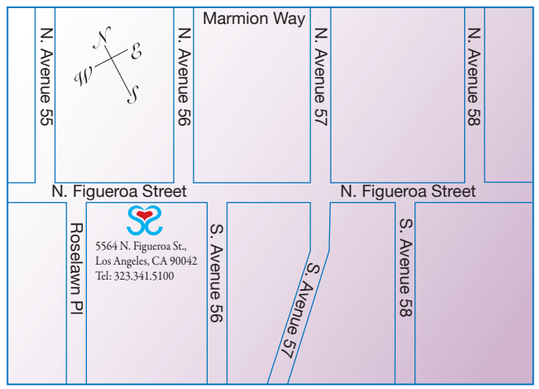
The Northeast Wellness Center is a recovery and educational program which was designed by clients, volunteers and staff members.

THE VISION of the Northeast Wellness Center is to help clients achieve their dreams.

THE MISSION of the Northeast Wellness Center is everyone working together for one purpose, to assist clients realize their skills, gifts and talents, and to support their brilliance as they find their place in the world.

NORTHEAST WELLNESS CENTER

Tel: 323.341.5100
5564 N. Figueroa Street
Los Angeles, CA 90042



(a block and a half from OWL Drug Store)

Come Join Us!

In Our Lovely New Facility
Where individual or group appointments with STAFF are provided

New groups at the Wellness Center

GROUPS GROUPS GROUPS

- **Writing Your Life Story:** Grammar, expression and healing
- **Healing Through Art:** Various art media to express your emotions
- **Anger Management:** Ten weeks to a happier, calmer life
- **Family Support Group:** Evening educational/support for caregivers
- **WRAP: Wellness Recovery Action Plan** Taking back control of your life by learning how to plan and make decisions

See Groups' Schedule in the Lobby for dates and times.

The Vision

of the Northeast Wellness Center is to help clients achieve their dreams. It is based on building meaningful relationships, creating significant roles through unconditional positive regard.

The Mission

of the Northeast Wellness Center is everyone working together for one purpose, to assist clients to realize their skills, gifts and talents, and to support their brilliance as they find their place in the world.

We provide our services with a dedication to the highest quality of client satisfaction, delivered with excellence, pride, warmth, friendliness, and fun.

The work of the Northeast Wellness Center is guided by these principles:

- *Programs are client driven and determined; not by the book but by the person*
- *Our staff live the values of recovery, also learning and growing*
- *We cultivate personal creativity as a tool for recovery*
- *Inclusive and diverse, we operate with mutual respect*

NORTHEAST WELLNESS CENTER PROGRAMS

Orientation to Wellness is a four week motivational session that provides guidance on the recovery process and on setting goals for one's life. In the last session, clients create a vision board, expressing their dreams, desires and goals.

Positive Visions is a volunteer group that meets every other week and reflects empowerment– volunteers lead and staff provide support. This group is the brain center where programs and projects are created. Clients are mentored in teaching classes, leading groups, and fund raising.

The University of Life is the umbrella for all of the educational, self-help and support groups in the Center (please see schedule for details). All groups include a staff member and a client as facilitators. This is a way of providing a training ground for clients who are also applying for jobs. It is a means of practicing skills necessary for life.

Don Quixote Books: A Self-Help Library a cozy place of learning with interesting self-help books and articles related to recovery and life issues. Come to the library. You will find inspiration and relevant information to support your recovery.

The East Los Angeles Skills Center offers classes, certificate programs, high school diplomas or GED programs, college preparation courses, literacy programs and includes employment support and rehabilitation training.

Community Connections are collaborative projects with outside social, recreational, artistic and spiritual organizations, helping clients reduce stigma and connect to their communities.

The Go Getters is a group of volunteers that plan community outings and get-togethers with the goal of socialization and having fun.

Advocacy, Support and Linkages to Community Resources is an important program that provides clients with meaningful service connections outside of the Wellness Center.

Angels On Call visit clients in the hospital or when someone is in distress and may need a friendly smile, caring words or a listening ear.

Short Term Therapy, Case Management, Physical Education, and Medication Support are key programs available to clients as an integral part of the Recovery process.

The Substance Abuse Program includes support and educational groups related to dual diagnosis, relapse prevention, and recovery as well as Alcoholics Anonymous and Narcotics Anonymous groups. The substance abuse counselor is available for counseling and referral to residential or out patient recovery programs.

The Family Support and Education Group is a program for Spanish speaking families. It provides information on mental illness, how to overcome the effects of stigma, recovery techniques and how to support their loved one.

NORTHEAST WELLNESS CENTER

"OUR DREAM IS TO HELP OTHERS ACHIEVE THEIR DREAMS"

CRITERION 8

Multi-Linguistic Mental Health Service Providers Directory

(Attachment 6)

Help

Intranet Home | DMH Web Sites | Forms

Portal

Department of Mental Health
Intranet Home

Department of Mental Health

Intranet Home
DMH Web Sites
Forms

eNews

- eNews 03/03/11
- eNews 02/24/11
- eNews 02/17/11

Add new link

Featured Items

LACDMH Logo and Guidelines at the Public Information Office site
The Los Angeles County Department of Mental Health (LACDMH) released a new logo in 2010, branding our department in support of our vision which strives for **Hope, Wellness and Recovery** in our communities.

DMH eCAPS Time Collection
In keeping with the County's strict rollout of the eCAPS Time Collection, DMH implemented this electronic timesheet program in 2010.

Multi-Linguistic Mental Health Service Providers.
The purpose of the Multi-Linguistic Mental Health Service Providers Directory (MLMHSPD) is to provide all-directly operated clinics and contract providers a guide to make appropriate cultural and/or linguistic referrals to the different ethnic individuals and/or communities seeking mental health services throughout Los Angeles County.

LA County Driving Directions
Finding the location and availability of county services can be confusing whether you are a new or long-time resident of Los Angeles County. Now Services Locator can do the legwork for you!

Injury and Illness Prevention Program (IIPP) (revised December 2010)
The Department of Mental Health (DMH) recognizes its commitment and responsibility for providing a safe and healthful workplace for its employees. To control and reduce workplace injuries and illnesses, DMH established and issued this Injury and Illness Prevention Program (IIPP).

Check out Countywide eCAPS
The County has completed several semi-monthly payroll runs in the new eHR Payroll System. The project staff continues to work with departments to closely monitor production operations.

LACDMH CIOB Now Distributes and Supports all DMH Cellular Devices (New)
If you need to request a new cellular device or would like to repair department-issued cellular phone, please follow the associated Cellular Link.

HOPE WELLNESS RECOVERY
LAC DMH
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

Portal Links

- Career Opportunities
- County of LA Strategic Plan
- Department Emergency Telephone Tree (Private)
- Departmental Recycling
- DMH Forums
- DMH Internet Site
- DMH Policies, Procedures and Guidelines
- DMH Telephone Directory
- Helpdesk Self Service
- Integrated System
- Internet Password Reset
- L.A. County Learning Net
- LA County Intranet
- Micromedex
- Publications
- Reports and Apps
- STATS Graphs
- Web Applications

Add new link

Multi-Linguistic Mental Health Service Providers Multi-Linguistic Mental Health Service Providers by Language

Home
Contact Us

Search by Language Go

City All

Service Area All

Search by POPULATION

Children All Adults All

TAY All Older Adults All

Page 1 of 67 Page Size 10 Go Total Items: 666

Languages	Provider Name	Address 1	City	State	Postal Code	Telephone	Focal Pop Child	Focal Pop TAY	Focal Pop Adults	Focal Pop OA	Service Area
Am Sign Language	7477A EOB CRIS&HMLS/SAN FERN- OP	10605 BALBOA BLVD SUITE 100	GRANADA HILLS	California	91344	818-832-2410	Yes	No	Yes	No	2
Ambaric	7564A THE VILLAGE FAMILY SERVICES OP	6736 LAUREL CYN BLVD STE 200	NORTH HOLLYWOOD	California	91606	818-755-8786	Yes	Yes	No	No	2
American Sign	7235A SFVCHMC/VICTORY CLUB - AD	14411 VANOWEN ST	VAN NUYS	California	91411	818-989-7475	No	Yes	Yes	Yes	2
American Sign Language	7110A DD HRSCH/PROJ JUM ST-OUTPT	1233 SOUTH LA CIENEGA BLVD.	LOS ANGELES	California	90035	310-855-0031	No	No	Yes	No	5
American Sign Language	7248A EXODUS RECOVERY INC.- ACT OUTPT	923 S CATALINA AVE	REDONDO BEACH	California	90277	310-792-5454	No	No	Yes	No	8
American Sign Language	7385A EXODUS RECOVERY INCAB34 OP	8401 SOUTH VERMONT AVENUE	LOS ANGELES	California	90044	323-789-6492	No	No	Yes	No	6
American Sign Language	7566A DAVID AND MARGARET HOME INC OP	1350 THIRD STREET	LA VERNE	California	91750	909-596-5921	Yes	No	No	No	3
Arabic	7105C TRAVELERS AID SOCIETY OF LA	340 NORTH MADISON AVE	LOS ANGELES	California	90004	323-644-3500	No	Yes	Yes	Yes	4
Arabic	7122C TRAVELERS AID SOCIETY OF LA	1507 1509 WINONA BLVD	LOS ANGELES	California	90027	323-644-3500	No	Yes	Yes	Yes	5
Arabic	7180A HARBOR VIEW REHAB CTR-OUTPT	490 WEST 14TH STREET	LONG BEACH	California	90813	562-591-8701					

CRITERION 8

“Guide to Medi-Cal Mental Health Services”

(Attachment 7)

GUIDE TO

Medi-Cal Mental Health Services

If you are having an emergency, please call 9-1-1 or visit the nearest hospital emergency room.

If you would like additional information to help you decide if this is an emergency, please see the information on State of California page 6 in this booklet.

How To Get A Provider List:

You may ask for, and your Mental Health Plan (MHP) should give to you, a directory of people, clinics and hospitals where you can get mental health services in your area. This is called a 'provider list' and contains names, phone numbers and addresses of doctors, therapists, hospitals and other places where you may be able to get help. You may need to contact your MHP first, before you go to seek help. Call 1-800-854-7771 or 213-738-4949 to request a provider list and to ask if you need to contact the MHP before going to a service provider's office, clinic or hospital for help.

Disponible en Español

In What Other Languages And Formats Are These Materials Available?

Este folleto (o información) esta disponible en Español. Usted puede solicitarlo llamando al número de teléfono gratuito mencionado anteriormente.

Có bản tiếng Việt của tập sách (hoặc tài liệu) này. Quý vị có thể gọi số điện thoại miễn phí ở trên để xin bản tiếng Việt.

本小冊子（或資訊）有繁體中文版，
請致電以上免費專線查詢。

Phau ntawv no (los sis cov lus no) muaj ua lus Hmoob. Koj nug tau cov no uas hu tus xov tooj hu dawb saum toj no.

يتوفر هذا الكتيب(او هذه المعلومات) باللغة العربية. و يمكنك طلب نسخة
بواسطة الإتصال برقم الهاتف المجاني المبين أعلاه.

Դուք կարող եք ստանալ այս գրքույկը (կամ տեղեկությունը) հայերեն լեզվով՝ զանգահարելով վերը նշված անվճար հեռախոսահամարով:

ក្រុងសៀវភៅ(រពត៌មាន)នេះ អាចមានជាភាសាខ្មែរ។
អ្នកអាចសុំវាដោយគ្រាន់តែ ទូរស័ព្ទទៅកាន់លេខដែលឥតគិតថ្លៃ
ដូចបានរាយខាងលើ។

Данная брошюра также доступна на русском языке. Вы можете попросить предоставить ее вам, позвонив по бесплатному номеру телефона, указанному выше.

TAng buklet (o impormasyon) ay makukuha sa Tagalog. Maaari mo itong hilingin sa pamamagitan ng pagtawag sa walang bayad na telepono na nakalista sa itaas.

این دفترچه (یا اطلاعات) بزبان فارسی موجود است.
شما میتوانید از طریق شماره تلفن رایگان درج شده در
فوق آنرا درخواست کنید.

본 책자(또는 정보)는 한국어로 이용이 가능하며, 위에 수록된 무료전화번호로 연락하여 요청하실 수 있습니다.

DMH Website
www.dmh.co.la.ca.us

Introduction to Medi-Cal Mental Health Services

If you have trouble understanding this booklet, please call the MHP at (800) 854-7771 or (213) 738-4949 to find out about other ways you can get this important information.

Why Did I Get This Booklet And Why Is It Important?

You are getting this booklet because you are eligible for Medi-Cal and need to know about the mental health services that Los Angeles County offers and how to get these services if you need them.

If you are now getting services from Los Angeles County, this booklet just tells you more about how things work. This booklet tells you about mental health services, but does not change the services you are getting. You may want to keep this booklet so you can read it again.

If you are not getting services right now, you may want to keep this booklet in case you, or someone you know, need to know about mental health services in the future.

What Is A Mental Health Emergency?

An emergency is a serious mental or emotional problem such as:
When a person is a danger to himself, herself, or others because of what seems like a mental illness, or

When a person cannot get or use the food, shelter, or clothing they need because of what seems like a mental illness.

In an emergency, please call 9-1-1 or take the person to a hospital emergency room.

How Do I Use This Booklet?

This booklet will help you know what specialty mental health services are, who may receive them, and how you can get help from the Los Angeles County MHP.

This booklet has two sections. The first section tells you how to get help from the Los Angeles County MHP and how it works

The second section is from the State of California and gives you more general information about specialty mental health services. It tells you how to get other services, how to resolve problems, and what your rights are under the program.

This booklet also tells you how to get information about the doctors, clinics and hospitals that the Los Angeles County MHP uses to provide services and where they are located.

What is My County's Mental Health Plan (MHP)?

Mental health services are available to people on Medi-Cal, including children, young people, adults and older adults in Los Angeles County.

Sometimes these services are available through your regular doctor. Sometimes they are provided by a specialist, and called 'specialty' mental health services. These specialty services are provided through the Los Angeles County "Mental Health Plan" or MHP, which is separate from your regular doctor. The Los Angeles County MHP operates under rules set by the State of California and the federal government. Each county in California has its own MHP.

If you feel you have a mental health problem, you may contact the Los Angeles County MHP directly at (800) 854-7771. This is a toll-free telephone number that is available 24-hours a day, seven days a week. Verbal and oral interpretation of your rights, benefits and treatments is available in your preferred language. You do not need to see your regular doctor first or get permission or a referral before you call.

You may also request a State Fair Hearing. Please see page 26 in the State of California section of this booklet for more information.

If you believe you would benefit from specialty mental health services and are eligible for Medi-Cal, the Los Angeles County MHP will help you find out if you may get mental health treatments and services. If you would like more information about specific services, please see the sections on 'Services' on the State of California page 9 in this booklet.

What If I Have A Problem Getting Help?

If you have a problem getting help, please call the Los Angeles County MHP's 24-hour, toll-free phone number at (800) 854-7771. You may also call your county's Patient's Right Advocate at (213) 738-4949.

If that does not solve your problem, you may call the State of California's Ombudsman for help:
(800) 896-4042 - CA Only
(916) 654-3890
(800) 896-2512 TTY
FAX: (916) 653-9194
EMail: ombudsman@dmh.ca.gov

Medi-Cal Mental Health Services

Table of Contents

Los Angeles County

State of California

General Statewide Information

County Mental Health Plans

State of California *(Continued)*

State of California *(Continued)*

Problem Resolution Processes

Your Rights

How Services May Be Provided to You

Welcome to the Los Angeles County Mental Health Plan

We welcome you to Los Angeles County Mental Health Services, and to the Medi-Cal Mental Health Plan. The Department of Mental Health is proud to serve the people of Los Angeles County through a network of clinics, field services, and hospitals and other facilities operated by the County and contract agencies. We strive to provide quality, cost-effective care in the least restrictive settings in your local communities. This means doing all we can to make responsible use of public funding to meet the mental health needs in Los Angeles County. Please read this brochure carefully. It contains important information you need to know.

As your mental health services plan we will:

- Get answers to your questions about mental health treatment
- Tell you what mental health services are covered by Medi-Cal
- Determine what types of mental health services you need and help you get them
- Treat you with respect
- Ensure you receive services in a safe environment
- Help you get culturally competent care

As A Participant, You Also Have Specific Responsibilities:

- Give honest and complete information about your mental health needs
- Take an active part in your mental health treatment
- Keep your appointments as scheduled
- Call if you cannot keep your appointment
- Work on treatment goals with your provider

Important Telephone Numbers

Emergency	911
Mental Health Access	(800) 854-7771
Telecommunication Center	(562) 651-2549 ***(TDD/TTY)***
Beneficiary Services	(213) 738-4949
Patient's Rights Office	(800) 700-9996
Chief Information Privacy Officer	(213) 974-2164

How Do I Know If Someone Needs Help Right Away?

Even if there is no emergency, a person with mental health problems needs help right away if one or more of these things are true.

- Hearing or seeing things others believe are not there
- Extreme and frequent thoughts of, or talking about, death
- Giving away their things
- Threatening to kill themselves (suicide)
- Wanting to hurt themselves or others

If one or more of these things is true, call 911 or the Los Angeles County MHP at (800) 854-7771 (24-hours toll free). Mental Health workers are on-call 24-hours a day.

The other services that are sometimes needed are included in the list on pages 9 (adults) and 12 (children) in the State of California section of this booklet.

What Specialty Mental Health Services Does Los Angeles County Provide?

Mental Health Services Available To You:

- Psychiatric Inpatient Hospital Services – Specialty mental health services in the hospital.
- Psychiatry Services – Specialty mental health services from a mental health provider who is a licensed physician/doctor and specialized in psychiatry.
- Psychology Services – Specialty mental health services received from a licensed mental health provider that is a psychologist to diagnose and treat mental health disorders.
- Targeted Case Management – Specialty mental health services and activities that help people access and receive community services need to help establish and/or keep an independent way of life.
- Rehabilitative Services – Specialty mental health services that help people improve, maintain and restore daily living in the community.
- Psychiatric Nursing Facility Services – Specialty mental health services in settings that are licensed as a skilled nursing facility.

The services listed above are the services that Los Angeles County MHP thinks are most likely to help people who need mental health services. Sometimes other services may be needed. The other services that are sometimes needed are included in the list on pages 9 (adults) and 12 (children) in the State of California section of this booklet.

How Do I Get These Services?

Call the Los Angeles County MHP Access Telecommunication Center at **(800) 854-7771**. You'll then be referred to a provider and an appointment arranged for you. For TDD/ TTY service, call **(562) 651-2549**.

What Does It Mean To Be "Authorized" To Receive Mental Health Services And What Is The Amount, Duration And Scope Of Services Provided?

You, your provider and Los Angeles County MHP are all involved in deciding what services you need to receive through the MHP, including how often you will need services and for how long.

The Los Angeles County MHP may require your provider to ask the MHP to review the reasons the provider thinks you need services before they are provided. The Los Angeles County MHP uses a qualified mental health professional to do the review. This review process is called an MHP payment authorization process. The State requires the Los Angeles County MHP to have an authorization process for day treatment intensive, day rehabilitation, and therapeutic behavioral services (TBS).

The Los Angeles County MHP follows state rules for our MHP payment authorization process, which are described on page 3 in the State of California section of this booklet. If you would like more information on how Los Angeles County does MHP payment authorizations or when we require your provider to request an MHP payment authorization for services, please contact Los Angeles County MHP at **(213) 738-4949**.

How Do I Get More Information About Los Angeles County's Mental Health Services Including Doctors, Therapists, Clinics And Hospitals?

For a list of providers and additional information on the structure and operation of the Los Angeles MHP, call Beneficiary Services at **(213) 738-4949**, or visit the DMH website: www.dmh.co.la.ca.us.
You can also walk in to pick up information at the Department of Mental Health (550 S. Vermont Ave., Los Angeles, CA 90020). An advocate will meet with you to help answer your questions.

In What Other Languages And Formats Are These Materials Available?

The Los Angeles County MHP can provide materials in 10 threshold languages. Consumers can call ACCESS at **(800) 854-7771** and/or Patient's Rights **at (800) 700-9996/(213) 738-4949** for a list of providers who can meet his/her language need(s). Clients can also access the MHP website for a list of providers who provide services in their languages (MHP website: **www.dmh.co.la.ca.us**). The Los Angeles County MHP provides information for the visually and hearing impaired (e.g. large print documents or audio tapes) and utilizes the California Relay system and sign interpreters for the deaf or hearing impaired. Please call the Patient's Rights Office at **(800) 700-9996 or (213) 738-4888** or California Relay services at **(800) 735-2929**.

Can I See Any Doctor, Therapist, Clinic Or Hospital On Los Angeles County's "Provider List"?

You have the right to choose your provider. If the provider you select is not under the Los Angeles County MHP, the Los Angeles County MHP does not have jurisdiction in how the services are being provided by that particular provider. Also, some providers may not accept Medi-Cal for payment. It is your responsibility to inquire if the provider accepts Medi-Cal for payment prior to accessing services. If you choose to pay for the services not cover by Medi-Cal, there is no restriction as to the type of services you may receive.

If you have questions, please call ACCESS 24-hours a day at **(800) 854-7771** or Beneficiary Services **(213) 738-4949**.

What If I Want To Change Doctors, Therapists Or Clinics?

You can speak with the provider directly to request a change in doctors. If your request is not honored or the beneficiary feels that he needs further assistance, you can call Patient's Rights for assistance with your request.

How Can I Get A Copy of the "Provider" List?

Call Beneficiary Services at **(213) 738-4949** or pick up a provider list at the Department of Mental Health (550 S. Vermont Ave., Los Angeles, CA 90020).

Can I Use The "Provider List" To Find Someone To Help Me?

Beneficiary can request referrals for providers from either the ACCESS staff as well as staff in the Patient's Rights Office. You can also find providers in the areas where they wish to obtain services by accessing the Los Angeles County MHP website.

What If I Want To See A Doctor, Clinic Or Hospital That Is Not Listed On Los Angeles County's "Provider List"?

You have the right to choose your provider. If the provider you select is not under the Los Angeles County MHP, Los Angeles County MHP does not have jurisdiction in how the services are being provided by that particular provider. Also, some providers may not accept Medi-Cal for payment. It is your responsibility to inquire if the provider accepts Medi-Cal for payment prior to accessing services. If you choose to pay for the services not cover by Medi-Cal, there is no restriction as to the type of services provided.

If you have questions, please call ACCESS 24-hours a day at **(800) 854-7771** or **Beneficiary Services (213) 738-4949**.

What If I need Urgent-care Mental Health Services On A Weekend Or At Night?

Please call 911, or call ACCESS at (800) 854-7771, or go to the nearest emergency room.

You may also contact any of the organizations below, 24-hours a day, 7 days a week.

Suicide Prevention and Survivor Hotline	(877) 727-4747 (inside LA County)
	(310) 391-1253 (outside LA County)
Alzheimer's Association Helpline	(800) 660-1993
California Youth Crisis Hotline	(800) 843-5200
Child Abuse Hotline	(800) 540-4000
Domestic Violence – Sexual Assault Hotline	(800) 339-3940
Elder Abuse Hotline	(800) 992-1660
National HIV/AIDS Hotline	(800) 342-2437
Substance Abuse Hotline	(800) 564-6600 *(9 a.m. - 5 p.m. Monday - Friday)*

How Do I Get Mental Health Services That My Mental Health Provider Does Not Offer?

If the provider does not offer the mental health services you require, you may ask your provider for an appropriate referral. You can also call ACCESS for referrals for specialty mental health services at **(800) 854-7771/ (213) 738-4949.**

What If I Need To See A Doctor For Something Other Than Mental Health Treatment? How Are People Referred To Medi-Cal Services Other Than Mental Health Care In Los Angeles County?

If you need to see a doctor for something other than mental health treatment, ask your provider to give you a referral. You can also ask your regular health care provider for further information. You are also encouraged to look through your local yellow pages to find a medical doctor in their area.

***For more information on Grievances, Appeals and State Fair Hearings, please turn to the section about 'Problem** Resolution Processes' in the State of California page 22 in this booklet.*

What Can I Do If I Have A Problem Or Am Not Satisfied With My Mental Health Treatment?

If you have a concern or problem or are not satisfied with your mental health services, the MHP wants to be sure your concerns are resolved simply and quickly. Please contact Beneficiary Services (213) 738-4949 to find out how to resolve your concerns.

There are three ways you can work with the MHP to resolve concerns about services or other problems. You can file a grievance verbally or in writing with the MHP about any MHP related issue. You can file an appeal verbally (and follow up in writing) or in writing with the MHP. You can also file for a state fair hearing with the Department of Social Services.

For more information about how the MHP Grievance and Appeal processes and the State Fair Hearing process work, please turn to the section about Grievances, Appeals and State Fair Hearings on page 22 in the State of California section of this booklet.

Your problem will be handled as quickly and simply as possible. It will be kept confidential. You will not be subject to discrimination or any other penalty for filing a Grievance or Appeal or State Fair Hearing. You may authorize another person to act on your behalf in the Grievance, Appeal, or State Fair Hearing process.

What Is Beneficiary Services? What Does It Do? How Do I Contact The Staff?

Beneficiary Services is part of the Patient's Rights Office. Beneficiary Services staff can assist you with mental health services by providing information and referrals, assisting with problem resolution, and investigating grievances and appeals.

Patient Beneficiary Services staff may be reached at:
(213) 738-4949 for non-hospital grievances/appeals
(213) 738-4888 for hospital grievances/appeals

Does Los Angeles County Keep My Mental Health Records Private?

Yes, your personal health information is confidential and protected by State and Federal law. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. As required and when appropriate, we will ensure that the minimum necessary information is released in the course of your treatment.

General Statewide Information

Why Is It Important To Read This Booklet?

The first section of this booklet tells you how to get Medi-Cal mental health services through your county's Mental Health Plan.

This second section of the booklet tells you more about how the Medi-Cal program works, and about how Medi-Cal specialty mental health services work in all counties of the state.

If you don't read this section now, you may want to keep this booklet so you can read it later.

If you think you qualify for Medi-Cal and you think you need mental health services, call the Mental Health Plan in your county and say I want to find out about mental health services.

What Are Specialty Mental Health Services?

Specialty Mental health services are special health care services for people who have mental illness or emotional problems that the regular doctor cannot treat.

Some specialty mental health services include:

- Crisis counseling to help people who are having a serious emotional crisis
- Individual, group, or family therapy
- Rehabilitation or recovery services that help a person with mental illness to develop coping skills for daily living
- Special day programs for people with mental illnesses
- Prescriptions for medicines that help treat mental illness
- Help managing medicines that help treat mental illness
- Help to find the mental health services you need

Where Can I Get Mental Health Services?

You can get mental health services in the county where you live. Each county has a Mental Health Plan for children, teens, adults and older adults. Your county Mental Health Plan has mental health providers (doctors who are psychiatrists or psychologists, and others).

How Do I Get Services At My County Mental Health Plan?

Call your county Mental Health Plan and ask for services. You do not need to ask your regular doctor for permission, or get a referral. Just call the number for your county in the front of this booklet. The call is free.

You can also go to a federal qualified health center, a rural health center or an Indian health clinic in your area for Medi-Cal mental health services. (These are official names for different kinds of clinics in your area. If you are not sure about a clinic in your area, ask the clinic workers. These kinds of clinics generally serve people who do not have Medi-Cal insurance.)

As part of providing mental health services for you, your county Mental Health Plan is responsible for:

- Figuring out if someone is eligible for specialty mental health services from the MHP.
- Providing a toll-free phone number that is answered 24-hours a day and 7 days a week that can tell you about how to get services from the MHP.
- Having enough providers to make sure that you can get the specialty mental health services covered by the MHP if you need them.
- Informing and educating you about services available from your county's MHP.
- Providing you services in the language of your choice or by an interpreter (if necessary) free of charge and letting you know that these interpreter services are available.
- Providing you with written information about what is available to you in other languages or forms, depending upon the needs in your county.

Important Information About Medi-Cal

Who Can Get Medi-Cal?

You may qualify for Medi-Cal if you are in one of these groups:

- 65 years old, or older
- Under 21 years of age
- An adult, between 21 and 65 with a minor child living with you (a child who is not married and who is under the age of 21)
- Blind or disabled
- Pregnant
- Certain refugees, or Cuban/Haitian immigrants
- Receiving care in a nursing home

If you are not in one of these groups, call your county social service agency to see if you qualify for a county-operated medical assistance program.

You must be living in California to qualify for Medi-Cal. Call or visit your local county social services office to ask for a Medi-Cal application, or get one on the Internet at www.dhs.ca.gov/mcs/medi-calhome/MC210.htm

Do I Have To Pay For Medi-Cal?

You may have to pay for Medi-Cal depending on the amount of money you get or earn each month.

- If your income is less than Medi-Cal limits for your family size, you will not have to pay for Medi-Cal services.
- If your income is more than Medi-Cal limits for your family size, you will have to pay some money for your medical or mental health services. The amount that you pay is called your 'share of cost.' Once you have paid your 'share of cost,' Medi-Cal will pay the rest of your covered medical bills for that month. In the months that you don't have medical expenses, you don't have to pay anything.
- You may have to pay a 'co-payment' for any treatment under Medi-Cal. You may have to pay $1.00 each time you get a medical or mental health service or a prescribed drug (medicine) and $5.00 if you go to a hospital emergency room for your regular services.

Your provider will tell you if you need to make a co-payment.

Always take your Beneficiary Identification Card and health plan card, if you have one, when you go to the doctor, clinic, or hospital.

How Do I Get Medi-Cal Services That Are Not Covered By The Mental Health Plan?

There are two ways to get Medi-Cal services:

1. By joining a Medi-Cal managed care health plan.

If you are a member of a Medi-Cal managed care health plan:

- Your health plan needs to find a provider for you if you need health care.
- You get your health care through a health plan, an HMO (health maintenance organization) or a primary care case manager.
- You must use the providers and clinics in the health plan, unless you need emergency care.
- You may use a provider outside your health plan for family planning services.
- You can only join a health plan if you do not pay a share of cost.

2. From individual health care providers or clinics that take Medi-Cal.

- You get health care from individual providers or clinics that take Medi-Cal
- You must tell your provider that you have Medi-Cal before you first get services. Otherwise, you may be billed for those services.
- Individual health care providers and clinics do not have to see Medi-Cal patients, or may only see a few Medi-Cal patients.
- Everyone who has a share of cost (see page 3, State of California section) will get health care this way.

If you need mental health services that are not covered by the Mental Health Plan:

- And you are in a health plan, you may be able to get services from your health plan. If you need mental health services the health plan doesn't cover, your primary care provider at the health plan may be able to help you find a provider or clinic that can help you.
- Except in San Mateo County, your health plan's pharmacies will fill prescriptions to treat your mental illness, even if the prescriptions were written by the mental health plan's psychiatrist or will tell you how to get your prescription filled from a regular Medi-Cal pharmacy. (In San Mateo County, the mental health plan will fill your prescription.)
- And you are not in a health plan, you may be able to get services from individual providers and clinics that take Medi-Cal. Except in San Mateo County, any pharmacy that accepts Medi-Cal can fill prescriptions to treat your mental illness, even if the prescriptions were written by the MHP's psychiatrist. (In San Mateo County, the mental health plan will fill your prescription.)
- The Mental Health Plan may be able to help you find a provider or clinic that can help you or give you some ideas on how to find a provider or clinic.

If you have trouble getting to your medical or mental health appointments, the Medi-Cal program can help you find transportation.

Transportation

If you have trouble getting to your medical appointments or mental health appointments, the Medi-Cal program can help you find transportation.

- For children, the county Child Health and Disability Prevention (CHDP) program can help. Or, you may wish to contact your county's social services office. These phone numbers can be found in your local telephone book in the 'County Government' pages. You can also get information online by visiting www.dhs.ca.gov, then clicking on 'Services' and then 'Medi-Cal Information.'

- For adults, your county social services office can help. You can get information about your county's social services office by checking your local telephone book. Or you can get information online by visiting www.dhs.ca.gov, then clicking on 'Services' and then 'Medi-Cal Information.'

What Is The Child Health And Disability Prevention (CHDP) Program?

The CHDP program is a preventive health program serving California's children and youth from birth to age 21. CHDP makes early health care available to children and youth with health problems as well as to those who seem well. Children and youth can receive regular preventive health assessments. Children and youth with suspected problems are then referred for diagnosis and treatment. Many health problems can be prevented or corrected, or the severity reduced, by early detection and prompt diagnosis and treatment.

CHDP works with a wide range of health care providers and organizations to ensure that eligible children and youth receive appropriate services. These may include private physicians, local health departments, schools, nurse practitioners, dentists, health educators, nutritionists, laboratories, community clinics, nonprofit health agencies, and social and community service agencies. CHDP can also assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services.

You can find out more about CHDP by contacting your local county health department or visiting www.dhs.ca.gov/pcfh/cms/chdp.

Where Can I Get More Information?

You can get more information about mental health services by visiting the California Department of Mental Health's website at www.dmh.ca.gov. You can get more information about Medi-Cal by asking your county eligibility worker or by visiting www.dhs.ca.gov/mcs/medi-calhome.

In case of an emergency medical or psychiatric condition, call 9-1-1 or go to any emergency room for help.

Are You Having An Emergency?

An emergency medical condition has symptoms so severe (possibly including severe pain) that an average person could expect the following might happen at any moment:

- The health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) could be in serious trouble.
- Serious problems with bodily functions.
- Serious problems with any bodily organ or part.

An emergency psychiatric condition occurs when an average person thinks that someone:

- Is a current danger to himself or herself or another person because of what seems like a mental illness.
- Is immediately unable to provide or eat food, or use clothing or shelter because of a mental illness.

In case of an emergency medical or psychiatric condition, call 9-1-1 or go to any emergency room for help.

The Medi-Cal program will cover emergency conditions, whether the condition is medical or psychiatric (emotional or mental). If you are on Medi-Cal, you will not receive a bill to pay for going to the emergency room, even if it turns out to not be an emergency.

If you aren't sure if the condition is truly an emergency or if you're not sure whether the condition is medical or psychiatric, you may still go to the emergency room and let qualified medical professionals make the decision about what is needed. If the emergency room professionals decide there is a psychiatric emergency, you will be admitted to the hospital to receive immediate help from a mental health professional. If the hospital doesn't have the kind of services necessary, the hospital will find a hospital that does have the services.

A person may be helped through a mental health crisis by services from your county's Mental Health Plan (MHP) in ways other than going into the hospital. If you think you need help but don't think you need to go into the hospital, you can call your county MHP's toll-free phone number and ask for help.

What Kind Of Emergency-Related Services Are Provided?

Emergency services are paid for by Medi-Cal when you go to a hospital or use outpatient services (with no overnight stay involved) furnished in a hospital emergency room by a qualified provider (doctor, psychiatrist, psychologist or other mental health provider). They are needed to evaluate or stabilize someone in an emergency.

Your county's Mental Health Plan (MHP) should provide specific information about how emergency services are administered in your County. The following state and federal rules apply to emergency services covered by the MHP:

- The hospital does not need to get advance approval from the MHP (sometimes called "prior authorization") or have a contract with your MHP to get paid for the emergency services the hospital provides to you.
- The MHP needs to tell you how to get emergency services, including the use of 9-1-1.
- The MHP needs to tell you the location of any places where providers and hospitals furnish emergency services and post-stabilization services
- You can go to a hospital for emergency care if you believe there is a psychiatric emergency
- Specialty mental health services to treat your urgent condition are available 24 hours a day, seven days per week. (An urgent condition means a mental health crisis that would turn into an emergency if you do not get help very quickly.)
- You can receive these inpatient hospital services from the MHP on a voluntary basis, if you can be properly served without being involuntarily held. The state laws that cover voluntary and involuntary admissions to the hospital for mental illness are not part of state or federal Medi-Cal rules, but it may be important for you to know a little bit about them:
    1. Voluntary admission: This means you give your OK to go into and/or stay in the hospital.
    2. Involuntary admission: This means the hospital keeps you in the hospital for up to 72 hours without your OK. The hospital can do this when the hospital thinks you are likely to harm yourself or someone else or that you are unable to take care of your own food, clothing and housing needs. The hospital will tell you in writing what the hospital is doing for you and what your rights are. If the doctors treating you think you need to stay longer than 72 hours, you have a right to a lawyer and a hearing before a judge and the hospital will tell you how to ask for this.

Your county's Mental Health Plan (MHP) should pay for post-stabilization care services obtained within the MHP's provider list or coverage area. Your MHP will pay for such services if they are pre-approved by an MHP provider or other MHP representative.

Post-stabilization care services are covered services that are needed after an emergency. These services are provided after the emergency is over to continue to improve or resolve the condition.

Your MHP is financially responsible for (will pay for) post-stabilization care services to maintain, improve, or resolve the stabilized condition if:

- The MHP does not respond to a request from the provider for pre-approval within 1 hour
- The MHP cannot be contacted by the provider
- The MHP representative and the treating physician cannot reach an agreement concerning your care and an MHP physician is not available for consultation. In this situation, the MHP must give the treating physician the opportunity to consult with an MHP physician. The treating physician may continue with care of the patient until one of the conditions for ending post-stabilization care is met. The MHP must make sure you don't pay anything extra for post-stabilization care.

When Does My County MHP's Responsibility For Covering Post-Stabilization Care End?

Your county's MHP is NOT required to pay for post-stabilization care services that are not pre-approved when:

- An MHP physician with privileges at the treating hospital assumes responsibility for your care.
- An MHP physician assumes responsibility for your care through transfer.
- An MHP representative and the treating physician reach an agreement concerning your care (the MHP and the physician will follow their agreement about the care you need).
- You are discharged (sent home from the facility by a doctor or other professional).

ADULTS AND OLDER ADULTS

How Do I Know When I Need Help?

Many people have difficult times in life and may experience mental health problems. While many think major mental and emotional disorders are rare, the truth is one in five individuals will have a mental (psychiatric) disorder at some point in their life. Like many other illnesses, mental illness can be caused by many things.

The most important thing to remember when asking yourself if you need professional help is to trust your feelings. If you are eligible for Medi-Cal and you feel you may need professional help, you should request an assessment from your county's MHP to find out for sure.

What Are Signs I May Need Help?

If you can answer 'yes' to one or more of the following AND these symptoms persist for several weeks AND they significantly interfere with your ability to function daily, AND the symptoms are not related to the abuse of alcohol or drugs. If this is the case, you should consider contacting your county's Mental Health Plan (MHP).

A professional from the MHP will determine if you need specialty mental health services from the MHP. If a professional decides you are not in need of specialty mental health services, you may still be treated by your regular medical doctor or primary care provider, or you may appeal that decision (see page 23).

You may need help if you have SEVERAL of the following feelings:

- Depressed (or feeling hopeless or helpless or worthless or very down) most of the day, nearly every day
- Loss of interest in pleasurable activities
- Weight loss or gain of more than 5% in one month
- Excessive sleep or lack of sleep
- Slowed or excessive physical movements
- Fatigue nearly every day
- Feelings of worthlessness or excessive guilt
- Difficulty thinking or concentrating or making a decision
- Decreased need for sleep – feeling 'rested' after only a few hours of sleep
- 'Racing' thoughts too fast for you to keep up with
- Talking very fast and can't stop talking
- Feel that people are 'out to get you'
- Hear voices and sounds others do not hear
- See things others do not see
- Unable to go to work or school

If you feel you have several of the signs listed, and feel this way for several weeks, you may want to be assessed by a professional. If you are not sure, you should ask your family doctor or other health care professional for their opinion.

- Do not care about personal hygiene (being clean)
- Have serious relationship problems
- Isolate or withdraw from other people
- Cry frequently and for 'no reason'
- Are often angry and 'blow up' for 'no reason'
- Have severe mood swings
- Feel anxious or worried most of the time
- Have what others call strange or bizarre behaviors

What Services Are Available?

As an adult on Medi-Cal, you may be eligible to receive specialty mental health services from the MHP. Your MHP is required to help you determine if you need these services. Some of the services your county's MHP is required to make available, if you need them, include:

Mental Health Services – These services include mental health treatment services, such as counseling and psychotherapy, provided by psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists and psychiatric nurses. Mental health services may also be called rehabilitation or recovery services, and they help a person with mental illness to develop coping skills for daily living. Mental health services can be provided in a clinic or provider office, over the phone, or in the home or other community setting.

- These services may sometimes be provided to one person at a time (individual therapy or rehabilitation), two or more people at the same time (group therapy or group rehabilitation services), and to families (family therapy).

Medication Support Services – These services include the prescribing, administering, dispensing and monitoring of psychiatric medicines; medication management by psychiatrists, and education and monitoring related to psychiatric medicines. Medication support services can be provided in a clinic or provider office, over the phone, or in the home or other community setting.

Targeted Case Management – This service helps with getting medical, educational, social, prevocational, vocational, rehabilitative, or other community services when these services may be hard for people with mental illness to do on their own. Targeted case management includes plan development; communication, coordination, and referral; monitoring service delivery to ensure the person's access to service and the service delivery system; and monitoring of the person's progress.

Crisis Intervention and Crisis Stabilization – These services provide mental health treatment for people with a mental health problem that can't wait for a regular, scheduled appointment. Crisis intervention can last up to eight hours and can be provided in a clinic or provider office, over the phone, or in the home or other community setting. Crisis stabilization can last up to 20 hours and is provided in a clinic or other facility site.

Adult Residential Treatment Services – These services provide mental health treatment for people who are living in licensed facilities that provide residential services for people with mental illness. These services are available 24-hours a day, seven days a week. Medi-Cal doesn't cover the room and board cost to be in the facility that offers adult residential treatment services.

Crisis Residential Treatment Services – These services provide mental health treatment for people having a serious psychiatric episode or crisis, but who do not present medical complications requiring nursing care. Services are available 24-hours a day, seven days a week in licensed facilities that provide residential crisis services to people with mental illness. Medi-Cal doesn't cover the room and board cost to be in the facility that offers adult residential treatment services.

Day Treatment Intensive - This is a structured program of mental health treatment provided to a group of people who might otherwise need to be in the hospital or another 24-hour care facility. The program lasts at least three hours a day. People can go to their own homes at night. The program includes skill-building activities (life skills, socialization with other people, etc.) and therapies (art, recreation, music, dance, etc.), as well as psychotherapy.

Day Rehabilitation – This is a structured program of mental health treatment to improve, maintain or restore independence and functioning. The program is designed to help people with mental illness learn and develop skills. The program lasts at least three hours per day. People go to their own homes at night. The program includes skill-building activities (life skills, socialization with other people, etc.) and therapies (art, recreation, music, dance, etc.).

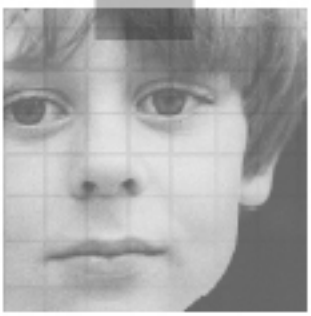
Each county's MHP may have slightly different ways of making these services available, so please consult the front section of this booklet for more information, or contact your MHP's toll-free phone number to ask for additional information.

Psychiatric Inpatient Hospital Services – These are services provided in a hospital where the person stays overnight either because there is a psychiatric emergency or because the person needs mental health treatment that can only be done in the hospital.

Psychiatric Health Facility Services – These services are provided in a hospital-like setting where the person stays overnight either because there is a psychiatric emergency or because the person needs mental health treatment that can only be done in a hospital-like setting. Psychiatric health facilities must have an arrangement with a nearby hospital or clinic to meet the physical health care needs of the people in the facility.

These services also include work that the provider does to help make the services work better for the person receiving the services. These kinds of things include assessments to see if you need the service and if the service is working; plan development to decide the goals of the person's mental health treatment and the specific services that will be provided; "collateral", which means working with family members and important people in the person's life (if the person gives permission) if it will help the person improve or maintain his or her mental health status.

How Do I Know When A Child Needs Help?



For children from birth to age 5, there are signs that may show a need for specialty mental health services. These include:

- Parents who feel overwhelmed by being a parent or who have mental health problems
- A major source of stress in the family, such as divorce or death of a family member
- Abuse of alcohol or other drugs by someone in the house
- Unusual or difficult behavior by the child
- Violence or disruption in the house

If one of the above conditions is present in a house where a child up to age 5 is living, specialty mental health services may be needed. You should contact your county's MHP to request additional information and an assessment for services to see if the MHP can help you.

For school-age children, the following checklist includes some signs that should help you decide if your child would benefit from mental health services. Your child:

- Displays unusual changes in emotions or behavior
- Has no friends or has difficulty getting along with other children
- Is doing poorly in school, misses school frequently or does not want to attend school
- Has many minor illnesses or accidents
- Is very fearful
- Is very aggressive
- Does not want to be away from you
- Has many disturbing dreams
- Has difficulty falling asleep, wakes up during the night, or insists on sleeping with you
- Suddenly refuses to be alone with a certain family member or friend or acts very disturbed when the family member or friend is present
- Displays affection inappropriately or makes abnormal sexual gestures or remarks
- Becomes suddenly withdrawn or angry
- Refuses to eat
- Is frequently tearful

You may contact your county's MHP for an assessment for your child if you feel he or she is showing any of the signs above. If your child qualifies for Medi-Cal and the MHP's assessment indicates that specialty mental health services covered by the MHP are needed, the MHP will arrange for the child to receive the services.

How Do I Know When An Adolescent Or Young Person Needs Help?

Adolescents (12-18 years of age) are under many pressures facing teens. Young people aged 18 to 21 are in a transitional age with their own unique pressures and, since they are legally adults, are able to seek services as adults.

Some unusual behavior by an adolescent or young person may be related to the physical and psychological changes taking place as they become an adult. Young adults are establishing a sense of self-identity and shifting from relying on parents to independence. A parent or concerned friend, or the young person may have difficulty deciding between what 'normal behavior' is and what may be signs of emotional or mental problems that require professional help.

Some mental illnesses can begin in the years between 12 and 21. The checklist below should help you decide if an adolescent requires help. If more than one sign is present or persists over a long period of time, it may indicate a more serious problem requiring professional help. If an adolescent:

- Pulls back from usual family, friend and/or normal activities
- Experiences an unexplained decline in school work
- Neglects their appearance
- Shows a marked change in weight
- Runs away from home
- Has violent or very rebellious behavior
- Has physical symptoms with no apparent illness
- Abuses drugs or alcohol

A young person aged 18 to 21 should look at the list to the right and at the list of issues for adults on page 9 and 10 to help decide if mental health services may be needed.

Parents or caregivers of adolescents or the adolescent may contact the county's MHP for an assessment to see if mental health services are needed. As an adult, a young person (age 18 to 20) may ask the MHP for an assessment. If the adolescent or young person qualifies for Medi-Cal and the MHP's assessment indicates that specialty mental health services covered by the MHP are needed, the MHP will arrange for the adolescent or young person to receive the services.

What Services Are Available?

The same services that are available for adults are also available for children, adolescents and young people. The services that are available are mental health services, medication support services, targeted case management, crisis intervention, crisis stabilization, day treatment intensive, day rehabilitation, adult residential treatment services, crisis residential treatment services, psychiatric inpatient hospital services, and psychiatric health facility services. MHPs also cover additional special services that are only available to children, adolescents and young people under age 21 and eligible for full-scope Medi-Cal (full-scope Medi-Cal means that Medi-Cal coverage isn't limited to a specific type of services, for example, emergency services only). Each county's MHP may have slightly different ways of making these services available, so please consult the front section of this booklet for more information, or contact your MHP's toll-free phone number to ask for additional information.

Are There Special Services Available For Children, Adolescents And Young Adults?

There are special services available from the MHP for children, adolescents and young people called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) supplemental specialty mental health services. These EPSDT services include a service called Therapeutic Behavioral Services or TBS, which is described in the next section, and also include new services as they are identified by experts in mental health treatment as services that really work. These services are available from the MHP if they are needed to correct or ameliorate (improve) the mental health for a person under the age of 21 who is eligible for full-scope Medi-Cal and has a mental illness covered by the MHP (see page 10 for information on the mental illnesses covered by the MHP).

The MHP is not required to provide these special services if the MHP decides that one of the regular services covered by the MHP is available and would meet the child, adolescent, or young person's needs. The MHP is also not required to provide these special services in home and community settings if the MHP determines the total cost of providing the special services at home or in the community is greater than the total cost of providing similar services in an otherwise appropriate institutional level of care.

What Are Therapeutic Behavioral Services (TBS)?

TBS are a type of specialty mental health service available through each county's MHP if you have serious emotional problems. You must be under 21 and have full-scope Medi-Cal to get TBS.

- If you are living at home, the TBS staff person can work one-to-one with you to reduce severe behavior problems to try to keep you from needing to go to a higher level of care, such as a group home for children, adolescents and young people with very serious emotional problems.
- If you are living in a group home for children, adolescents and young people with very serious emotional problems, a TBS staff person can work with you so you may be able to move to a lower level of care, such as a foster home or back home. TBS will help you and your family, caregiver or guardian learn new ways of controlling problem behavior and ways of increasing the kinds of behavior that will allow you to be successful. You, the TBS staff person, and your family, caregiver or guardian will work together very intensively for a short period of time, until you no longer need TBS. You will have a TBS plan that will say what you, your family, caregiver or guardian, and the TBS staff person will do during TBS, and when and where TBS will occur. The TBS staff person can work with you in most places where you are likely to need help with your problem behavior. This includes your home, foster home, group home, school, day treatment program and other areas in the community.

Who Can Get TBS?

You may be able to get TBS if you have full scope Medi-Cal, are under 21 years old, have serious emotional problems AND:

- Live in a group home for children, adolescents and young people with very serious emotional problems. [These group homes are sometimes called Rate Classification Level (RCL) 12, 13 or 14 group homes]; OR
- Live in a state mental health hospital, a nursing facility that specializes in mental health treatment or a Mental Health Rehabilitation Center (these places are also called institutions for mental diseases or IMDs); OR
- Are at risk of having to live in a group home (RCL 12, 13 or 14), a mental health hospital or IMD; OR
- Have been hospitalized, within the last 2 years, for emergency mental health problems.

Are There Other Things That Must Happen For Me To Get TBS?

Yes. You must be getting other specialty mental health services. TBS adds to other specialty mental health services. It doesn't take the place of them. Since TBS is short term, other specialty mental health services may be needed to keep problems from coming back or getting worse after TBS has ended.

TBS is NOT provided if the reason it is needed is:

- Only to help you follow a court order about probation
- Only to protect your physical safety or the safety of other people
- Only to make things easier for your family, caregiver, guardian or teachers
- Only to help with behaviors that are not part of your mental health problems

You cannot get TBS while you are in a mental health hospital, an IMD, or locked juvenile justice setting, such as a juvenile hall. If you are in a mental health hospital or an IMD, though, you may be able to leave the mental hospital or IMD sooner, because TBS can be added to other specialty mental health services to help you stay in a lower level of care (home, a foster home or a group home).

How Do I Get TBS?

If you think you may need TBS, ask your psychiatrist, therapist or case manager, if you already have one, or contact the MHP and request services. A family member, caregiver, guardian, doctor, psychologist, counselor or social worker may call and ask for information about TBS or other specialty mental health services for you. You may also call the MHP and ask about TBS.

Who Decides If I Need TBS And Where Can I Get Them?

The MHP decides if you need specialty mental health services, including TBS. Usually an MHP staff person will talk with you, your family, caregiver or guardian, and others who are important in your life and will make a plan for all the mental health services you need, including a TBS plan if TBS is needed. This may take one or two meetings face-to-face, sometimes more. If you need TBS, someone will be assigned as your TBS staff person.

What Should Be In My TBS Plan?

Your TBS plan will spell out the problem behaviors that need to change and what the TBS staff person, you and sometimes your family, caregiver or guardian will do when TBS happens. The TBS plan will say how many hours a day and the number of days a week the TBS staff person will work with you and your family, caregiver or guardian. The hours in the TBS plan may be during the day, early morning, evening or night. The days in the TBS plan may be on weekends as well as weekdays. The TBS plan will say how long you will receive TBS. The TBS plan will be reviewed regularly. TBS may go on for a longer period of time, if the review shows you are making progress but need more time.

What is ‘Medical Necessity’ And Why Is It So Important?

One of the conditions necessary for receiving specialty mental health services through your county’s MHP is something called ‘medical necessity.’ This means a doctor or other mental health professional will talk with you to decide if there is a medical need for services, and if you can be helped by services if you receive them.

The term ‘medical necessity’ is important because it will help decide what kind of services you may get and how you may get them. Deciding ‘medical necessity’ is a very important part of the process of getting specialty mental health services.

What Are The ‘Medical Necessity’ Criteria For Coverage Of Specialty Mental Health Services Except For Hospital Services?

As part of deciding if you need specialty mental health services, your county’s MHP will work with you and your provider to decide if the services are a ‘medical necessity,’ as explained above. This section explains how your MHP will make that decision.

You don’t need to know if you have a diagnosis, or a specific mental illness, to ask for help. Your county MHP will help you get this information with an ‘assessment.’ There are four conditions your MHP will look for to decide if your services are a ‘medical necessity’ and qualify for coverage by the MHP:

(1) You must be diagnosed by the MHP with one of the following mental illnesses as described in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association:

- Pervasive Developmental Disorders, except Autistic Disorders
- Disruptive Behavior and Attention Deficit Disorders
- Feeding and Eating Disorders of Infancy and Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorder
- Eating Disorders
- Impulse Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality Disorder
- Medication-Induced Movement Disorders related to other included diagnoses

You don't need to know your diagnosis to ask the MHP for an assessment to see if you need specialty mental health services from the MHP.

AND

(2) You must have at least one of the following problems as a result of the diagnosis:

- A significant difficulty in an important area of life functioning
- A probability of significant deterioration in an important area of life functioning
- Except as provided in the section for people under 21 years of age, a probability that a child will not progress developmentally as individually appropriate

AND

(3) The expectation is that the proposed treatment will:

- Significantly reduce the problem
- Prevent significant deterioration in an important area of life-functioning
- Allow a child to progress developmentally as individually appropriate

AND

(4) The condition would not be responsive to physical health care based treatment.

If you do NOT meet these criteria, it does not mean that you cannot receive help. Help may be available from your regular Medi-Cal doctor, or through the standard Medi-Cal program.

When the requirements of this 'medical necessity' section are met, you are eligible to receive specialty mental health services from the MHP.

What Are The 'Medical Necessity' Criteria For Covering Specialty Mental Health Services For People Under 21 Years Of Age?

If you are under the age of 21, have full-scope Medi-Cal and have one of the diagnoses listed in (1) above, but don't meet the criteria in (2) and (3) above, the MHP would need to work with you and your provider to decide if mental health treatment would correct or ameliorate (improve) your mental health. If services covered by the MHP would correct or improve your mental health, the MHP will provide the services.

What Are The 'Medical Necessity' Criteria For Reimbursement Of Psychiatric Inpatient Hospital Services?

One way that your MHP decides if you need to stay overnight in the hospital for mental health treatment is how 'medically necessary' it is for your treatment. If it is medically necessary, as explained above, then your MHP will pay for your stay in the hospital. An assessment will be made to help make this determination.

If you need these hospital services, your MHP pays for an admission to the hospital, if you meet the conditions to the right, called medical necessity criteria.

When you and the MHP or your MHP provider plan for your admission to the hospital, the MHP will decide about medical necessity before you go to the hospital. More often, people go to the hospital in an emergency and the MHP and the hospital work together to decide about medical necessity. You don't need to worry about whether or not the services are medically necessary if you go to the hospital in an emergency (see State of California section page 6 for more information about how emergencies are covered).

If you have mental illness or symptoms of mental illness and you cannot be safely treated at a lower level of care, and, because of the mental illness or symptoms of mental illness, you:

- Represent a current danger to yourself or others, or significant property destruction
- Are prevented from providing for or using food, clothing or shelter
- Present a severe risk to the your physical health
- Have a recent, significant deterioration in ability to function, and
- Need psychiatric evaluation, medication treatment, or other treatment that can only be provided in the hospital.

Your county's MHP will pay for a longer stay in a psychiatric inpatient hospital if you have one of the following:

- The continued presence of the 'medical necessity' criteria as described above
- A serious and negative reaction to medications, procedures or therapies requiring continued hospitalization
- The presence of new problems which meet medical necessity criteria
- The need for continued medical evaluation or treatment that can only be provided in a psychiatric inpatient hospital

Your county's MHP can have you released from a psychiatric inpatient (overnight stay) hospital when your doctor says you are stable. This means when the doctor expects you would not get worse if you were transferred out of the hospital.

Notice of Action

What Is A Notice Of Action?

A Notice of Action, sometimes called an NOA, is a form that your county's Mental Health Plan (MHP) uses to tell you when the MHP makes a decision about whether or not you will get Medi-Cal specialty mental health services. A Notice of Action is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you didn't get services within the MHP's timeline standards for providing services.

When Will I Get A Notice Of Action?

You will get a Notice of Action:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. See page 17 for information about medical necessity.
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service. Most of the time you will receive a Notice of Action before you receive the service, but sometimes the Notice of Action will come after you already received the service, or while you are receiving the service. If you get a Notice of Action after you have already received the service you do not have to pay for the service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP does not provide services to you based on the timelines the MHP has set up. Call your county's MHP to find out if the MHP has set up timeline standards.
- If you file a grievance with the MHP and the MHP does not get back to you with a written decision on your grievance within 60 days. See page 28 for more information on grievances.
- If you file an appeal with the MHP and the MHP does not get back to you with a written decision on your appeal within 45 days or, if you filed an expedited appeal, within three working days. See page 23 for more information on appeals.

Please see the next section in this booklet on the Problem Resolution Processes for more information on grievances, appeals and State Fair Hearings.

Will I Always Get A Notice Of Action When I Don't Get The Services I Want?

There are some cases where you may not receive a Notice of Action. If you and your provider agree on the services you need, you will not get a Notice of Action from the MHP. If you think the MHP is not providing services to you quickly enough, but the MHP hasn't set a timeline, you won't receive a Notice of Action.

You may still file an appeal with the MHP or if you have completed the Appeals process, you can request a state fair hearing when these things happen. Information on how to file an appeal or request a fair hearing is included in this booklet starting on page 22. Information should also be available in your provider's office.

What Will The Notice Of Action Tell Me?

The Notice of Action will tell you:

- What your county's MHP did that affects you and your ability to get services.
- The effective date of the decision and the reason the MHP made its decision.
- The state or federal rules the MHP was following when it made the decision.
- What your rights are if you do not agree with what the MHP did.
- How to file an appeal with the MHP.
- How to request a State Fair Hearing.
- How to request an expedited appeal or an expedited fair hearing.
- How to get help filing an appeal or requesting a State Fair Hearing.
- How long you have to file an appeal or request a State Fair Hearing.
- If you are eligible to continue to receive services while you wait for an Appeal or State Fair Hearing decision.
- When you have to file your Appeal or State Fair Hearing request if you want the services to continue.

You should decide if you agree with what the MHP says on the form. If you decide that you don't agree, you can file an Appeal with your MHP, or after completing the Appeal process, you can request a State Fair Hearing, being careful to file on time. Most of the time, you will have 90 days to request a State Fair Hearing or file an Appeal.

What Should I Do When I Get A Notice Of Action?

When you get a Notice of Action you should read all the information on the form carefully. If you don't understand the form, your MHP can help you. You may also ask another person or Beneficiary Services at (213) 738-4949 to help you.

If the Notice of Action form tells you that you can continue services while you are waiting for a State Fair Hearing decision, you must request the state fair hearing within 10 days from the date the Notice of Action was mailed or personally given to you or, if the Notice of Action is sent more than 10 days before the effective date for the change in services, before the effective date of the change.

While the majority of counties may handle the Problem Resolution Process in the way stated, there may be some differences among counties in the way things are handled. See specific information on your county in the front of this booklet.

What If I Don't Get the Services I Want From My County MHP?

Your county's MHP has a way for you to work out a problem about any issue related to the specialty mental health services you are receiving. This is called the problem resolution process and it could involve either:

1. The Grievance Process- an expression of unhappiness about anything regarding your specialty mental health services that is not one of the problems covered by the Appeal and State Fair Hearing processes.
2. The Appeal Process - review of a decision (denial or changes to services) that was made about your specialty mental health services by the MHP or your provider.

Or, once you have completed the problem resolution process at the MHP you can file for:

3. The State Fair Hearing Process- review to make sure you receive the mental health services which you are entitled to under the Medi-Cal program.

Your MHP will provide grievance and appeal forms and self addressed envelopes for you at all provider sites, and you should not have to ask anyone to get one. Your county's MHP must post notices explaining the grievance and appeal process procedures in locations at all provider sites, and make language interpreting services available at no charge, along with toll-free numbers to help you during normal business hours.

The State's Mental Health Ombudsman Services can be reached at (800) 896-4042 (interpreter services are available) or TTY (800) 896-2512, by sending a fax to (916) 653-9194, or by e-mailing to ombudsman@dmh.ca.gov.

Filing a grievance or appeal or a State Fair Hearing will not count against you. When your grievance or appeal is complete, your county's MHP will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and others involved of the final outcome.

Can I Get Help To File An Appeal, Grievance Or State Fair Hearing?

Your county's MHP will have people (Beneficiary Services staff at (213) 738-4949) available to explain these processes to you and to help you report a problem either as a Grievance, an Appeal, or as a request for State Fair Hearing. They may also help you know if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability are at risk. You may also authorize another person to act on your behalf, including your mental health care provider.

What If I Need Help To Solve A Problem With My MHP But Don't Want To File A Grievance Or Appeal?

You can get help from the State if you are having trouble finding the right people at the MHP to help you find your way through the MHP system. The State has a Mental Health Ombudsman Services program that can provide you with information on how the MHP system works, explain your rights and choices, help you solve problems with getting the services you need, and refer you to others at the MHP or in your community who may be of help.

Your MHP is responsible for allowing you to request a review of a decision that was made about your specialty mental health services by the MHP or your providers. There are two ways you can request a review. One way is using the standard Appeals process. The second way is by using the expedited Appeals process. These two forms of Appeals are similar; however, there are specific requirements to qualify for an expedited Appeal. The specific requirements are explained below.

What Is A Standard Appeal?

A Standard Appeal is a request for review of a problem you have with the MHP or your provider that involves denial or changes to services you think you need. If you request a standard Appeal, the MHP may take up to 45 days to review it. If you think waiting 45 days will put your health at risk, you should ask for an 'expedited Appeal.'

The standard appeals process will:

- Allow you to file an Appeal in person, on the phone, or in writing. If you submit your Appeal in person or on the phone, you must follow it up with a signed written Appeal. You can get help to write the Appeal. If you do not follow-up with a signed written Appeal, your Appeal will not be resolved. However, the date that you submitted the oral Appeal is the filing date.
- Ensure filing an Appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.
- Have your benefits continued upon request for an Appeal within the required timeframe, which is 10 days from the date your Notice of Action was mailed or personally given to you. You do not have to pay for continued services while the Appeal is pending.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process, before and during the appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
- Allow you, your representative, or the legal representative of a deceased beneficiary's estate to be included as parties to the appeal.
- Let you know your appeal is being reviewed by sending you written confirmation
- Inform you of your right to request a State Fair Hearing, following the completion of the Appeal process.

When Can I File An Appeal?

You can file an appeal with your county's MHP:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. (See page 17 for information about medical necessity.)
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP doesn't provide services to you based on the timelines the MHP has set up.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the services you need

How Can I File An Appeal?

Call Beneficiary Services staff at (213) 738-4949 to get help with filing an appeal. The MHP will provide self-addressed envelopes at all provider sites for you to mail in your appeal.

How Do I Know If My Appeal Has Been Decided?

Your MHP will notify you or your representative in writing about their decision for your appeal. The notification will have the following information:

- The results of the appeal resolution process
- The date the appeal decision was made
- If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a state fair hearing and the procedure for filing a state fair hearing.

Is There A Deadline To File An Appeal?

You must file an appeal within 90 days of the date of the action you're appealing when you get a notice of action (see page 20). Keep in mind that you will not always get a notice of action. There are no deadlines for filing an appeal when you do not get a notice of action; so you may file at any time.

When Will A Decision Be Made About My Appeal?

The MHP must decide on your appeal within 45 calendar days from when the MHP receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay is for your benefit is when the MHP thinks it might be able to approve your appeal if the MHP had a little more time to get information from you or your provider.

What If I Can't Wait 45 Days For My Appeal Decision?

The appeal process may be faster if it qualifies for the expedited appeals process. (Please see the section on Expedited Appeals below.)

What Is An Expedited Appeal?

An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a similar process than the standard appeals process. However,

- Your appeal has to meet certain requirements (see below).
- The expedited appeals process also follows different deadlines than the standard appeals.
- You can make a verbal request for an expedited appeal. You do not have to put your expedited appeal request in writing.

When Can I File an Expedited Appeal?

If you think that waiting up to 45 days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited appeal. If the MHP agrees that your appeal meets the requirements for an expedited appeal, your MHP will resolve your expedited appeal within 3 working days after the MHP receives the expedited appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is in your interest. If your MHP extends the timeframes, the MHP will give you a written explanation as to why the timeframes were extended.

If the MHP decides that your appeal does not qualify for an expedited appeal, your MHP will notify you right away orally and will notify you in writing within 2 calendar days. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the MHP's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance (see the description of the grievance process below).

Once your MHP resolves your expedited appeal, the MHP will notify you and all affected parties orally and in writing.

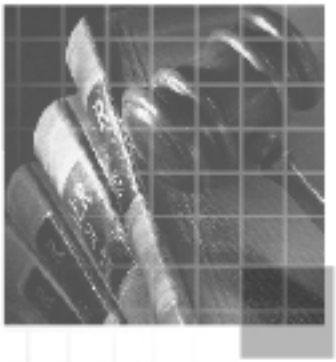
THE State Fair Hearing PROCESSES
(Standard and Expedited)

What Is A State Fair Hearing?

A State Fair Hearing is an independent review conducted by the California Department of Social Services to ensure you receive the specialty mental health services to which you are entitled under the Medi-Cal program.

What Are My State Fair Hearing Rights?

You have the right to:



- Have a hearing before the California Department of Social Services (also called a State Fair Hearing)
- Be told about how to ask for a State Fair Hearing
- Be told about the rules that govern representation at the State Fair Hearing
- Have your benefits continued upon your request during the State Fair Hearing process if you ask for a State Fair Hearing within the required timeframes

When Can I File For A State Fair Hearing?

You can file for a State Fair Hearing:

- If you have competed the MHP's Grievance and/or Appeals process.
- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. (See page 17 for information about medical necessity.)
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP doesn't provide services to you based on the timelines the MHP has set up.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the services you need

How Do I Request A State Fair Hearing?

You can request a State Fair Hearing directly from the California Department of Social Services. You can ask for a State Fair Hearing by writing to:

State Hearing Division
California Department of Social Services
P.O. Box 9424443, Mail Station 19-37
Sacramento, CA 94244-2430

To request a State Fair Hearing, you may also call (800) 952-5253, send a fax to (916) 229-4110, or write to the Department of Social Services/State Hearings Division, P.O. Box 944243, Mail Station 19-37, Sacramento, CA 94244-2430. You may also call Beneficiary Services at (213) 738-4949 if you need help requesting a State Fair Hearing.

Is There a Deadline for Filing For A State Fair Hearing?

If you didn't receive a notice of action, you may file for a State Fair Hearing at any time.

Can I Continue Services While I'm Waiting For A State Fair Hearing Decision?

You can continue services while you're waiting for a State Fair Hearing decision if your provider thinks specialty mental health service you are already receiving needs to continue and asks the MHP for approval to continue, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service the provider requested. You will always receive a Notice of Action from the MHP when this happens. Additionally, you will not have to pay for services given while the State Fair Hearing is pending.

What Do I Need To Do if I Want to Continue Services While I'm Waiting For A State Fair Hearing Decision?

If you want services to continue during the State Fair Hearing process, you must request a State Fair Hearing within 10 days from the date your notice of action was mailed or personally given to you.

What If I Can't Wait 90 Days For My State Fair Hearing Decision?

You may ask for an expedited (quicker) State Fair Hearing if you think the normal 90-day time frame will cause serious problems with your mental health, including problems with your ability to gain, maintain, or regain important life functions. The Department of Social Services, State Hearings Division, will review your request for an expedited State Fair Hearing and decide if it qualifies. If your expedited hearing request is approved, a hearing will be held and a hearing decision will be issued within 3 working days of the date your request is received by the State Hearings Division.

THE Grievance PROCESS

In 2003, some of the words used to describe the MHP processes to help you solve problems with the MHP changed. You may no longer request a State Fair Hearing at any time during the Grievance or Appeals process.

What Is A Grievance?

A grievance is an expression of unhappiness about anything regarding your specialty mental health services that are not one of the problems covered by the Appeal and State Fair Hearing processes (see pages 23 and 26 for information on the Appeal and State Fair Hearing processes).

The grievance process will:

- Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.
- Identify the roles and responsibilities of you, your MHP and your provider
- Provide resolution for the grievance in the required timeframes.

When Can I File A Grievance?

You can file a grievance with the MHP if you are unhappy with the specialty mental health services you are receiving from the MHP or have another concern regarding the MHP.

How Can I File A Grievance?

Call Beneficiary Services at (213) 738-4949. The MHP will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

How Do I Know If The MHP Received My Grievance?

Your MHP will let you know that it received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

The MHP must make a decision about your grievance within 60 calendar days from the date you filed your grievance. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the MHP thinks it might be able to approve your grievance if the MHP had a little more time to get information from you or other people involved.

How Do I Know If The MHP Has Made a Decision About My Grievance?

When a decision has been made regarding your grievance, the MHP will notify you or your representative in writing of the decision. If your MHP fails to notify you or any affected parties of the grievance decision on time, then the MHP will provide you with a notice of action advising you of your right to request a State Fair Hearing. Your MHP will provide you with a notice of action on the date the timeframe expires.

Is There A Deadline To File To A Grievance?

You may file a grievance at any time.

What Are My Rights?

As a person eligible for Medi-Cal, you have a right to receive medically necessary specialty mental health services from the MHP. When accessing these services, you have the right to:

- Be treated with personal respect and respect for your dignity and privacy.
- Receive information on available treatment options and alternatives; and have them presented in a manner you can understand.
- Participate in decisions regarding your mental health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, punishment or retaliation as specified in federal rules about the use of restraints and seclusion in facilities such as hospitals, nursing facilities and psychiatric residential treatment facilities where you stay overnight for treatment.
- Request and receive a copy of your medical records, and request that they be amended or corrected
- Receive the information in this booklet about the services covered by the MHP, other obligations of the MHP and your rights as described here. You also have the right to receive this information and other information provided to you by the MHP in a form that is easy to understand. This means, for example, that the MHP must make its written information available in the languages that are used by at least 5 percent or 3,000, which ever is less, of Medi-Cal eligible people in the MHP's county and make oral interpreter services available free of charge for people who speak other languages. This also means that the MHP must provide different materials for people with special needs, such as people who are blind or have limited vision or people who have trouble reading.
- Receive specialty mental health services from a MHP that follows the requirements of its contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services. The MHP is required to:
  - Employ or have written contracts with enough providers to make sure that all Medi-Cal eligible individuals who qualify for specialty mental health services can receive them in a timely manner.
  - Cover medically necessary services out-of-network for you in a timely manner, if the MHP doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the MHP's list of providers. The MHP must make sure you don't pay anything extra for seeing an out-of-network provider.

- Make sure providers are qualified to deliver the specialty mental health services that the providers agreed to cover.
- Make sure that the specialty mental health services the MHP covers are adequate in amount, duration and scope to meet the needs of the Medi-Cal eligible individuals it serves. This includes making sure the MHP's system for authorizing payment for services is based on medical necessity and uses processes that ensure fair application of the medical necessity criteria.
- Ensure that its providers perform adequate assessments of individuals who may receive services and work with the individuals who will receive services to develop a treatment plan that includes the goals of treatment and the services that will be delivered.
- Provide for a second opinion from a qualified health care professional within the MHP's network, or one outside the network, at no additional cost to you.
- Coordinate the services it provides with services being provided to an individual through a Medi-Cal managed care health plan or with your primary care provider, if necessary and, in the coordination process, to make sure the privacy of each individual receiving services is protected as specified in federal rules on the privacy of health information.
- Provide timely access to care, including making services available 24 hours a day, 7 days a week, when medically necessary to treat an emergency psychiatric condition or an urgent or crisis condition.
- Participate in the State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds

Your MHP must ensure your treatment is not adversely affected as a result of you using your rights. Your Mental Health Plan is required to follow other applicable Federal and State laws (such as: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; and Titles II and III of the Americans with Disabilities Act) as well as the rights described here. You may have additional rights under state laws about mental health treatment and may wish to contact your county's Patients' Rights Advocate (call your county mental health department listed in the local phone book and ask for the Patient's Rights Advocate) with specific questions.

What Is An Advance Directive?

You have the right to have an advance directive. An advance directive is a written instruction about your health care that is recognized under California law. It usually states how you would like health care provided, or says what decisions you would like to be made, if or when you are unable to speak for yourself. You may sometimes hear an advance directive described as a living will or durable power of attorney.

California law defines an advance directive as either an oral or written individual health care instruction or a power of attorney (a written document giving someone permission to make decisions for you). All MHPs are required to have advance directive policies in place. Your MHP is required to provide any adult who is Medi-Cal eligible with written information on the MHP's advance directive policies and a description of applicable state law, if the adult asks for the information. If you would like to request the information, you should call your MHP's toll-free phone number listed in the front part of this booklet for more information.

An advance directive is designed to allow people to have control over their own treatment, especially when they are unable to provide instructions about their own care. It is a legal document that allows people to say, in advance, what their wishes would be, if they become unable to make health care decisions. This may include such things as the right to accept or refuse medical treatment, surgery, or make other health care choices. In California, an advance directive consists of two parts:

1. Your appointment of an agent (a person) making decisions about your health care; and
2. Your individual health care instructions

If you have a complaint about advance directive requirements, you may contact the California Department of Health Services, Licensing and Certification Division, by calling (800) 236-9747 or by mail at P.O. Box 997413, Sacramento, California 95899-1413.

Why Are Cultural Considerations And Language Access Important?

A culturally competent mental health system includes skills, attitudes and policies that make sure the needs of everyone are addressed in a society of diverse values, beliefs and orientations, and different races, religions and languages. It is a system that improves the quality of care for all of California's many different peoples and provides them with understanding and respect for those differences.

Your county's MHP is responsible to provide the people it serves with culturally and linguistically competent specialty mental health services. For example: non-English or limited English speaking persons have the right to receive services in their preferred language and the right to request an interpreter. If an interpreter is requested, one must be provided at no cost. People seeking services do not have to bring their own interpreters. Written and verbal interpretation of your rights, benefits and treatments are available in your preferred language. Information is also available in alternative formats if someone cannot read or has visual challenges. The front part of this booklet tells you how to obtain this information. Your county's MHP is required to:

- Provide specialty mental health services. in your preferred language.
- Provide culturally appropriate assessments and treatments.
- Provide a combination of culturally specific approaches to address various cultural needs that exist in the MHP's county to create a safe and culturally responsive system.
- Make efforts to reduce language barriers.
- Make efforts to address the cultural-specific needs of individuals receiving services.
- Provide services with sensitivity to culturally specific views of illness and \ wellness.
- Consider your world-view in providing you specialty mental health services.
- Have a process for teaching MHP employees and contractors about what it means to live with mental illness from the point of view of people who are mentally ill.
- Provide a listing of cultural/linguistic services available through your MHP.
- Provide a listing of specialty mental health services and other MHP services available in your primary language (sorted by location and services provided.)
- Provide oral interpretation services free of charge. This applies to all non-English languages.
- Provide written information in threshold languages, alternative formats, and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.

Non-English or limited English speaking persons have the right to receive services in their preferred language and the right to request an interpreter.

- Provide a statewide, toll-free telephone number available 24-hours a day and seven days a week, with language capability in your language to provide information to you about how to access specialty mental health services. This includes services needed to treat your urgent condition, and how to use the MHP problem resolution and State Fair Hearing processes.
- Find out at least once a year if people from culturally, ethnically and linguistically diverse communities see themselves as getting the same benefit from services as people in general.

How Do I Get Specialty Mental Health Services?

If you think you need specialty mental health services, you can get services by asking the MHP for them yourself. You can call your MHP's toll free phone number listed in the front section of this booklet. The front part of this booklet and the section called "Services" on page 9 of the booklet give you information about services and how to get them from the MHP.

You may also be referred to your MHP for specialty mental health services in other ways. Your MHP is required to accept referrals for specialty mental health services from doctors and other primary care providers who think you may need these services and from your Medi-Cal managed care health plan, if you are a member. Usually the provider or the Medi- Cal managed care health plan will need your permission or the permission of the parent or caregiver of a child to make the referral, unless there's an emergency. Other people and organizations may also make referrals to the MHP, including schools; county welfare or social services departments; conservators, guardians or family members; and law enforcement agencies.

Please see the provider directory following this section for more information about this topic, or the front section of this booklet with information about your MHP's specific approval or referral information.

How Do I Find A Provider For The Specialty Mental Health Services I Need?

Some MHPs require you to receive approval from your county's MHP before you contact a service provider. Some MHPs will refer you to a provider who is ready to see you. Other MHPs allow you to contact a provider directly.

The MHP may put some limits on your choice of providers. Your county's MHP must give you a chance to choose between at least two providers when you first start services, unless the MHP has a good reason why it can't provide a choice, for example, there is only one provider who can deliver the service you need. Your MHP must also allow you to change providers. When you ask to change providers, the MHP must allow you to choose between at least two providers, unless there is a good reason not to do so.

Sometimes MHP contract providers leave the MHP on their own or at the request of the MHP. When this happens, the MHP must make a good faith effort to give written notice of termination of a MHP contracted provider within 15 days after receipt or issuance of the termination notice, to each person who was receiving specialty mental health services from the provider.

Once I Find a Provider, Can the MHP Tell the Provider What Services I Get?

You, your provider and the MHP are all involved in deciding what services you need to receive through the MHP by following the medical necessity criteria and the list of covered services (see pages 17 and 10). Sometimes the MHP will leave the decision to you and the provider. Other times, the MHP may require your provider to ask the MHP to review the reasons the provider thinks you need a service before the services is provided. The MHP must use a qualified mental health professional to do the review. This review process is called an MHP payment authorization process. The State requires the MHP to have an authorization process for day treatment intensive, day rehabilitation, and therapeutic behavioral services (TBS).

The MHP's authorization process must follow specific timelines. For a standard authorization, the MHP must make a decision on your provider's request within 14 calendar days. If you or your provider request or if the MHP thinks it is in your interest to get more information from your provider, the timeline can be extended for up to another 14 calendar days. An example of when an extension might be in your interest is when the MHP thinks it might be able to approve your provider's request for authorization if the MHP had additional information from your provider and would have to deny the request without the information. If the MHP extends the timeline, the MHP will send you a written notice about the extension.

If you didn't get a list of providers with this booklet, you may ask the MHP to send you a list by calling the MHP's toll-free telephone number located in the front section of this booklet.

If your provider or the MHP thinks your life, health or ability to attain, maintain or regain maximum function will be jeopardized by the 14 day timeframe, the MHP must make a decision within 3 working days. If you or your provider request or if the MHP thinks it is in your interest to get more information from your provider, the timeline can be extended up to an additional 14 calendar days.

If the MHP doesn't make a decision within the timeline required for a standard or an expedited authorization request, the MHP must send you a Notice of Action telling you that the services are denied and that you may file an appeal or ask for a State Fair Hearing (see page 26).

You may ask the MHP for more information about its authorization process. Check the front section of this booklet to see how to request the information.

If you don't agree with the MHP's decision on an authorization process, you may file an appeal with the MHP or ask for a State Fair Hearing (see page 26).

Which Providers Does My MHP Use?

Most MHPs use four different types of providers to provide specialty mental health services. These include:

Individual Providers: Mental health professionals, such as doctors, who have contracts with your county's MHP to provide specialty mental health services in an office and/or community setting.

Group Providers: These are groups of mental health professionals who, as a group of professionals, have contracts with your county's MHP to offer specialty mental health services in an office and/or community setting.

Organizational Providers: These are mental health clinics, agencies or facilities that are owned or run by the MHP or that have contracts with your county's MHP to provide services in a clinic and/or community setting.

Hospital Providers: You may receive care or services in a hospital. This may be as a part of emergency treatment, or because your MHP provides the services you need in this type of setting.

If you are new to the MHP, a complete list of providers in your county's MHP follows this section of the booklet and contains information about where providers are located, the specialty mental health services they provide, and other information to help you access care, including information about the cultural and language services that are available from the providers. If you have questions about providers, call your MHP's toll-free telephone number located in the front section of this booklet.

Notes

Web Links

State of California's Medi-Cal program: http://www.dhs.ca.gov/mcs/medi-calhome
State of California Department of Mental Health: http://www.dmh.ca.gov
State of California Department of Health Services: http://www.dhs.ca.gov
Online Health Resources: http://www.dhs.ca.gov/home/hsites/
U.S. Department of Health and Human Services: http://www.os.dhhs.gov
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov

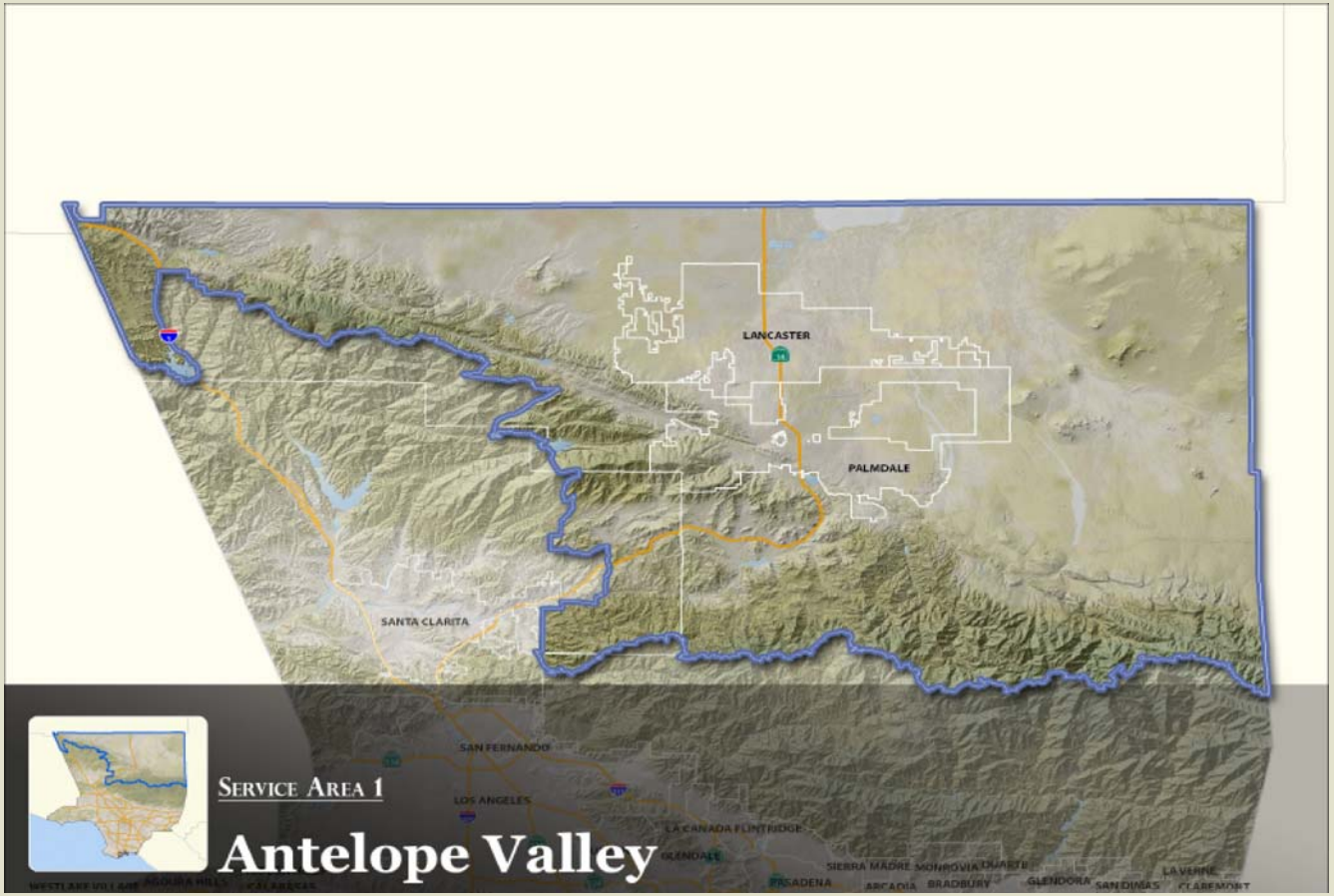
CRITERION 8

LACDMH 2010 Provider Directory

(Attachment 8)

Provider Directory

Locations of Publicly Funded Mental Health Services in the County of Los Angeles - Service Area 1



Marvin J. Southard, DSW, Director
County of Los Angeles
Department of Mental Health
Program Support Bureau
Quality Improvement Division

Our Mission

Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency.

January 2010

PROVIDER DIRECTORY – LOCATIONS OF PUBLICLY FUNDED MENTAL HEALTH SERVICES IN THE COUNTY OF LOS ANGELES - JANUARY 2010

Welcome to the 2010 **Provider Directory — Locations of Publicly Funded Mental Health Providers in The County of Los Angeles** for Psychiatric Inpatient and Outpatient Short Doyle/Medi-Cal Facilities, Fee-For-Service Psychiatric Inpatient Facilities, Community Outreach, Forensic, Residential and Specialized Foster Care Services. It excludes Fee-For-Service Outpatient Providers.

The Provider Directory includes provider addresses, provider numbers, phone numbers, hours of operation, provider types, age-groups served, languages spoken and Specialty Mental Health Services (SMHS) by provider location.

The Provider Directory also includes provider profiles for each Service Area with map locations for each provider.

Providers are listed alphabetically by name and the primary mode of service. Each provider has a designated provider location number referenced on the Service Area Map titled *Provider Location with Map Location Number*.

Please refer to the Glossary for terms and definitions used in the Provider Directory.

To obtain Mental Health Information and Services confidentially, please call the 24/7 ACCESS Center at 1-800-854-7771.

Additional Resources

The providers in the Provider Directory can also be located on the internet using the Online DMH Provider Locator. Please use the link below to access the website and search for providers in areas nearest to you.

http://gis.lacounty.gov/dmh/

Please accurately type the complete address of your location on the website's address window and hit 'Search'. The online DMH Provider Locator will return the closest locations on a map on the left side of the screen. The Online DMH Provider Locator will also provide the distance from your 'Search' Location as well as driving directions.

Acknowledgements

The Program Support Bureau wishes to thank Service Area District Chiefs and Service Area Liaisons for updating the Provider List. We also wish to thank Hwa Saup Lee and Durga Niraula at Social Services Systems Division-Urban Research/GIS at ISD, County of Los Angeles, for preparing the maps.

Contact Us

Even though every attempt has been made to ensure that the provider and the map information is accurate, provider information may change frequently. Should you have any questions, please contact Vandana Joshi, Ph.D. Program Head, Data-GIS Unit, Quality Improvement Division, at (213) 251-6886 or Sandra Chin at (213) 251-6810. The Provider Directory can be downloaded from the LAC-DMH website at http://psbqi.dmh.lacounty.gov/data.htm

GLOSSARY

Data Sources

Consumers Served: LAC-DMH IS Database. FY 2008-2009.
Population and Poverty Estimates: Prepared by John Hedderson, Walter McDonald and Associates, Sacramento. CY - 2008.
Provider Lists: LAC-DMH IS Database, Patients' Rights Directory, Multilinguistic Provider Directory & Mental Health Services Act (MHSA) Provider Directory. October 2009.

Rates

Prevalence Rate: The California State Department of Mental Health (CDMH) provides the estimated prevalence of Serious Emotional Disturbance (SED) for children and Serious Mental Illness (SMI) for adults for each County. These rates are applied to the estimated population in Los Angeles County to determine the number of people in need of mental health services.

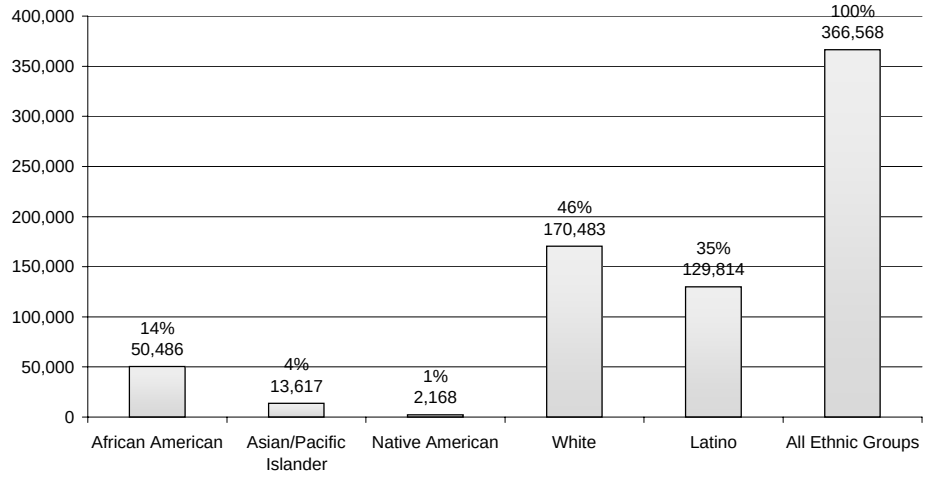
Penetration Rate: This rate estimates the number of persons served by publicly funded mental health services excluding Fee-For-Service Providers. The Penetration Rate is calculated as: The Number of Consumers Served in Outpatient Short Doyle/ Medi-Cal Facilities divided by Number of people estimated with SED and SMI.

Retention Rate: This rate estimates the number of outpatient services/claims received by consumers in Short Doyle/Medi-Cal facilities in FY 2008-2009.

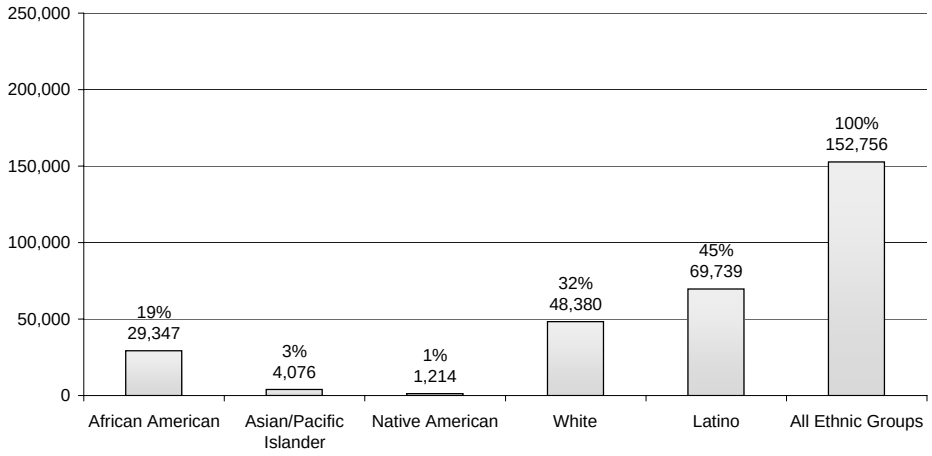
Age-Groups Served by Providers: The age-groups served by providers are: Child/Youth and Adults. Providers serving Child/ Youth serve consumers between the ages of 0 and 17. Providers serving adults serve consumers 18 years of age or older.

Service Area 1
Population Demographic Profile 2008

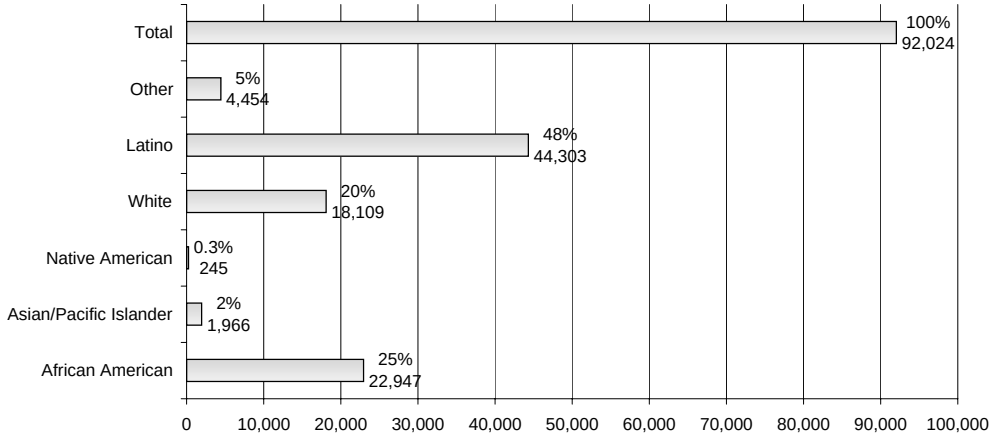
Estimated Population by Ethnicity



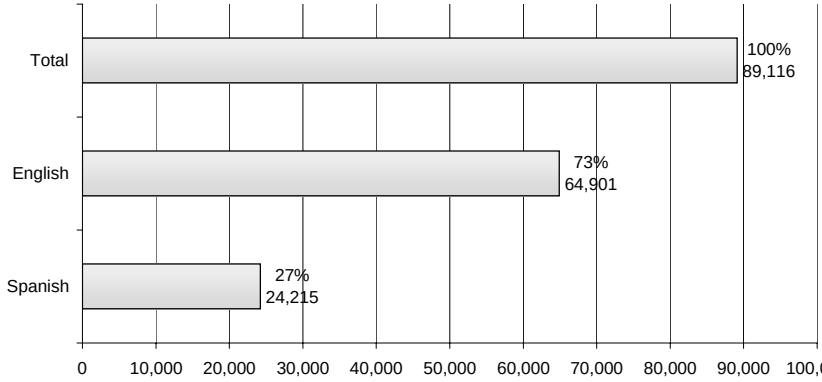
Estimated Population Living at or below 200% Federal Poverty Level



Medi-Cal Eligible Beneficiaries by Ethnicity



Number of Medi-Cal Beneficiaries Who Speak The Threshold Languages in SA 1[1]

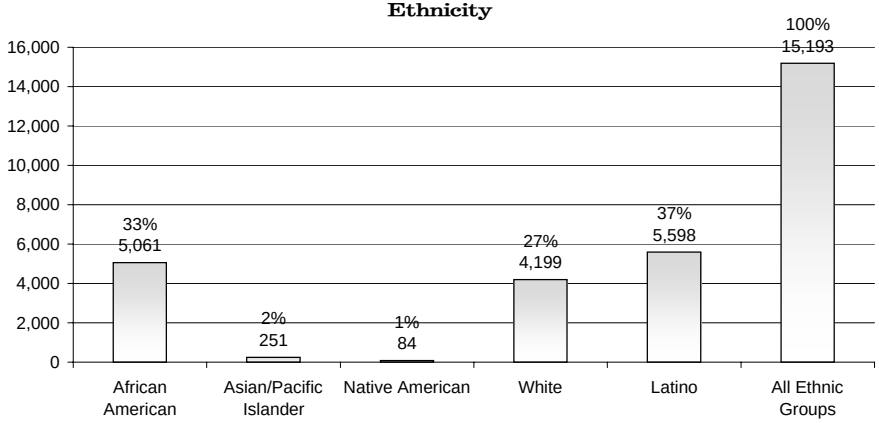


Of the 13 Countywide Threshold Languages Service Area 1 has two Threshold Languages, English and Spanish.

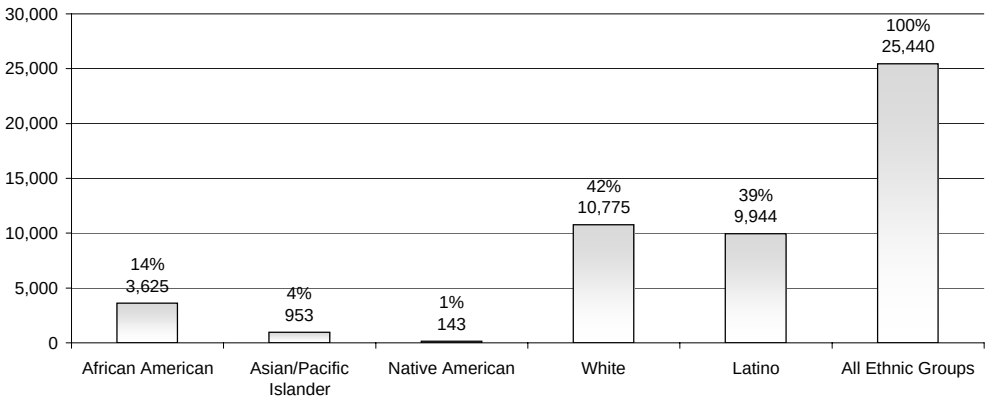
[1]Threshold Languages means a language identified on the Medi-Cal Eligibility Data System (MEDS) as the primary language of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area, per Title 9, CCR, Section 1810.410 (f) (3).

Service Area 1
Consumer Profile 2008

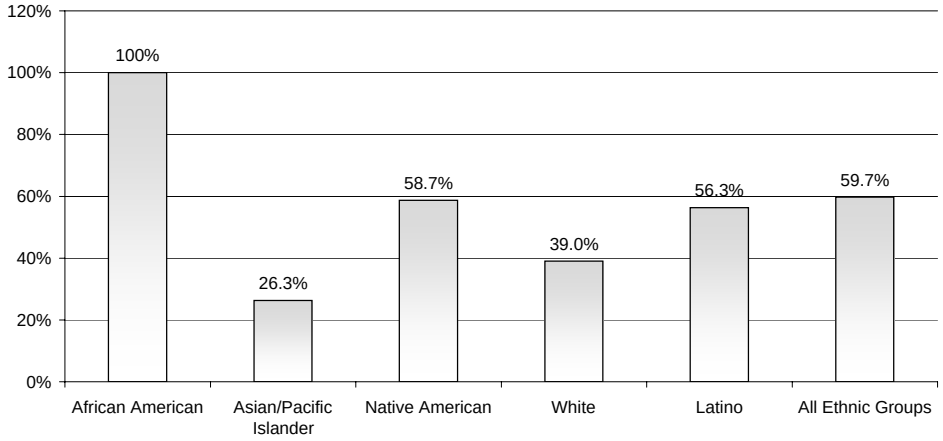
Consumers Served in Short Doyle/Medi-Cal Facilities by Ethnicity



Estimated Population with SED and SMI[1] by Ethnicity



Penetration Rate by Ethnicity[2]



[1]SED = Serious Emotional Disturbance (for Children) SMI = Serious Mental Illness (for Adults)

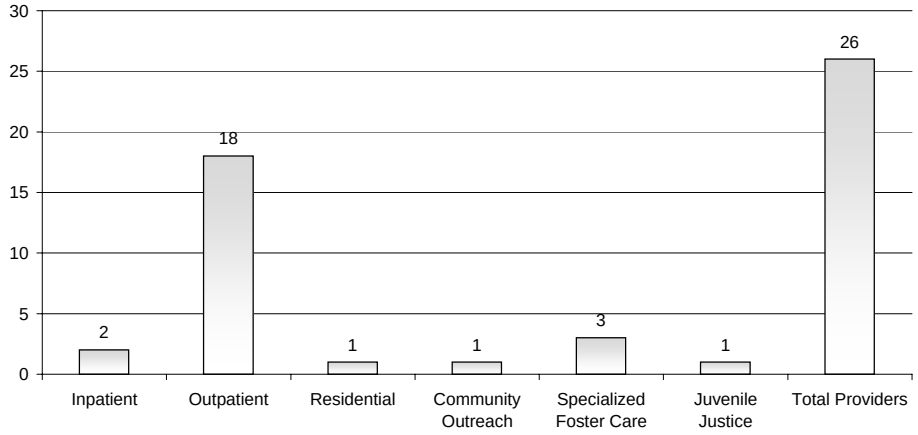
[2]Penetration Rate (PR) = Consumers Served in Short Doyle/Medi-Cal Facilities divided by Estimated Population with SED and SMI (e.g. PR For All Ethnic Groups = 15,193 / 25,440 = 59.7%).

Retention Rate by Ethnicity

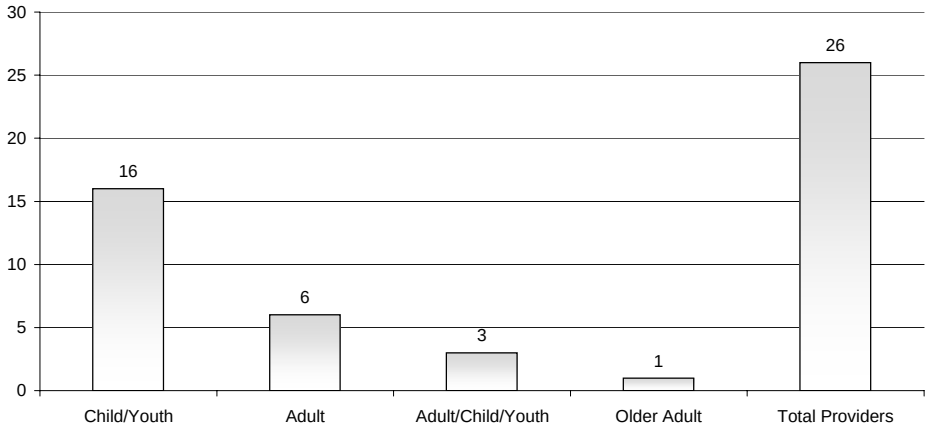
Number of Approved Outpatient Claims							
	1 Claim	2 Claims	3 Claims	4 Claims	5-15 Claims	16 or More Claims	Total
Number of Consumers							
African American	398	175	131	107	897	1221	**2929**
Percent	*13.59%*	*5.97%*	*4.47%*	*3.65%*	*30.62%*	*41.69%*	***100%***
Asian	8	4	3	6	36	17	**74**
Percent	*10.81%*	*5.41%*	*4.05%*	*8.11%*	*48.65%*	*22.97%*	***100%***
Native American	4	1	3	2	16	28	**54**
Percent	*7.41%*	*1.85%*	*5.56%*	*3.70%*	*29.63%*	*51.85%*	***100%***
White	281	118	112	103	771	1010	**2395**
Percent	*11.73%*	*4.93%*	*4.68%*	*4.30%*	*32.19%*	*42.17%*	***100%***
Latino	397	189	137	102	779	1141	**2745**
Percent	*14.46%*	*6.89%*	*4.99%*	*3.72%*	*28.38%*	*41.57%*	***100%***
Other	35	10	9	6	70	103	**233**
Percent	*15.02%*	*4.29%*	*3.86%*	*2.58%*	*30.04%*	*44.21%*	***100%***
Total	**1123**	**497**	**395**	**326**	**2569**	**3520**	**8430**
Percent	***13.32%***	***5.90%***	***4.69%***	***3.87%***	***30.47%***	***41.76%***	***100%***

Service Area 1
Provider Profile 2009

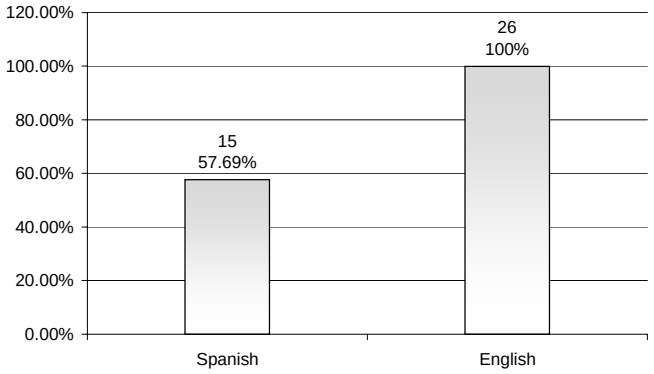
Number and Type of Providers



Age-Groups Served by Providers

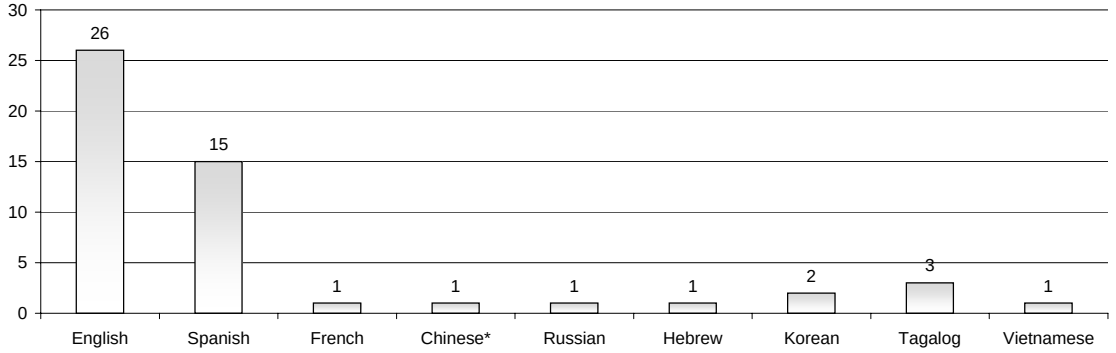


Providers with Staff Who Speak The Threshold Languages in SA 1[1]



[1]Percent = Numbers of Providers with Staff Speaking a Threshold Language/Total Number of Providers.

Other Languages Spoken in Provider Locations

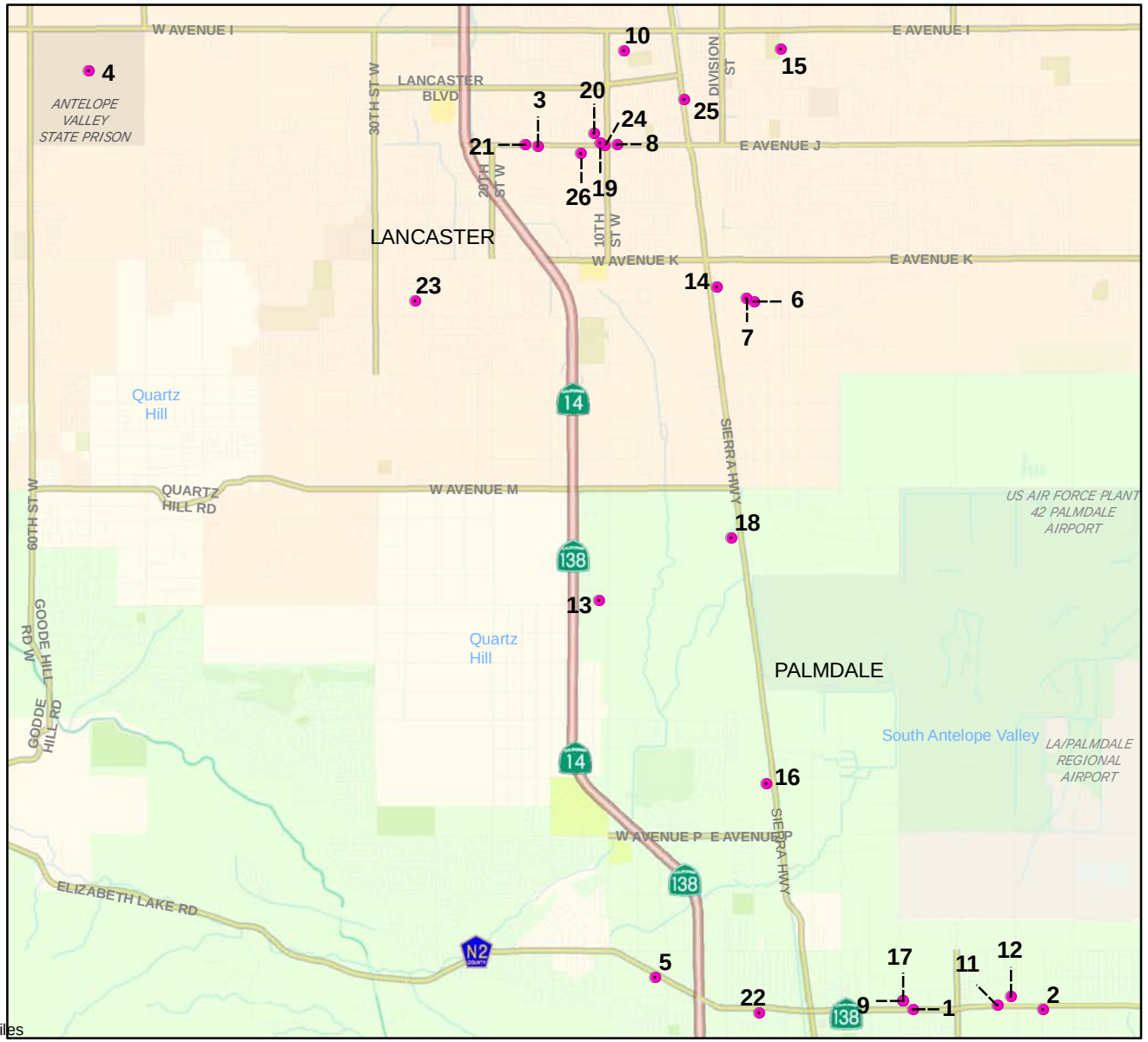


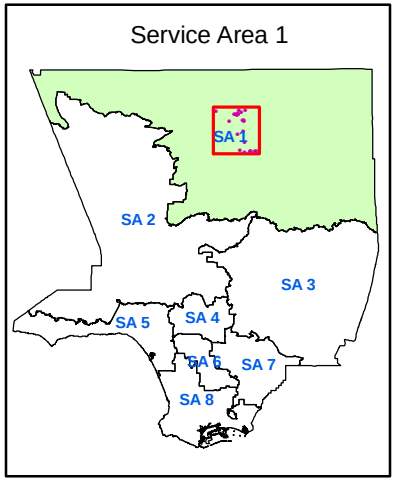
English	Spanish	French	Chinese	Russian	Hebrew	Korean	Tagalog	Vietnamese
26	15	1	1	1	1	2	3	1
100%	57.7%	3.8%	3.8%	3.8%	3.8%	7.7%	11.5%	3.8%

Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

SA 1 Magnified





N

Provider Location

0 0.3 0.6 1.2 1.8

Miles

Service Area 1

Community Outreach

Map Location Number - 1

7352 - PALMDALE DISCOVERY CENTER
1609 E PALMDALE, SUITE G
PALMDALE 93550

Phone: (661) 947-1595

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult

Language(s): English, Spanish

Services: CLIENT RUN WELLNESS CENTER, COMMUNITY OUTREACH, MENTAL HEALTH PROMOTION

Service Area 1

Inpatient

Map Location Number - 3

5000 - ANTELOPE VALLEY HOSPITAL
1600 W AVENUE J
LANCASTER 93534

Phone: (661) 949-5677

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 5
Age Group Served: Adult

Language(s): English

Services: 24 HR ACUTE

Map Location Number - 2

7315 - EL DORADO - PALMDALE
2710 E PALMDALE BLVD
PALMDALE 93550

Phone: (661) 947-3333

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth

Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 1

Juvenile Justice

Map Location Number - 4

7195 - CHALLENGER MENTAL HEALTH UNIT
5300 W AVENUE I
LANCASTER 93536

Phone: (661) 940-4051

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, French, Spanish, Vietnamese

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 1

Outpatient

Map Location Number - 19

7539 - ALAFIA MENTAL HEALTH CENTER
1025 WEST AVENUE J
LANCASTER 93534

Phone: (661) 945-7604

Hours of Operation: Mon - Fri 9:00 am - 7:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, Korean, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER

Map Location Number - 7

7756 - AV WELLNESS CENTER
251 E K-6, SUITE A
LANCASTER 93535

Phone: (661) 974-8400

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 6

1904 - ANTELOPE VALLEY MENTAL HEALTH SERVICES
349-A E AVENUA K-6, SUITE A
LANCASTER 93535

Phone: (661) 723-4260

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Mon, Wed, Fri 8:00 am - 12:00 pm
Provider: DMH **Supervisorial District**: 5
Age Group Served: Adult

Language(s): English

Services: DUAL DIAGNOSIS, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, MONEY MANAGEMENT, PSYCH TESTING, WELLNESS CENTER

Map Location Number - 8

7473 - CHILD BUREAU OF SOUTHERN CALIFORNIA
921 W AVENUE, SUITE C
LANCASTER 93534

Phone: (661) 949-0131

Hours of Operation: Mon - Fri 8 am - 5 pm, Tue, Wed, Thurs 8 am - 8 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, FULL SERVICE PARTNERSHIP, PSYCH TESTING, THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Service Area 1

Outpatient

Map Location Number - 9

7301 - CHILD BUREAU OF SOUTHERN CALIFORNIA
1529 E PALMDALE BLVD, SUITE 210
PALMDALE 93550

Phone: (661) 272-9996

Hours of Operation: Mon - Fri 8:30 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, Spanish

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 11

7478 - EOB CRISIS & HOMELESS PROGRAM
2323-A E PALMDALE BLVD
PALMDALE 93550

Phone: (661) 223-3838

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth

Language(s): English, Ilocano, Spanish, Tagalog

Services: ALL TYPES OF ABUSE CASES, CASE MANAGEMENT, CRISIS INTERVENTION, JUVENILE SEX OFFENDERS, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PARENT CHILD INTERACTIVE THERAPY

Map Location Number - 10

7488 - CHILDRENS CENTER ANTELOPE VALLEY
45111 N FERN AVENUE
LANCASTER 93534

Phone: (661) 949-1206

Hours of Operation: Mon -Th 8 am - 8 pm, Fri 8 am - 5 pm, Sat 9 am - 4 pm
Walk-ins: Yes
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, Spanish

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 25

7673 - HATHAWAY SYCAMORES
44738 SIERRA HIGHWAY
LANCASTER 93534

Phone: (661) 942-5749

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Service Area 1

Outpatient

Map Location Number - 13

7488 - HERITAGE CLINIC
1037 W AVENUE N
PALMDALE 93550

Phone: (661) 223-5413

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Older Adults

Language(s): English, Spanish

Services: CASE MANAGEMENT, FIELD CAPABLE CLINICAL SERVICES, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 14

7204 - MENTAL HEALTH ASSOCIATION (MHA) OF LOS ANGELES COUNTY
43423 DIVISION STREET, SUITE 107
LANCASTER 93535

Phone: (661) 726-2850

Hours of Operation: Mon - Fri 9:00 am - 5:00 pm
Walk-ins: Mon - Fri 9:00 am - 1:00 pm (Closed every 1st Monday)
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, Spanish, Tagalog

Services: CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, HOMELESS, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, MONEY MANAGEMENT

Map Location Number - 15

7204 - MENTAL HEALTH ASSOCIATION (MHA) OF AMERICA
506 W JACKMAN STREET
LANCASTER 93535

Phone: (661) 726-2850

Hours of Operation: Mon - Fri 9:00 am - 5:00 pm
Walk-ins: Mon - Fri 9:00 am - 1:00 pm
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth

Language(s): English, Chinese (Cantonese, Mandarin), Spanish

Services: FULL SERVICE PARTNERSHIP, MENTAL HEALTH SERVICES

Map Location Number - 5

7541 - OPTIMIST YOUTH HOMES - PALMDALE
520 W PALMDALE BLVD, SUITE D
PALMDALE 93551

Phone: (661) 575-8395

Hours of Operation: Mon - Fri 9:00 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, Spanish

Services: CASE MANAGEMENT, HOME SERVICES, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 1

Outpatient

Map Location Number - 17

7386 - PALMDALE MENTAL HEALTH CENTER
1529 E PALMDALE BLVD, SUITE 150
PALMDALE 93550

Phone: (661) 575-1800

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Mon, Wed 8:00 am - 12:00 pm
Provider: DMH **Supervisorial District**: 5
Age Group Served: Adult

Language(s): English, Russian, Spanish, Tagalog

Services: DUAL DIAGNOSIS, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER

Map Location Number - 24

7751 - PROVIDENCE
1008 W AVENUE J.
LANCASTER 93530

Phone: (661) 341-3900

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 18

7455 - PENNY LANE
190 SIERRA COURT, SUITE C-8
PALMDALE 93550

Phone: (661) 266-4783

Hours of Operation: Mon - Thurs 8:00 am - 8:00 pm, Fri 8:00 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, Hebrew, Korean, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FAMILY PRESERVATION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, SCHOOL BASED, THERAPEUTIC BEHAVIORAL SERVICES (TBS), WRAP AROUND

Map Location Number - 20

7531 - TARZANA TREATMENT CENTER, INC
44447 N 10TH STREET WEST
LANCASTER 93534

Phone: (661) 726-2630

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English

Services: DUAL DIAGNOSIS, CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 1

Outpatient

Map Location Number - 21

7491 - VALLEY CHILD GUIDANCE CLINIC
1669 W AVENUE, SUITE J 202
LANCASTER 93534

Phone: (661) 942-7552

Hours of Operation: Mon - Thurs 8:30 am - 8:00 pm, Fri 8:30 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 22

7225 - VALLEY CHILD GUIDANCE CLINIC
310 E PALMDALE BLVD, SUITE G
PALMDALE 93550

Phone: (661) 265-8627

Hours of Operation: Mon - Thurs 8:30 am - 8:00 pm Fri - Sat 8:30 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, Spanish

Services: CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES , PSYCH TESTING, SCHOOL BASED, WRAP AROUND

Service Area 1

Residential

Map Location Number - 23

7074 - BRIDGES - GLORIETA ARDIENTE
2603 W AVENUE K-6
LANCASTER 93534

Phone: (661) 949-1664

Hours of Operation: N/A
Walk-ins: N/A
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult

Language(s): English

Services: LIFE SUPPORT

Service Area 1

Specialized Foster Care

Map Location Number - 12

7716 - AV KIDZ CONNECTION
2323 A E PALMDALE BLVD
PALMDALE 93551

Phone: (661) 575-9365

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FOSTER CARE, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 16

7610 - SPECIALIZED FOSTER CARE - PALMDALE
39959 SIERRA HIGHWAY, SUITE 150
PALMDALE 93550

Phone: (661) 223-5413

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FOSTER CARE, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 26

7620 - SPECIALIZED FOSTER CARE - LANCASTER
1150 W AVENUE J
LANCASTER 93550

Phone: (661) 951-4144

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FOSTER CARE, MENTAL HEALTH SERVICES, PSYCH TESTING

Provider Directory

Locations of Publicly Funded Mental Health Services in the County of Los Angeles - Service Area 2

Marvin J. Southard, DSW, Director
County of Los Angeles
Department of Mental Health
Program Support Bureau
Quality Improvement Division

Our Mission

Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency.

January 2010

PROVIDER DIRECTORY – LOCATIONS OF PUBLICLY FUNDED MENTAL HEALTH SERVICES IN THE COUNTY OF LOS ANGELES - JANUARY 2010

Welcome to the 2010 **Provider Directory — Locations of Publicly Funded Mental Health Providers in The County of Los Angeles** for Psychiatric Inpatient and Outpatient Short Doyle/Medi-Cal Facilities, Fee-For-Service Psychiatric Inpatient Facilities, Community Outreach, Forensic, Residential and Specialized Foster Care Services. It excludes Fee-For-Service Outpatient Providers.

The Provider Directory includes provider addresses, provider numbers, phone numbers, hours of operation, provider types, age-groups served, languages spoken and Specialty Mental Health Services (SMHS) by provider location.

The Provider Directory also includes provider profiles for each Service Area with map locations for each provider.

Providers are listed alphabetically by name and the primary mode of service. Each provider has a designated provider location number referenced on the Service Area Map titled *Provider Location with Map Location Number*.

Please refer to the Glossary for terms and definitions used in the Provider Directory.

To obtain Mental Health Information and Services confidentially, please call the 24/7 ACCESS Center at 1-800-854-7771.

Additional Resources

The providers in the Provider Directory can also be located on the internet using the Online DMH Provider Locator. Please use the link below to access the website and search for providers in areas nearest to you.

http://gis.lacounty.gov/dmh/

Please accurately type the complete address of your location on the website's address window and hit 'Search'. The online DMH Provider Locator will return the closest locations on a map on the left side of the screen. The Online DMH Provider Locator will also provide the distance from your 'Search' Location as well as driving directions.

Acknowledgements

The Program Support Bureau wishes to thank Service Area District Chiefs and Service Area Liaisons for updating the Provider List. We also wish to thank Hwa Saup Lee and Durga Niraula at Social Services Systems Division-Urban Research/GIS at ISD, County of Los Angeles, for preparing the maps.

Contact Us

Even though every attempt has been made to ensure that the provider and the map information is accurate, provider information may change frequently. Should you have any questions, please contact Vandana Joshi, Ph.D. Program Head, Data-GIS Unit, Quality Improvement Division, at (213) 251-6886 or Sandra Chin at (213) 251-6810. The Provider Directory can be downloaded from the LAC-DMH website at http://psbqi.dmh.lacounty.gov/data.htm

GLOSSARY

Data Sources

Consumers Served: LAC-DMH IS Database. FY 2008-2009.
Population and Poverty Estimates: Prepared by John Hedderson, Walter McDonald and Associates, Sacramento. CY - 2008.
Provider Lists: LAC-DMH IS Database, Patients' Rights Directory, Multilinguistic Provider Directory & Mental Health Services Act (MHSA) Provider Directory. October 2009.

Rates

Prevalence Rate: The California State Department of Mental Health (CDMH) provides the estimated prevalence of Serious Emotional Disturbance (SED) for children and Serious Mental Illness (SMI) for adults for each County. These rates are applied to the estimated population in Los Angeles County to determine the number of people in need of mental health services.

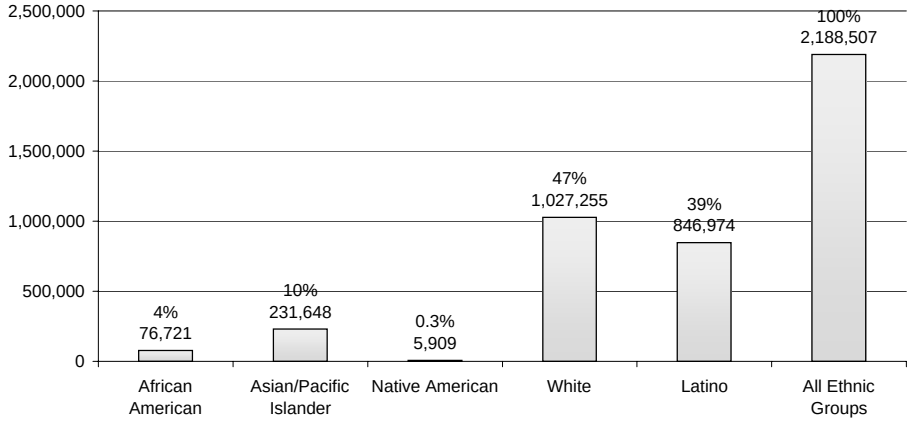
Penetration Rate: This rate estimates the number of persons served by publicly funded mental health services excluding Fee-For-Service Providers. The Penetration Rate is calculated as: The Number of Consumers Served in Outpatient Short Doyle/ Medi-Cal Facilities divided by Number of people estimated with SED and SMI.

Retention Rate: This rate estimates the number of outpatient services/claims received by consumers in Short Doyle/Medi-Cal facilities in FY 2008-2009.

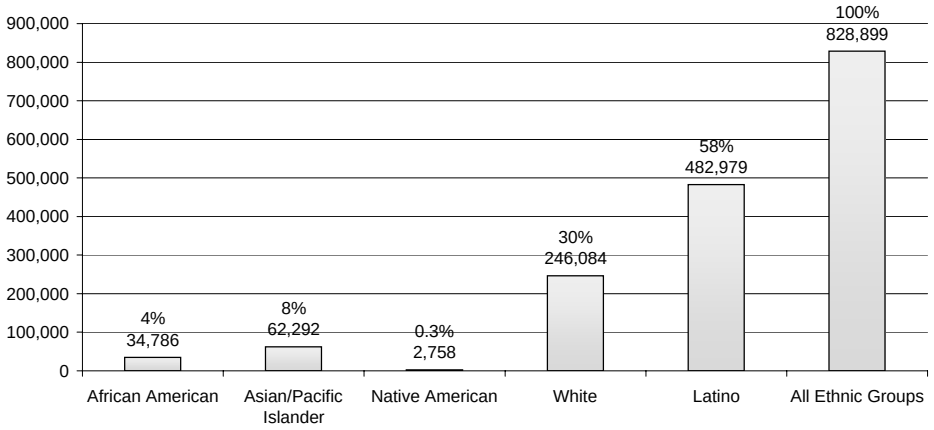
Age-Groups Served by Providers: The age-groups served by providers are: Child/Youth and Adults. Providers serving Child/ Youth serve consumers between the ages of 0 and 17. Providers serving adults serve consumers 18 years of age or older.

Service Area 2
Population Demographic Profile 2008

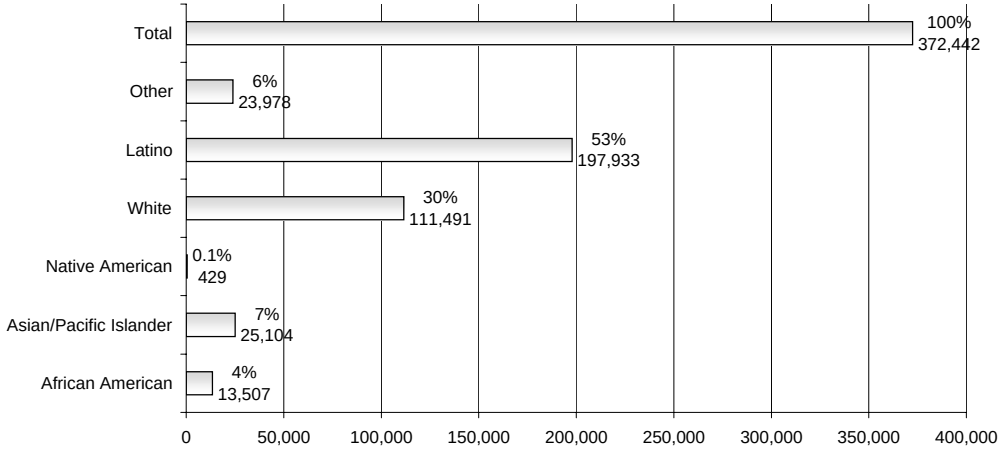
Estimated Population by Ethnicity



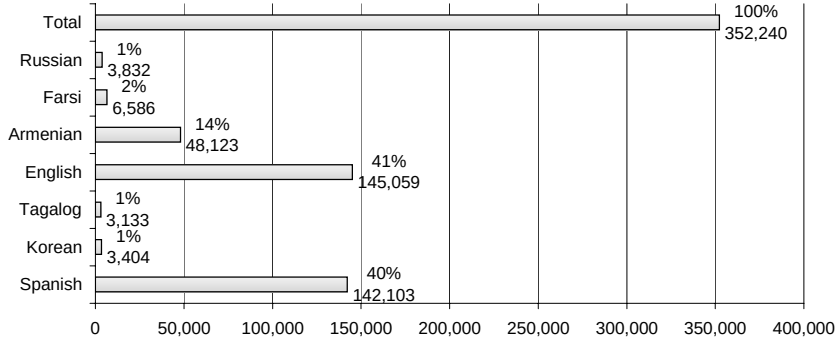
Estimated Population Living at or below 200% Federal Poverty Level



Medi-Cal Eligible Beneficiaries by Ethnicity



Number of Medi-Cal Beneficiaries Who Speak The Threshold Langauges in SA 2[1]

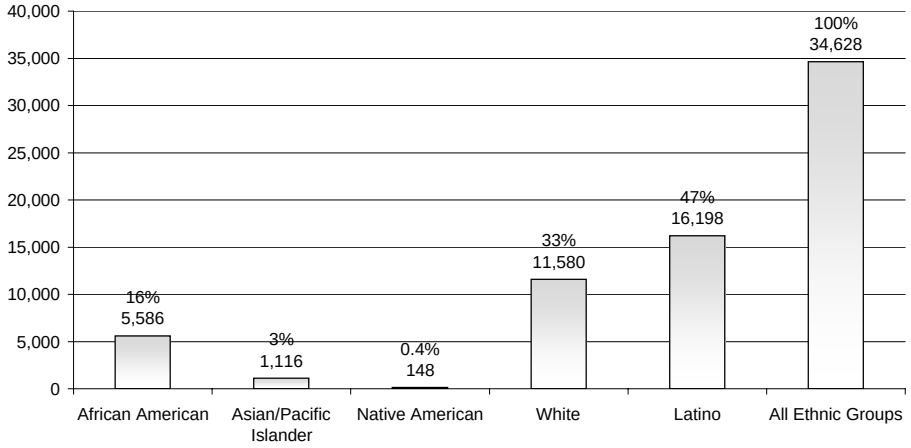


Of the 13 Countywide Threshold Languages Service Area 2 has 7 Threshold Languages, Russian, Farsi, Amenian, English, Tagalog, Korean and Spanish.

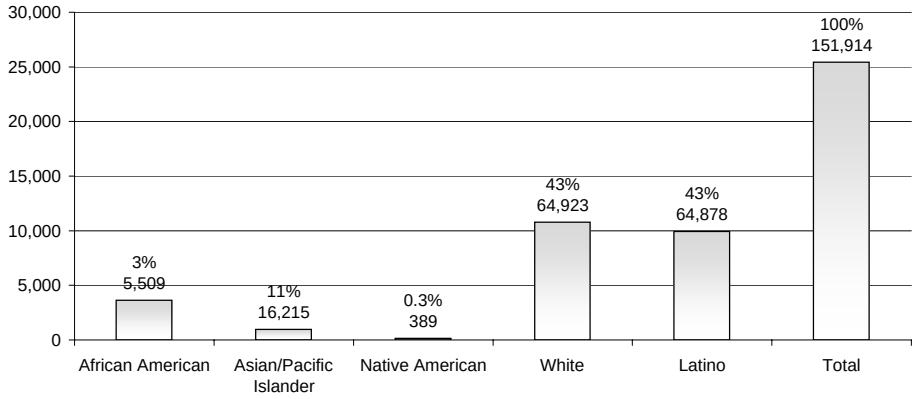
[1]Threshold Languages means a language identified on the Medi-Cal Eligibility Data System (MEDS) as the primary language of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area, per Title 9, CCR, Section 1810.410 (f) (3).

Service Area 2
Consumer Profile 2008

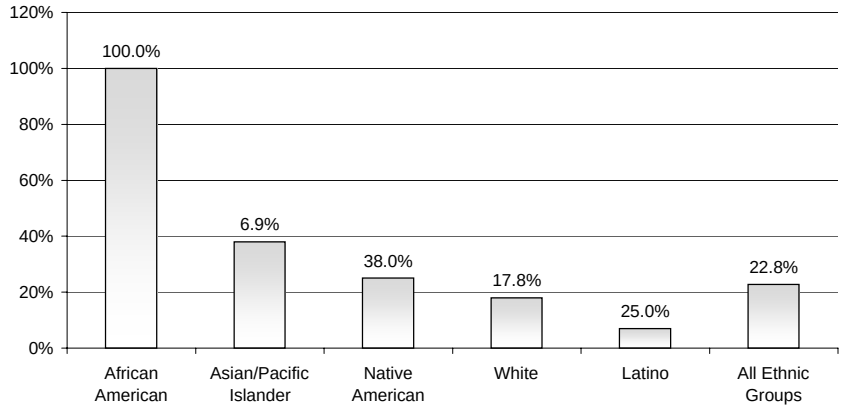
Consumers Served in Short Doyle/Medi-Cal Facilities by Ethnicity



Estimated Prevalance of SED and SMI[1] by Ethnicity



Penetration Rate by Ethnicity[2]



[1]SED = Serious Emotional Disturbance (for Children) SMI = Serious Mental Illness (for Adults)

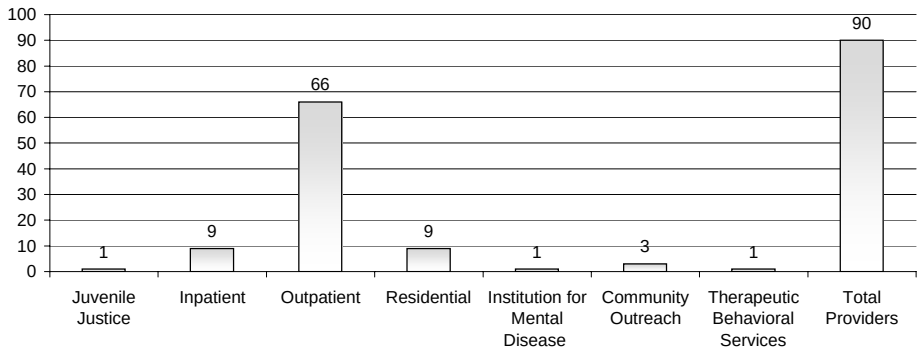
[2]Penetration Rate (PR) = Consumers Served in Short Doyle/Medi-Cal Facilities divided by Estimated Population with SED and SMI (e.g. PR For All Ethnic Groups = 34,628 / 151,914 = 22.8%).

Retention Rate by Ethnicity

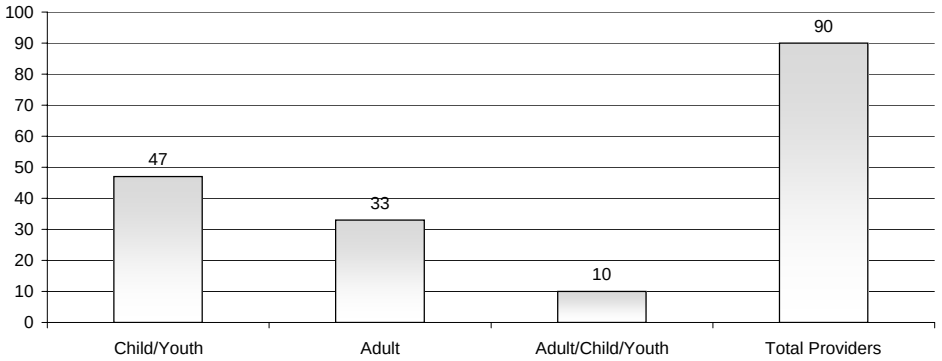
Number of Approved Outpatient Claims							
	1 Claim	2 Claims	3 Claims	4 Claims	5-15 Claims	16 or More Claims	Total
Number of Consumers							
African American	409	165	100	91	673	1343	**2781**
Percent	*14.71%*	*5.93%*	*3.60%*	*3.27%*	*24.20%*	*48.29%*	***100%***
Asian	54	21	25	21	213	289	**623**
Percent	*8.67%*	*3.37%*	*4.01%*	*3.37%*	*34.19%*	*46.39%*	***100%***
Native American	9	3	3	5	28	47	**95**
Percent	*9.47%*	*3.16%*	*3.16%*	*5.26%*	*29.47%*	*49.47%*	***100%***
White	690	400	279	311	2385	3377	**7442**
Percent	*9.27%*	*5.37%*	*3.75%*	*4.18%*	*32.05%*	*45.38%*	***100%***
Latino	1319	630	451	436	3052	6033	**11921**
Percent	*11.06%*	*5.28%*	*3.78%*	*3.66%*	*25.60%*	*50.61%*	***100%***
Other	256	107	95	91	834	625	**2008**
Percent	*12.75%*	*5.33%*	*4.73%*	*4.53%*	*41.53%*	*31.13%*	***100%***
Total	2737	1326	953	955	7185	11714	**24870**
Percent	*11.01%*	*5.33%*	*3.83%*	*3.84%*	*28.89%*	*47.10%*	***100%***

Service Area 2
Provider Profile 2009

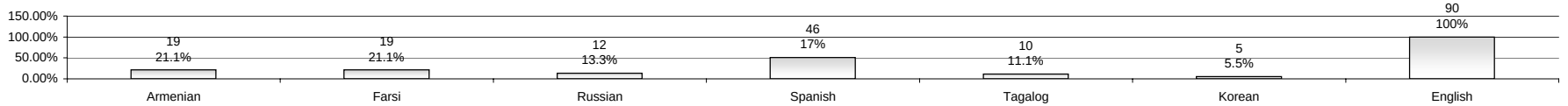
Numbers and Types of Providers



Age-Group Served by Providers



Providers with Staff Who Speak The Threshold Languages in SA 2



Other Languages Spoken in Provider Locations

English	Amharic	Arabic	Armenian	Bengali	Cambodian	Cantonese	Chinese	Czech	Dutch	American Sign Language	Farsi	Finnish	French	German
90	1	6	19	3	1	1	4	3	1	3	19	1	5	3
100%	*1%*	*7%*	*21%*	*3%*	*1%*	*1%*	*4%*	*3%*	*1%*	*3%*	*21%*	*%*	*6%*	*3%*

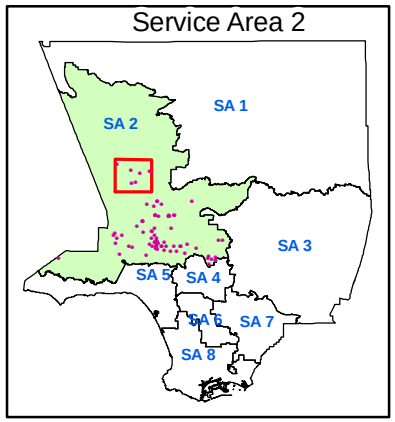
Greek	Haitian-Creole	Hebrew	Hindi	Igbo	Ilocano	Indonesian	Italian	Japanese	Khmer	Korean	Mandarin	Norwegian	Polish	Portuguese
1	1	6	2	1	1	1	1	4	2	5	2	1	1	1
1%	*1%*	*7%*	*2%*	*1%*	*1%*	*1%*	*1%*	*4%*	*2%*	*6%*	*2%*	*1%*	*1%*	*1%*

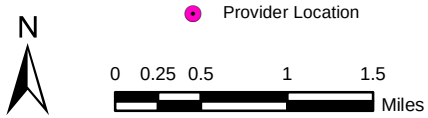
Romanian	Russian	Singhalese	Slovak	Spanish	Swahili	Tagalog	Taiwanese	Thai	Turkish	Urdu	Vietnamese
1	12	1	2	46	1	10	2	2	1	1	3
1%	*13%*	*1%*	*2%*	*51%*	*1%*	*11%*	*2%*	*2%*	*1%*	*1%*	*3%*

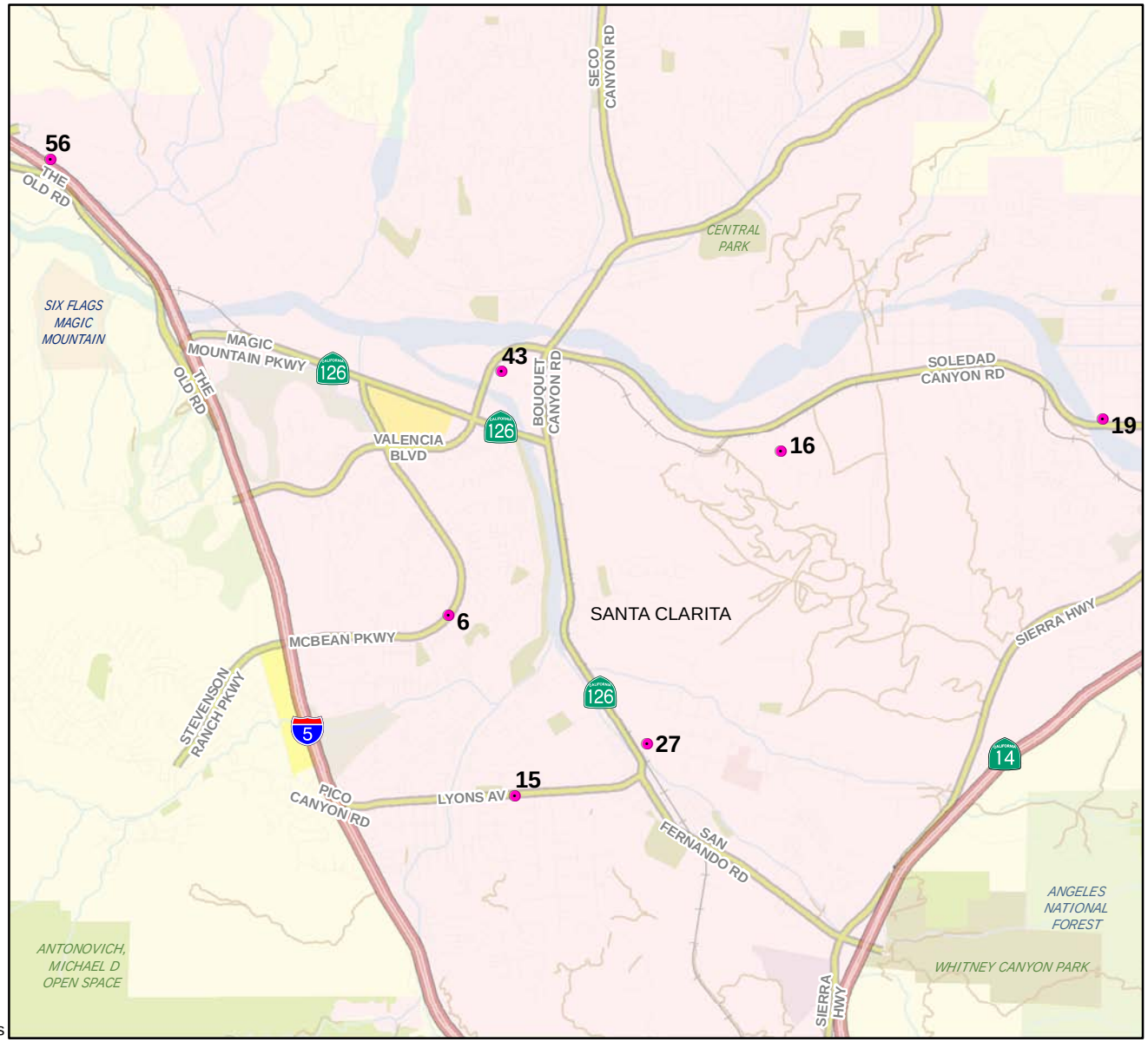
Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

View A
SA 2 Magnified



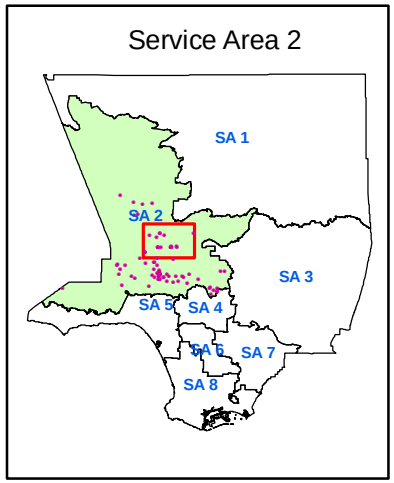


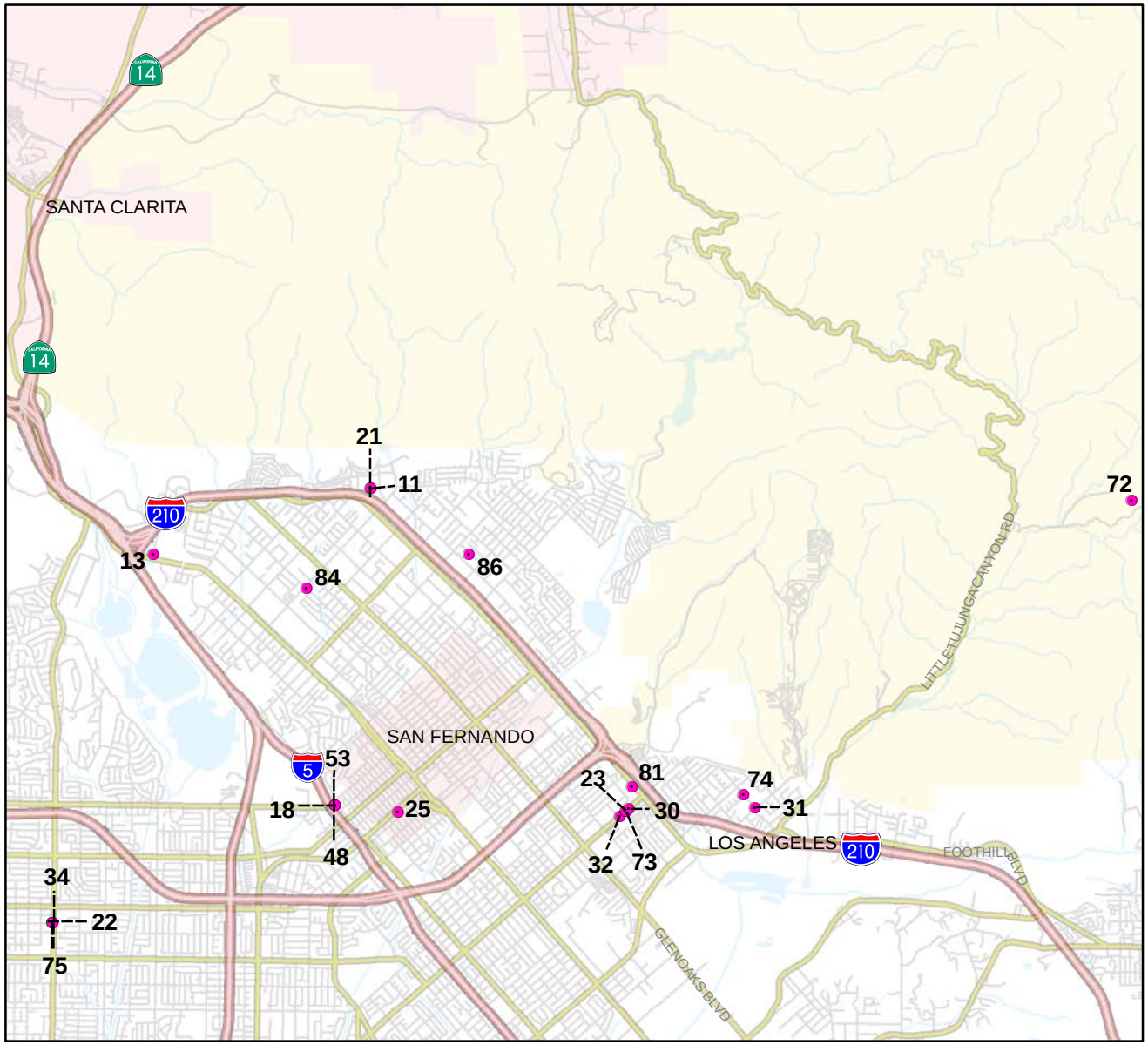


Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

View B
SA 2 Magnified

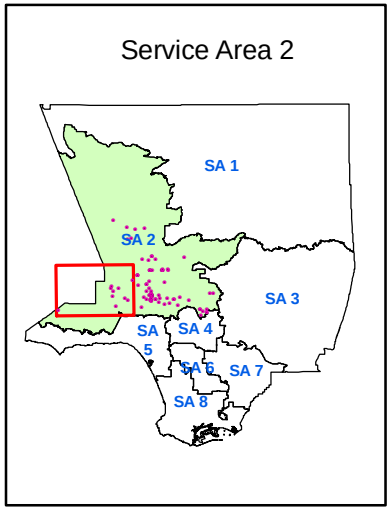


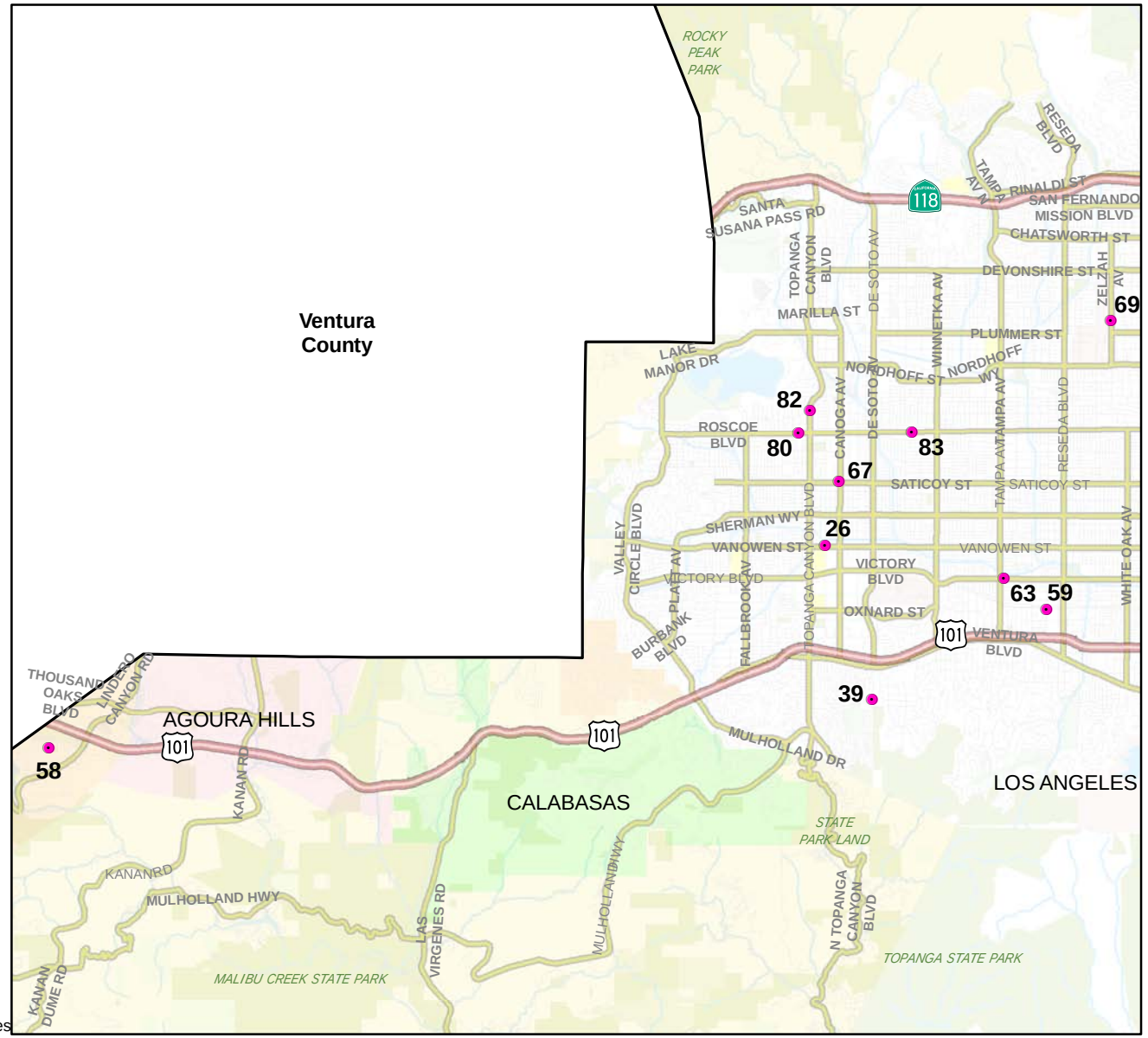


Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

View C
SA 2 Magnified





Provider Location

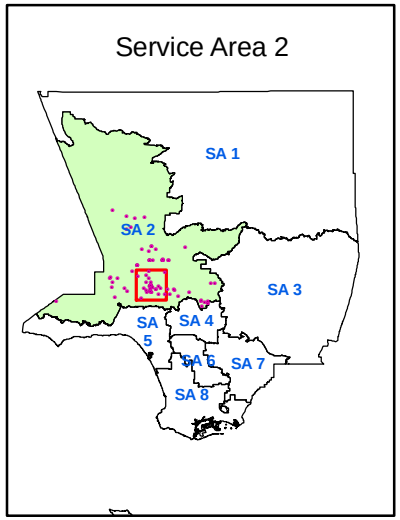
N

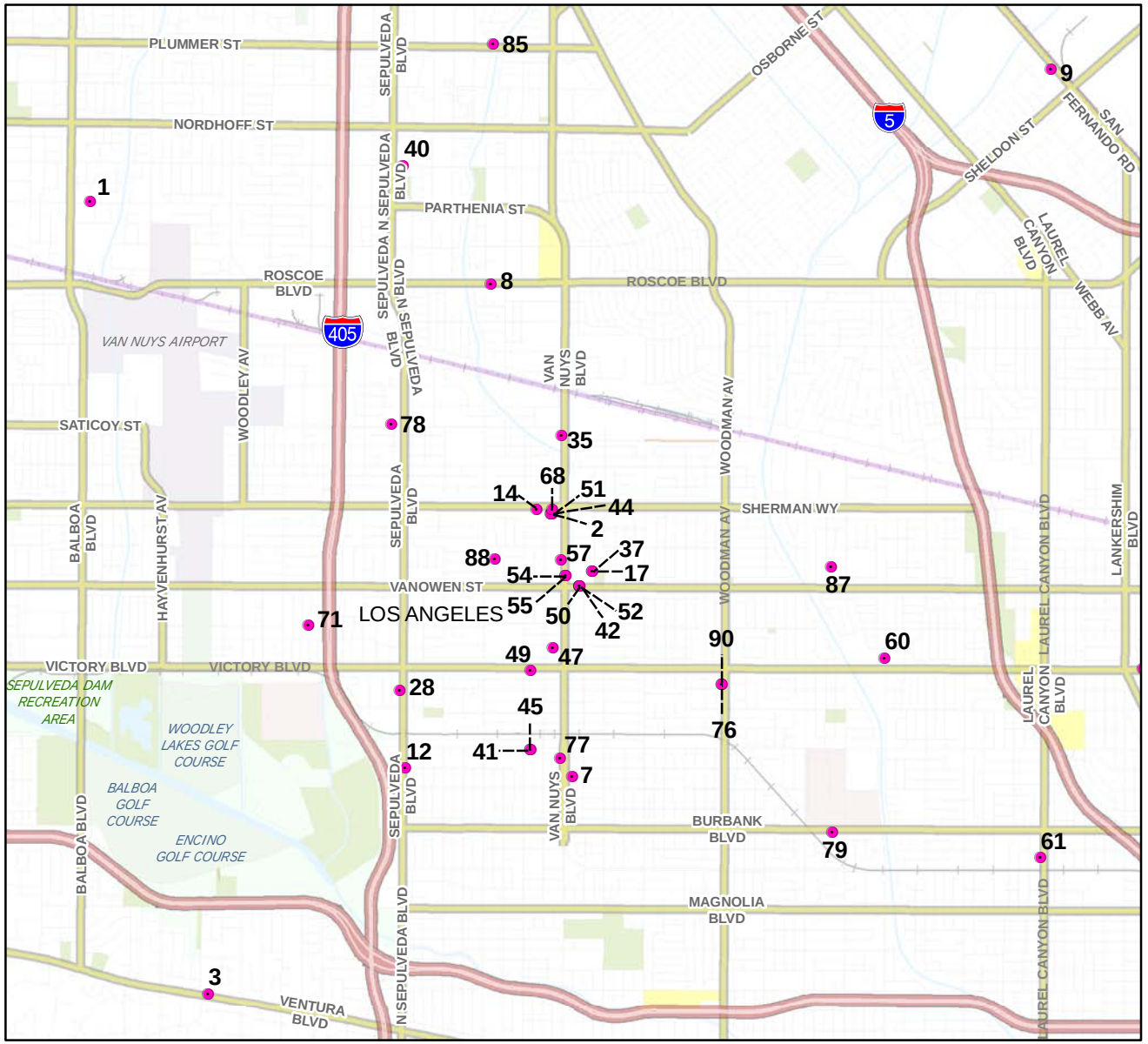
0 0.5 1 2 3 Miles

Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

View D
SA 2 Magnified





Provider Location

N

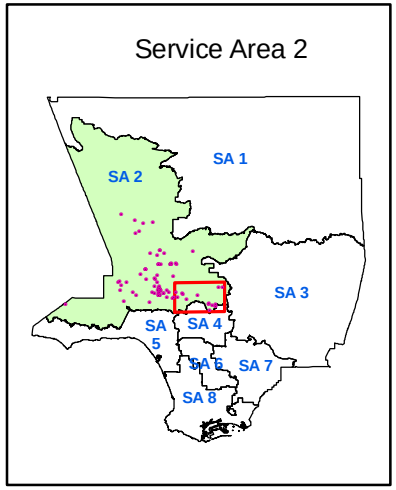
0 0.2 0.4 0.8 1.2
Miles

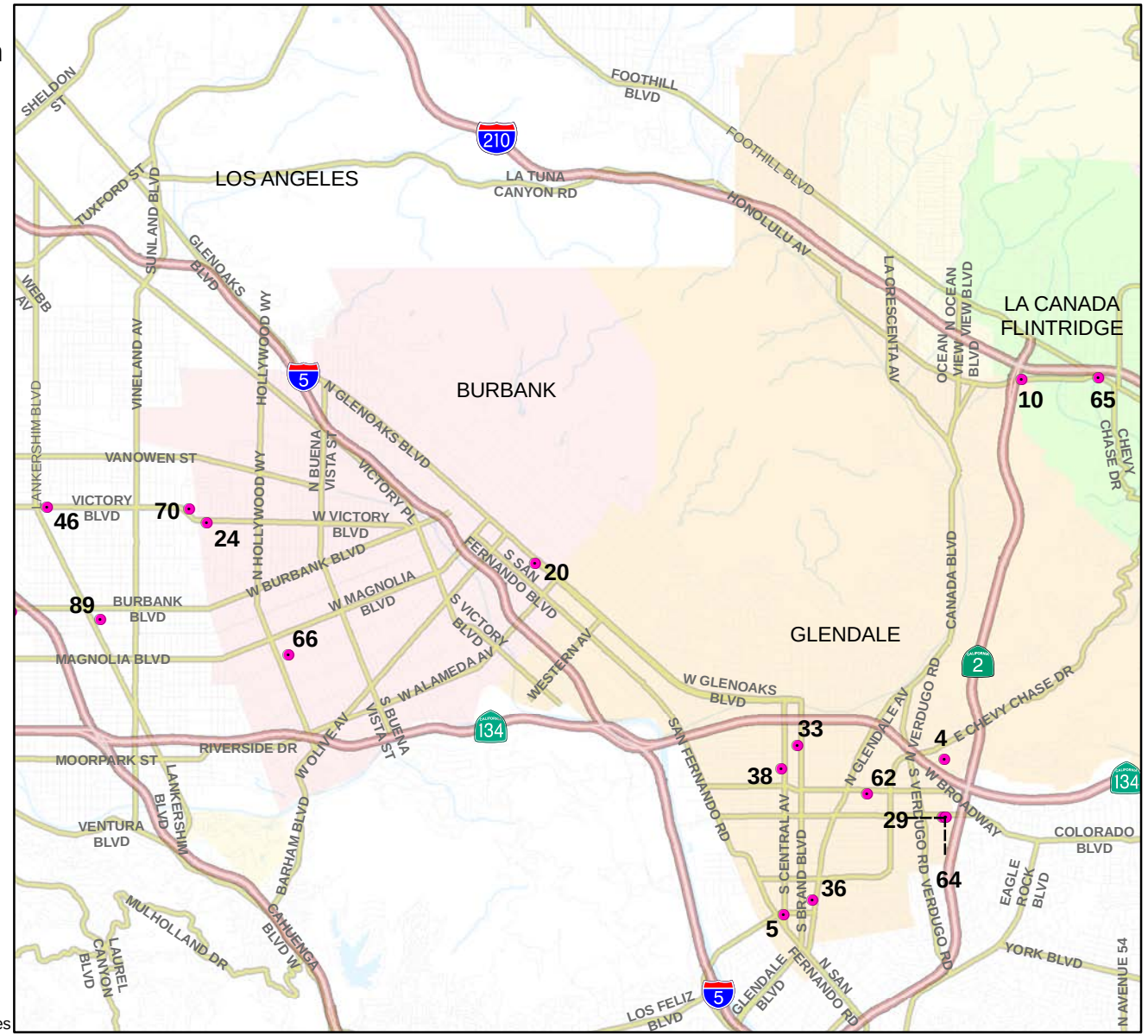
x

Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

View E
SA 2 Magnified





Service Area 2

Community Outreach

Map Location Number - 1 **View: D**

7247 - FAMILY STRESS CENTER
16861 PARTHENIA STREET
NORTH HILLS 91405

Phone: (818) 830-0200

Hours of Operation: Mon - Thurs 8:30 am - 7:00 pm, Fri 8:30 am - 5:30 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: COMMUNITY OUTREACH, MENTAL HEALTH PROMOTION

Map Location Number - 45 **View: D**

7174 - SFV CMHC - CORNERSTONE
14660 OXNARD STREET
VAN NUYS 91606

Phone: (818) 901-4836

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English, Spanish

Services: CASE MANAGEMENT, COMMUNITY OUTREACH

Map Location Number - 2 **View: D**

7416 - SAN FERNANDO VALLEY CMHC - TRANSITIONS
14535 SHERMAN CIRCLE
VAN NUYS 91436

Phone: (818) 901-4830

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English

Services: DAY REHABILITATION, DAY TREATMENT

Service Area 2

Inpatient

Map Location Number - 3 **View: D**

5042 - ENCINO TARZANA REGIONAL MEDICAL CENTER
16237 VENTURA BLVD.
ENCINO 91206

Phone: (818) 995-5138

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English

Services: 24 HR ACUTE

Map Location Number - 4 **View: E**

5011 - GLENDALE ADVENTIST MEDICAL CENTER
1509 WILSON TERRACE
GLENDALE 91204

Phone: (818) 409-8027

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: 24 HR ACUTE

Map Location Number - 5 **View: E**

5563 - GLENDALE MEMORIAL HOSPITAL
1420 S. CENTRAL AVENUE
GLENDALE 91355

Phone: (818) 409-7611

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: 24 HR ACUTE

Map Location Number - 6 **View: A**

5532 - HENRY MAYO NEWHALL MEMORIAL HOSPITAL
23845 WEST MCBEAN PARKWAY
VALENCIA 91401

Phone: (661) 253-8000

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: 24 HR ACUTE

Service Area 2

Inpatient

Map Location Number - 7 **View: D**

5560 - HOLLYWOOD COMMUNITY HOSPITAL
14433 EMELITA STREET
VAN NUYS 91402

Phone: (323) 462-2271

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English

Services: 24 HR ACUTE

Map Location Number - 8 **View: D**

5031 - MISSION COMMUNITY HOSPITAL
14850 ROSCOE BLVD.
PANORAMA CITY 91352

Phone: (818) 904-3594

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English

Services: 24 HR ACUTE

Map Location Number - 9 **View: D**

5020 - PACIFICA HOSPITAL OF THE VALLEY
9449 SAN FERNANDO ROAD
SUN VALLEY 91208

Phone: (818) 767-3310

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English

Services: 24 HR ACUTE

Map Location Number - 10 **View: E**

5043 - VERDUGO HILLS HOSPITAL
1812 VERDUGO BLVD.
GLENDALE 91342

Phone: (818) 952-2270

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: 24 HR ACUTE

Service Area 2

Inpatient

Map Location Number - 11 **View: B**

1953 - LAC-OLIVE VIEW/UCLA MEDICAL CENTER
14445 OLIVE VIEW DRIVE
SYLMAR 91411

Phone: (818) 364-3432

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: DHS **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English

Services: 24 HR ACUTE, CASE MANAGEMENT, CRISIS INTERVENTION, CRISIS STABILIZATION, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Institutions for Mental Disease (IMD)

Map Location Number - 81 **View: B**

7214 - SYLMAR HEALTH & REHABILITATION CENTER, INC
12220 FOOTHILL BLVD.
SYLMAR 91304

Phone: (818) 834-5082

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English

Services: INSTITUTION OF MENTAL DISEASE

Service Area 2

Juvenile Justice

Map Location Number - 13 **View: B**

6821 - BARRY J NIDORF JUVENILE HALL MENTAL HEALTH UNIT
16350 FILBERT STREET
SYLMAR 91405

Phone: (818) 364-2078

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: COMMUNITY OUTREACH, CRISIS INTERVENTION, JUVENILE JUSTICE, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 12 **View: D**

7362 - ASIAN PACIFIC COUNSELING AND TREATMENT CENTER
5900 S. SEPULVEDA BLVD. SUITE 425
VAN NUYS 91342

Phone: (818) 267-1100

Hours of Operation: Mon - Fri 9:00 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult/Child/Youth
Language(s): English, Chinese, Cambodian, Khmer, Korean, Spanish, Tagalog, Thai, Vietnamese

Services: CASE MANAGEMENT, DUAL DIAGNOSIS, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 14 **View: D**

7354 - CENTRAL VALLEY YOUTH & FAMILY CENTER
14624 SHERMAN WAY
VAN NUYS 91321

Phone: (818) 908-4990

Hours of Operation: Mon - Thur 9:00 am - 7:00 pm, Fri 8:30 am - 5:30 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): Arabic, English, French, Japanese, Russian, Spanish

Services: CRISIS INTERVENTION. MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 15 **View: A**

7413 - CHILD & FAMILY CENTER - NEWHALL
23504 LYONS AVENUE 204
NEWHALL 91350

Phone: (661) 259-9439

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English, Spanish

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 16 **View: A**

7479 - CHILD & FAMILY CENTER - SANTA CLARITA
21545 CENTRE POINT PARKWAY
SANTA CLARITA 91405

Phone: (661) 259-9439

Hours of Operation: Mon - Fri 8:00 am - 8:00 pm
Walk-ins: Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, FULL SERVICE PARTNERSHIP

Service Area 2

Outpatient

Map Location Number - 69 **View: C**

1975 - CHILD & FAMILY GUIDANCE CENTER
9650 ZELZAH AVE.
NORTHRIDGE 91606

Phone: (818) 993-9311

Hours of Operation: Mon - Thurs 8:30 am- 8:30 pm, Fri 8:30 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 18 **View: B**

7389 - CHILD & FAMILY GUIDANCE CENTER: FAMILY LINKS
11565 LAUREL CANYON BLVD. STE 100
MISSION HILLS 91351

Phone: (818) 993-9311

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 17 **View: D**

7390 - CHILD & FAMILY GUIDANCE CENTER
6851 LENNOX AVENUE, SUITE 100
VAN NUYS 91340

Phone: (818) 739-5400

Hours of Operation: Mon - Thur 8:30 am- 8:30 pm, Friday 8:30 am - 5:30 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, PSYCH TESTING

Map Location Number - 19 **View: A**

7372 - CHILD AND FAMILY CENTER
27225 CAMP PLENTY ROAD, SUITE 1
CANYON COUNTRY 91502

Phone: (661) 250-8752

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 20 **View: E**

7483 - COUNSELING4KIDS
601 S. GLENOAKS BLVD., #200
BURBANK 91342

Phone: (818) 768-1016

Hours of Operation: Mon - Fri 9:00 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): American Sign Language, English, French, Hebrew, Russian, Spanish, Tagalog

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 21 **View: B**

7592 - DMH URGENT COMMUNITY SERVICES
14445 OLIVE VIEW DRIVE
SYLMAR 91344

Phone: (818) 832-2400

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English, Romanian, Spanish

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 22 **View: B**

7591 - DMH URGENT COMMUNITY SERVICES
10605 BALBOA BLVD. SUITE 100
GRANADA HILLS 91331

Phone: (818) 832-2400

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 5
Age Group Served: Adult
Language(s): Armenian, English, Farsi, Russian, Spanish, Tagalog

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 23 **View: B**

7593 - DMH URGENT COMMUNITY SERVICES HILLVIEW
12408 VAN NUYS BLVD
PACOIMA 91505

Phone: (818) 832-2400

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English, Spanish

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 70 **View: E**

7102 - DUBNOFF CENTER
10526 DUBNOFF WAY
NORTH HOLLYWOOD 91406

Phone: (818) 755-4950

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): Armenian, English, German, Russian, Spanish

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, DAY REHABILITATION, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 25 **View: B**

7371 - EL CENTRO AMISTAD - SAN FERNANDO
566 S. BRAND BLVD.
SAN FERNANDO 91303

Phone: (818) 896-0223

Hours of Operation: Mon - Fri 8:30 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: FIELD CAPABLE CLINICAL SERVICES, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 24 **View: E**

7571 - DUBNOFF CENTER SCHOOL BASED
4306 VICTORY BLVD.
BURBANK 91340

Phone: (818) 558-6955

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): Bengali, English, Korean, Polish, Spanish

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, DAY REHABILITATION, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 26 **View: C**

7050 - EL CENTRO DE AMISTAD
6800 OWENSMOUTH SUITE 310
CANOGA PARK 91321

Phone: (818) 347-8565

Hours of Operation: Mon - Fri 8:30 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult/Child/Youth
Language(s): English, Spanish

Services: MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, MONEY MANAGEMENT, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 27 **View: A**

7319 - EL DORADO - SANTA CLARITA
24625 ARCH STREET
NEWHALL 91411

Phone: (661) 288-2644

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 28 **View: D**

7314 - EL DORADO - VAN NUYS MEDICAL
6265 SEPULVEDA BLVD.
VAN NUYS 91205

Phone: (818) 779-0555

Hours of Operation: Hours vary; Please call Mon - Fri 7:00 am - 2:00 pm.
Walk-ins: No Walk-ins
Provider: FFS **Supervisorial District**: 3
Age Group Served: Adult/Child/Youth
Language(s): English, Spanish

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 29 **View: E**

7193 - GLEN ROBERTS CHILD STUDY CENTER
1530 E. COLORADO STREET
GLENDALE 91331

Phone: (818) 244-0222

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES, FIELD CAPABLE CLINICAL SERVICES, PSYCH TESTING

Map Location Number - 71 **View: D**

7282 - HAMBURGER HOMES
6603 WHITMAN AVE.
VAN NUYS 91342

Phone: (818) 781-8020

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: CRISIS INTERVENTION, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 72 **View: B**

7336 - HATHAWAY CHILD & FAMILY
8955 GOLD CREEK ROAD
SYLMAR 91331

Phone: (818) 896-2474

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 31 **View: B**

7006 - HATHAWAY CHILDREN'S SERVICES
11500 ELDRIDGE AVE, SUITE 204
LAKE VIEW TERRACE 91331

Phone: (818) 896-2255

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 30 **View: B**

7557 - HATHAWAY CHILD & FAMILY SERVICES
12450 VAN NUYS BLVD.
PACOIMA 91342

Phone: (818) 896-8366

Hours of Operation: Mon, Tues 9 am-6 pm, Wed 12 pm-8 pm, Th 9 am-7 pm, Fri 8 am-4 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 32 **View: B**

7600 - HATHAWAY SYCAMORES HOME BASED SERVICES
12510 VAN NUYS BLVD.
PACOIMA 91203

Phone: (818) 897-7565

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 73 **View: B**

7068 - HILLVIEW MHC, INC.
12450 VAN NUYS BLVD.
PACOIMA 91342

Phone: (818) 896-1161

Hours of Operation: Mon - Fri 9:00 am - 5:30 pm
Walk-ins: Mon - Fri 9:00 am - 3:00 pm
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English, Farsi, Armenian, Spanish

Services: CASE MANAGEMENT, DAY TREATMENT, DUAL DIAGNOSIS, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, MONEY MANAGEMENT, PSYCH TESTING, WELLNESS CENTER

Map Location Number - 34 **View: B**

7477 - LAC/EMERGENCY OUTREACH BUREAU (EOB) CRISIS & HOMELESS
10605 BALBOA BLVD. SUITE 100
GRANADA HILLS 91405

Phone: (818) 832-2410

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): American Sign Language, Armenian, English, Spanish, Tagalog

Services: CRISIS INTERVENTION, MENTAL HEALTH SERVICES

Map Location Number - 33 **View: E**

7547 - IMCES
431 N. BRAND BLVD. SUITE 202
GLENDALE 91344

Phone: (818) 240-4311

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English

Services: COMMUNITY OUTREACH, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 35 **View: D**

7548 - MID VALLEY YOUTH CENTER
7533 VAN NUYS BLVD
VAN NUYS 91205

Phone: (909) 783-8400

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 36 **View: E**

7529 - NEW HORIZONS FAMILY CENTER
1251 S. GLENDALE AVE.
GLENDALE 91405

Phone: (818) 545-9848

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): Armenian, English, Farsi, Mandarin, Spanish

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 37 **View: D**

7378 - PACIFIC ASIAN COUNSELING SERVICES
6851 LENNOX AVENUE, STE. 400
VAN NUYS 91203

Phone: (818) 901-4879

Hours of Operation: Mon - Fri 9:00 am - 6:30 pm, Sat 9:00 am - 3:30 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): Cantonese, English, Haitian-Creole, Japanese, Khmer, Tagalog

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 38 **View: E**

7502 - PACIFIC CLINICS - HYE WRAP PROGRAM
237 NORTH CENTRAL AVENUE SUITE #C
GLENDALE 91364

Phone: (818) 547-9544

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): Armenian, English

Services: FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 39 **View: C**

7551 - PACIFIC LODGE YOUTH SERVICES
4900 SERRANIA AVENUE
WOODLAND HILLS 91343

Phone: (818) 347-1577

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): Dutch, English, Farsi, Finnish, Spanish

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 40 **View: D**

6863 - PENNY LANE
15317 RAYEN STREET
NORTH HILLS 91411

Phone: (818) 892-3423

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: DAY REHABILITATION, DAY TREATMENT INTENSIVE, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 75 **View: B**

6840 - SAN FERNANDO MENTAL HEALTH SERVICES
10605 BALBOA BLVD. SUITE 100
GRANADA HILLS 91401

Phone: (818) 832-2400

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Walk-ins
Provider: DMH **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): Armenian, Arabic, English, Greek, Hebrew, Ilocano, Korean, Spanish, Tagalog, Vietnamese, Chinese

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, DAY REHABILITATION, LIFE SUPPORT, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, FULL SERVICE PARTNERSHIP, PSYCH TESTING, WELLNESS CENTER

Map Location Number - 74 **View: B**

7356 - PHOENIX HOUSE OF L.A., INC.
11600 ELDRIDGE AVE.
LAKE VIEW TERRACE 91344

Phone: (818) 896-1121

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: DAY REHABILITATION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 41 **View: D**

7358 - SAN FERNANDO VALLEY CMHC
14660 OXNARD STREET
VAN NUYS 91405

Phone: (818) 904-3946

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English, Hebrew, Spanish

Services: CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 42 **View: D**

7297 - SAN FERNANDO VALLEY CMHC-ATCMS
14411 VANOWEN STREET SUITE 206
VAN NUYS 91355

Phone: (818) 373-4993

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 43 **View: A**

1905 - SANTA CLARITA VALLEY MENTAL HEALTH CENTER
23501 CINEMA DRIVE
VALENCIA 91405

Phone: (661) 288-4800

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Walk-ins
Provider: DMH **Supervisorial District**: 5
Age Group Served: Adult
Language(s): Armenian, English, Farsi, Hindi, Llocano, Russian, Spanish, Tagalog, Urdu

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, DAY REHABILITATION, DUAL DIAGNOSIS, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, MONEY MANAGEMENT, PSYCH TESTING

Map Location Number - 44 **View: D**

7100 - SFV CMHC /FAMILY LIVING
14545 SHERMAN CIRCLE
VAN NUYS 91411

Phone: (818) 901-4854

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English, Farsi, Indonesian, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MENTAL HEALTH PROMOTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 46 **View: E**

7177 - SFV CMHC MACDONALD CAREY EAST VALLEY
11631 VICTORY BLVD., STE 203
N HOLLYWOOD 91405

Phone: (818) 908-3855

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): Armenian, English, Farsi, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 47 **View: D**

7252 - SFV CMHC-ACT
14530 HAMLIN STREET
VAN NUYS 91340

Phone: (818) 373-4993

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English, Russian, Spanish

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 48 **View: B**

7369 - SFV CMHC-FAMILY LINKS
11565 LAUREL CANYON BLVD.,#100
MISSION HILLS 91411

Phone: (818) 365-4723

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult/Child/Youth
Language(s): English, Farsi, Norwegian, Spanish

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 49 **View: D**

7322 - SFV CMHC-HOMEBOUND
14640 VICTORY BLVD., SUITE 100
VAN NUYS 91405

Phone: (818) 374-6901

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): Arabic, Armenian, English, Farsi, French, German, Korean, Mandarin, Russian, Spanish, Taiwanese

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 50 **View: D**

7321 - SFV CMHC-INDEPENDENT LIVING PROGRAM
14411 VANOWEN STREET, SUITE 201
VAN NUYS 91405

Phone: (818) 374-4080

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English, Spanish

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 51 **View: D**

7320 - SFV CMHC-TRANSITIONAL YOUTH
14545 SHERMAN CIRCLE
VAN NUYS 91411

Phone: (818) 901-4854

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English, French, Spanish

Services: FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 77 **View: D**

7049 - SFVCMHC - DAY TREATMENT (LIFEWORKS)
5935 VAN NUYS BLVD.
VAN NUYS 91405

Phone: (818) 374-4080

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult/Child/Youth
Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, DAY TREATMENT INTENSIVE, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 52 **View: D**

7235 - SFVCHMC, INC - VICTORY CLUB HOUSE
14411 VANOWEN STREET
VAN NUYS 91340

Phone: (818) 989-7475

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): American Sign Language, Armenian, English, Spanish

Services: DAY REHABILITATION, MENTAL HEALTH SERVICES

Map Location Number - 53 **View: B**

7485 - SFVCMHC - NORTH VALLEY YOUTH & FAMILY CENTER
11565 LAUREL CANYON BLVD. #117
MISSION HILLS 91405

Phone: (818) 361-5030

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English, Hebrew, Spanish

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 54 **View: D**

7451 - SFVCMHC / WRAPAROUND
6842 VAN NUYS BLVD., 2ND FLOOR
VAN NUYS 91405

Phone: (818) 901-6376

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): Bengali, English, Farsi, Hebrew, Hindi, Spanish, Tagalog

Services: CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 55 **View: D**

7445 - SFVCMHC, INC - SYSTEM OF CARE
6842 VAN NUYS BLVD., 2ND FLOOR
VAN NUYS 91335

Phone: (818) 909-5870

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English, Russian, Spanish, Tagalog

Services: FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 56 **View: A**

7559 - START NORTH - SANTA CLARITA
28490 AVENUE STANFORD SUITE 100
VALENCIA 91405

Phone: (661) 702-6266

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English, Spanish, Thai

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES

Map Location Number - 58 **View: C**

7185 - STIRLING BEHAVIORAL HEALTH INSTITUTE
31824 VILLAGE CENTER ROAD #F
WESTLAKE VILLAGE 91356

Phone: (818) 991-1063

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): Arabic, Armenian, Chinese, English, Farsi, Spanish

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 57 **View: D**

7481 - STIRLING BEHAVIORAL HEALTH INSTITUTE
6931 VAN NUYS BLVD SUITE 102
VAN NUYS 91361

Phone: (818) 376-0134

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 78 **View: D**

7490 - THE HELP GROUP - PACIFIC RIDGE
15339 SATICOY
VAN NUYS 91401

Phone: (818) 276-2600

Hours of Operation: Mon - Fri 8:30 AM - 6:00 PM
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English, Farsi, Spanish

Services: DAY REHABILITATION, DAY TREATMENT, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 59 **View: C**

7522 - TARZANA TREATMENT CENTER
18646 OXNARD STREET
TARZANA 91606

Phone: (818) 996-1051

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 60 **View: D**

7489 - THE HELP GROUP - SUMMIT VIEW
6455 COLDWATER CANYON
VALLEY GLEN 91607

Phone: (818) 623-6300

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): Armenian, Czech, English, Korean, Russian, Slovak, Spanish

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 79 **View: D**

7095 - THE HELP GROUP CHILD & FAMILY CENTER
13130 BURBANK BLVD.
SHERMAN OAKS 91304

Phone: (818) 782-4655

Hours of Operation: Mon - Fri 9:00 am - 6:30 pm, Sat 9:00 am - 3:30 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): Czech, English, Slovak, Spanish

Services: COMMUNITY OUTREACH, DAY REHABILITATION, DAY TREATMENT INTENSIVE, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 62 **View: E**

7530 - TOBINWORLD
920 EAST BROADWAY
GLENDALE 91335

Phone: (818) 247-7474

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): Chinese, English, Spanish, Taiwanese

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 61 **View: D**

7564 - THE VILLAGE FAMILY SERVICES
5437 LAUREL CANYON SUITE 210
NORTH HOLLYWOOD 91205

Phone: (818) 755-8786

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): Ambaric, Czech, English, Farsi, German, Portuguese, Russian, Spanish

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 80 **View: C**

7283 - TOPANGA WEST GUEST HOME
22115 ROSCOE BLVD.
CANOGA PARK 91342

Phone: (818) 884-8100

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, DAY REHABILITATION, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Outpatient

Map Location Number - 63 **View: C**

7340 - VALLEY COORDINATED CHILDREN'S SERVICES
19231 VICTORY BLVD. SUITE 110
RESEDA 91205

Phone: (818) 708-4500

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): Arabic, Armenian, Bengali, English, Farsi, French, Hebrew, Singhalese, Spanish, Swahili

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 64 **View: E**

1971 - VERDUGO MENTAL HEALTH CENTER
1540 EAST COLORADO STREET
GLENDALE 91011

Phone: (818) 244-7257

Hours of Operation: Mon - Fri 9:00 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English, Spanish, Farsi, Armenian

Services: COMMUNITY OUTREACH, FULL SERVICE PARTNERSHIP, DAY REHABILITATION, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING, SOCIAL ACTIVITY, SOCIALIZATION, VOCATIONAL SERVICES

Map Location Number - 65 **View: E**

7498 - VERDUGO MHC-FOOTHILL SCHOOL
4490 CORNISHON AVE
LA CANADA 91505

Phone: (818) 952-8330

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 66 **View: E**

7497 - VERDUGO MHC-MAGNOLIA PARK
827 NORTH AVON STREET
BURBANK 91304

Phone: (818) 558-4677

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 2

Outpatient

Map Location Number - 67 **View: C**

6841 - WEST VALLEY MENTAL HEALTH CENTER
7621 CANOGA AVENUE
CANOGA PARK 91405

Phone: (818) 598-6900

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: DMH **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English, Spanish, Farsi, Armenian

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, DAY REHABILITATION, DUAL DIAGNOSIS, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, MONEY MANAGEMENT, PSYCH TESTING, SOCIAL ACTIVITY, SOCIALIZATION

Map Location Number - 68 **View: D**

7355 - YOUTH CONTACT PROGRAM-SCHOOL BASED
14550 SHERMAN WAY
VAN NUYS 91325

Phone: (818) 901-4879

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 2

Residential

Map Location Number - 82 **View: C**

7075 - BRIDGES - HACIENDA RETIRADA
8514 TOPANGA CANYON BLVD.
CANOGA PARK 91306

Phone: (818) 999-0143

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, LIFE SUPPORT, MENTAL HEALTH SERVICES, TRANSITIONAL RESIDENTIAL

Map Location Number - 83 **View: C**

7154 - BRIDGES - PRIMER PASO
20401 ROSCOE BLVD.
CANOGA PARK 91342

Phone: (818) 999-0143

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, MEDICATION SUPPORT, RESIDENTIAL, TRANSITIONAL RESIDENTIAL

Map Location Number - 84 **View: B**

7153 - BRIDGES - TERRANO NUEVO
13192 HERRICK AVENUE
SYLMAR 91343

Phone: (818) 367-3235

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, LIFE SUPPORT, MEDICATION SUPPORT

Map Location Number - 85 **View: D**

7420 - HILLVIEW MHC-TRANS NATICK
9500 NATICK STREET
NORTH HILLS 91342

Phone: (818) 896-1161

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): Arabic, Armenian, English, Farsi, Italian, Japanese, Russian, Spanish, Tagalog, Turkish

Services: FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, RESIDENTIAL, SEMI-SUPERVISED LIVING

Service Area 2

Residential

Map Location Number - 86 **View: B**

7419 - HILLVIEW MHC-TRANS WHEELER
13411 WHEELER AVENUE
SYLMAR 91605

Phone: (818) 896-1161

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English

Services: PSYCH TESTING, RESIDENTIAL, SEMI-SUPERVISED LIVING

Map Location Number - 87 **View: D**

7415 - SFVCMHC-TRANSITIONS-BASSETT
13143 BASSETT STREET
NORTH HOLLYWOOD 91405

Phone: (818) 901-4830

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English

Services: RESIDENTIAL, TRANSITIONAL RESIDENTIAL

Map Location Number - 76 **View: D**

6853 - SFV CMHC, INC (ERIKSON CENTER)
6305 WOODMAN AVENUE
VAN NUYS 91401

Phone: (818) 908-4999

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): Armenian, English, Farsi, Japanese, Spanish

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, DAY REHABILITATION, DAY TREATMENT, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, TRANSITIONAL RESIDENTIAL

Map Location Number - 88 **View: D**

7417 - SFVCMHC-TRANSITIONS-BEVIS
6930 BEVIS STREET
VAN NUYS 91601

Phone: (818) 901-4830

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: RESIDENTIAL, TRANSITIONAL RESIDENTIAL

Service Area 2

Residential

Map Location Number - 89 **View: E**

7115 - THE HARBOUR
5519 ELMER AVENUE
NORTH HOLLYWOOD 91401

Phone: (818) 980-7576

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): Armenian, English, Farsi, Spanish

Services: LIFE SUPPORT, TRANSITIONAL RESIDENTIAL

Service Area 2

Therapeutic Behavioral Service (TBS)

Map Location Number - 90 **View: D**

7597 - SFVCMHC-THERAPEUTIC BEHAVIORAL SERVICE (TBS)
6305 WOODMAN AVE.
VAN NUYS 91401

Phone: (818) 909-3380

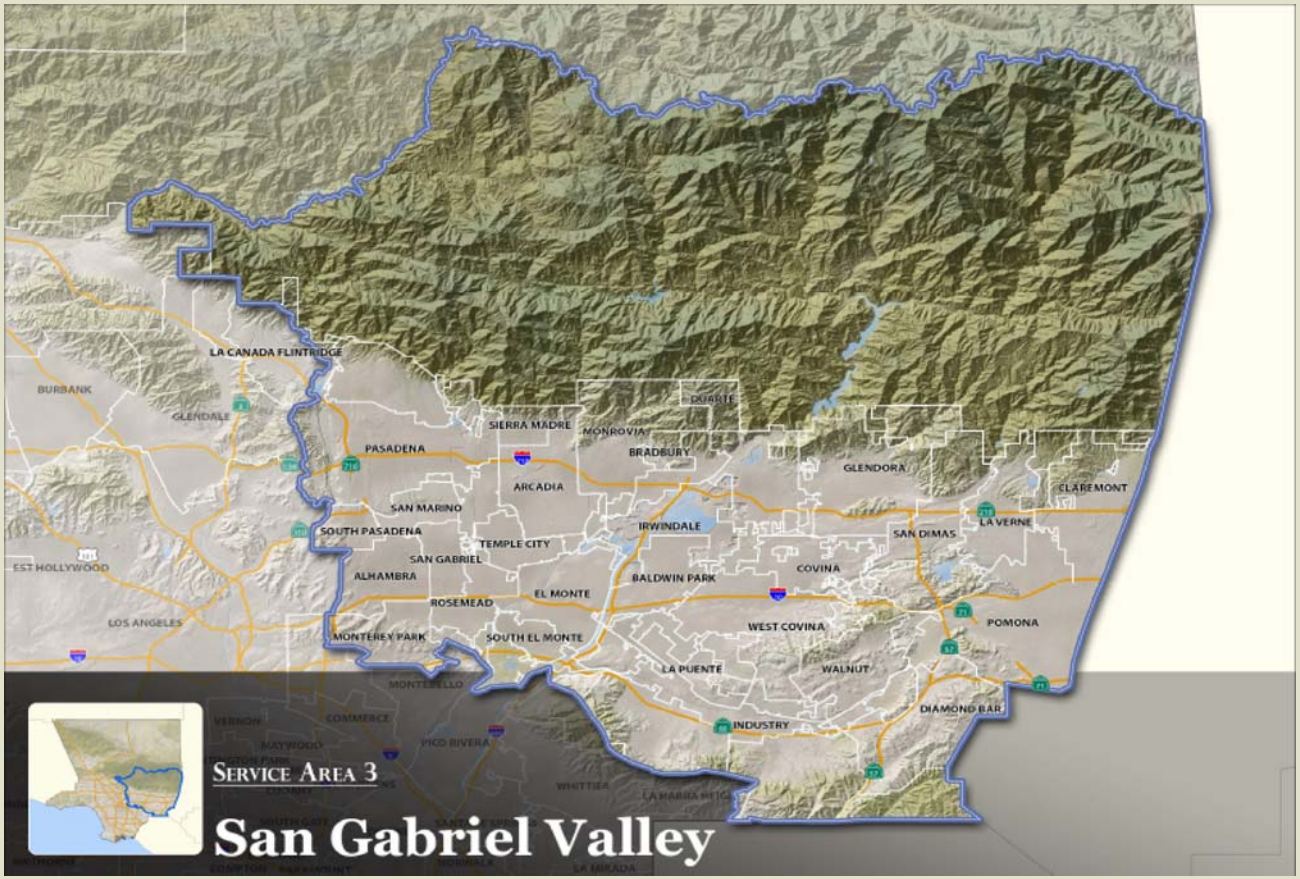
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English, Ibo, Russian, Spanish, Vietnamese

Services: THERAPEUTIC BEHAVIORAL SERVICE (TBS)

Provider Directory

Locations of Publicly Funded Mental Health Services in the County of Los Angeles - Service Area 3

Hope
Wellness
Recovery



Marvin J. Southard, DSW, Director
County of Los Angeles
Department of Mental Health
Program Support Bureau
Quality Improvement Divison

Our Mission

Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency.

January 2010

PROVIDER DIRECTORY – LOCATIONS OF PUBLICLY FUNDED MENTAL HEALTH SERVICES IN THE COUNTY OF LOS ANGELES - JANUARY 2010

Welcome to the 2010 **Provider Directory — Locations of Publicly Funded Mental Health Providers in The County of Los Angeles** for Psychiatric Inpatient and Outpatient Short Doyle/Medi-Cal Facilities, Fee-For-Service Psychiatric Inpatient Facilities, Community Outreach, Forensic, Residential and Specialized Foster Care Services. It excludes Fee-For-Service Outpatient Providers.

The Provider Directory includes provider addresses, provider numbers, phone numbers, hours of operation, provider types, age-groups served, languages spoken and Specialty Mental Health Services (SMHS) by provider location.

The Provider Directory also includes provider profiles for each Service Area with map locations for each provider.

Providers are listed alphabetically by name and the primary mode of service. Each provider has a designated provider location number referenced on the Service Area Map titled *Provider Location with Map Location Number*.

Please refer to the Glossary for terms and definitions used in the Provider Directory.

To obtain Mental Health Information and Services confidentially, please call the 24/7 ACCESS Center at 1-800-854-7771.

Additional Resources

The providers in the Provider Directory can also be located on the internet using the Online DMH Provider Locator. Please use the link below to access the website and search for providers in areas nearest to you.

http://gis.lacounty.gov/dmh/

Please accurately type the complete address of your location on the website's address window and hit 'Search'. The online DMH Provider Locator will return the closest locations on a map on the left side of the screen. The Online DMH Provider Locator will also provide the distance from your 'Search' Location as well as driving directions.

Acknowledgements

The Program Support Bureau wishes to thank Service Area District Chiefs and Service Area Liaisons for updating the Provider List. We also wish to thank Hwa Saup Lee and Durga Niraula at Social Services Systems Division-Urban Research/GIS at ISD, County of Los Angeles, for preparing the maps.

Contact Us

Even though every attempt has been made to ensure that the provider and the map information is accurate, provider information may change frequently. Should you have any questions, please contact Vandana Joshi, Ph.D. Program Head, Data-GIS Unit, Quality Improvement Division, at (213) 251-6886 or Sandra Chin at (213) 251-6810. The Provider Directory can be downloaded from the LAC-DMH website at http://psbqi.dmh.lacounty.gov/data.htm

GLOSSARY

Data Sources

Consumers Served: LAC-DMH IS Database. FY 2008-2009.
Population and Poverty Estimates: Prepared by John Hedderson, Walter McDonald and Associates, Sacramento. CY - 2008.
Provider Lists: LAC-DMH IS Database, Patients' Rights Directory, Multilinguistic Provider Directory & Mental Health Services Act (MHSA) Provider Directory. October 2009.

Rates

Prevalence Rate: The California State Department of Mental Health (CDMH) provides the estimated prevalence of Serious Emotional Disturbance (SED) for children and Serious Mental Illness (SMI) for adults for each County. These rates are applied to the estimated population in Los Angeles County to determine the number of people in need of mental health services.

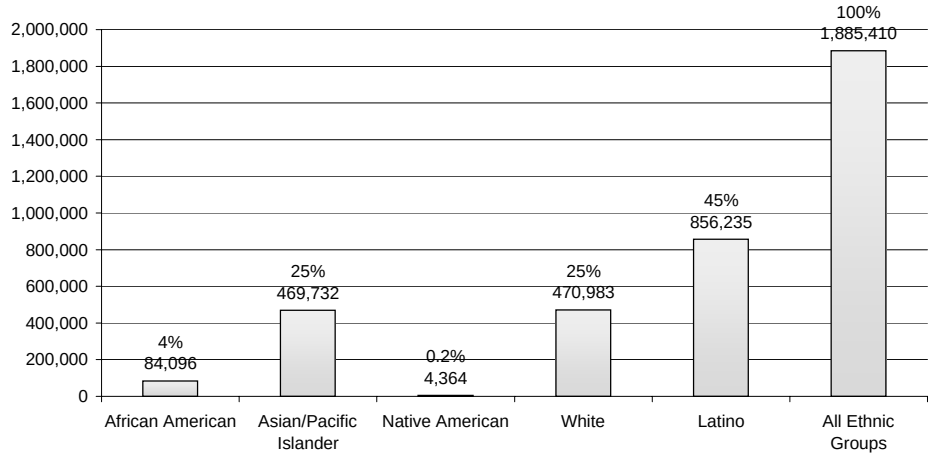
Penetration Rate: This rate estimates the number of persons served by publicly funded mental health services excluding Fee-For-Service Providers. The Penetration Rate is calculated as: The Number of Consumers Served in Outpatient Short Doyle/ Medi-Cal Facilities divided by Number of people estimated with SED and SMI.

Retention Rate: This rate estimates the number of outpatient services/claims received by consumers in Short Doyle/Medi-Cal facilities in FY 2008-2009.

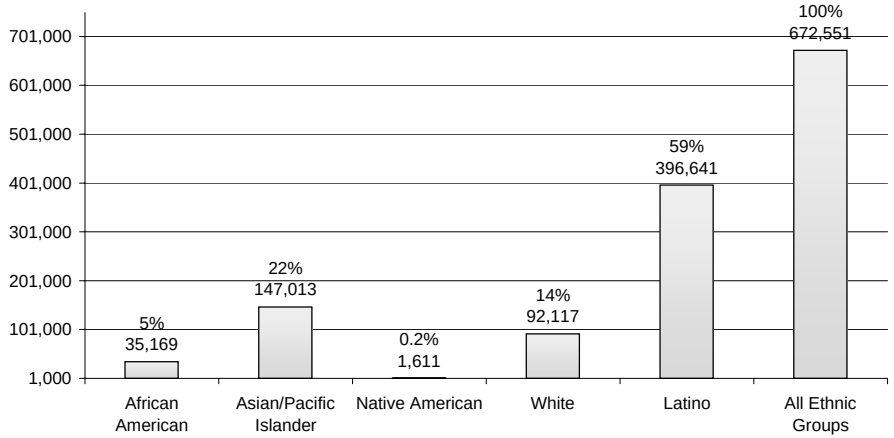
Age-Groups Served by Providers: The age-groups served by providers are: Child/Youth and Adults. Providers serving Child/ Youth serve consumers between the ages of 0 and 17. Providers serving adults serve consumers 18 years of age or older.

Service Area 3
Population Demographic Profile 2008

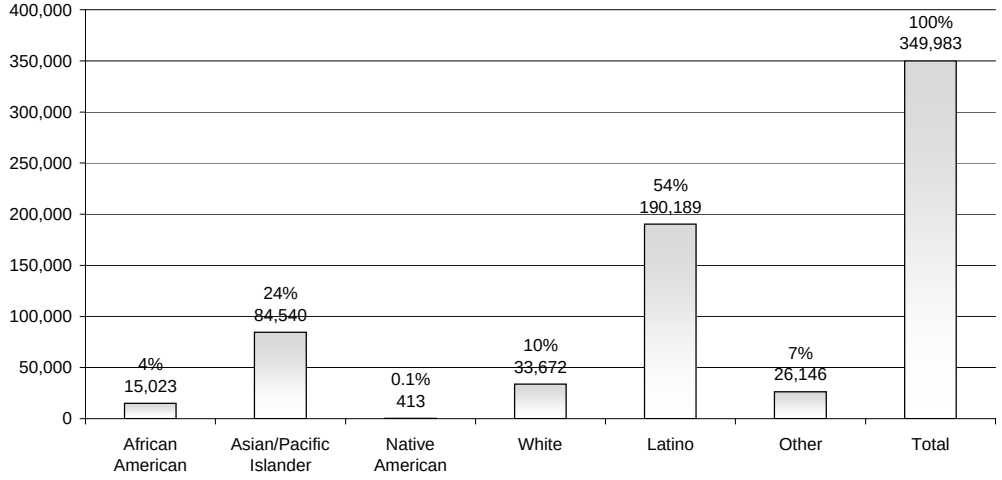
Estimated Population by Ethnicity



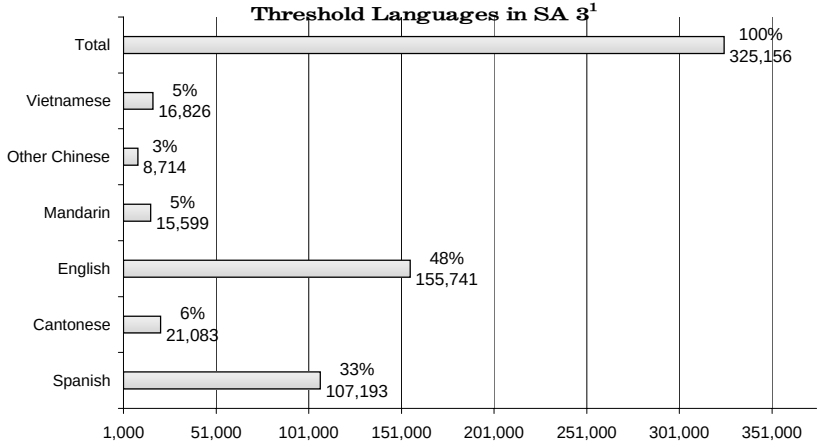
Estimated Population Living at or below 200% Federal Poverty Level



Medi-Cal Eligible Beneficiaries by Ethnicity



Number of Medi-Cal Beneficiaries Who Speak The Threshold Languages in SA 3[1]

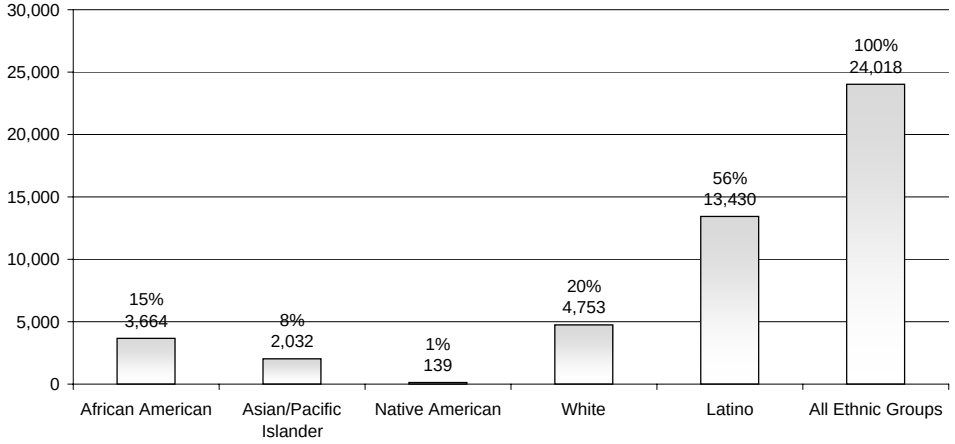


Of the 13 Countywide Threshold Languages Service Area 3 has 6 Threshold Languages, Vietnamese, Other Chinese, Mandarin, English, Cantonese and Spanish.

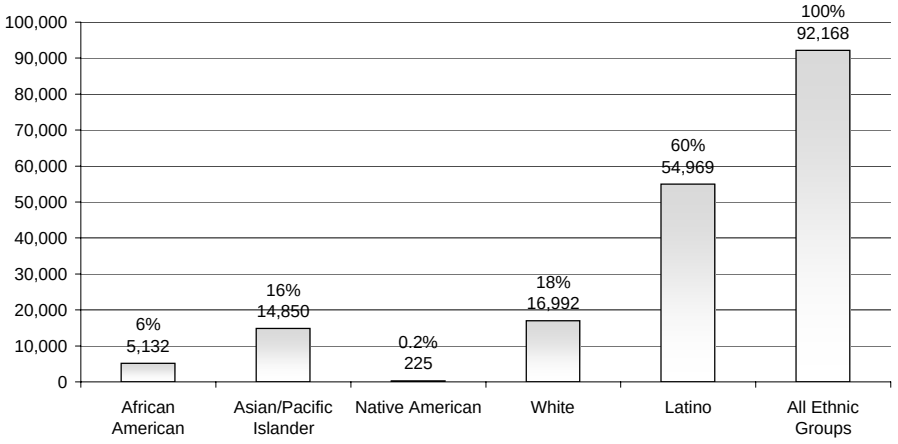
[1]Threshold Languages means a language identified on the Medi-Cal Eligibility Data System (MEDS) as the primary language of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area, per Title 9, CCR, Section 1810.410 (f) (3).

Service Area 3
Consumer Profile 2008

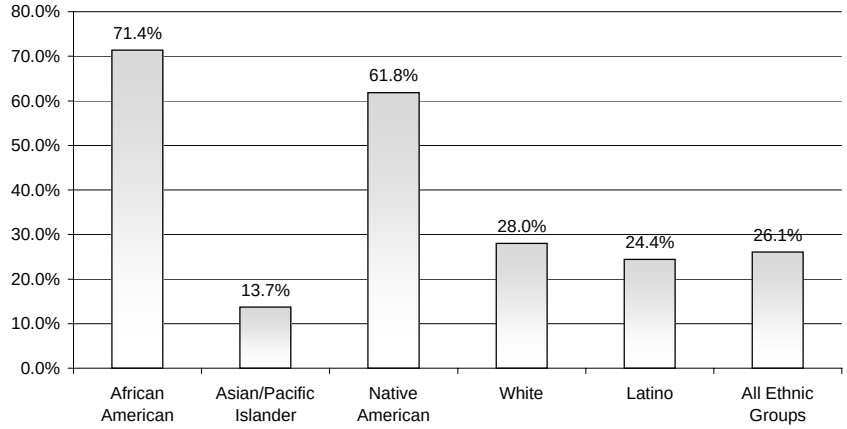
Consumers Served in Short Doyl/Medi-Cal Facilities by Ethnicity



Estimated Population with SED and SMI by Ethnicity



Penetration Rate by Ethnicity[2]



[1]SED = Serious Emotional Disturbance (for Children) SMI = Serious Mental Illness (for Adults)

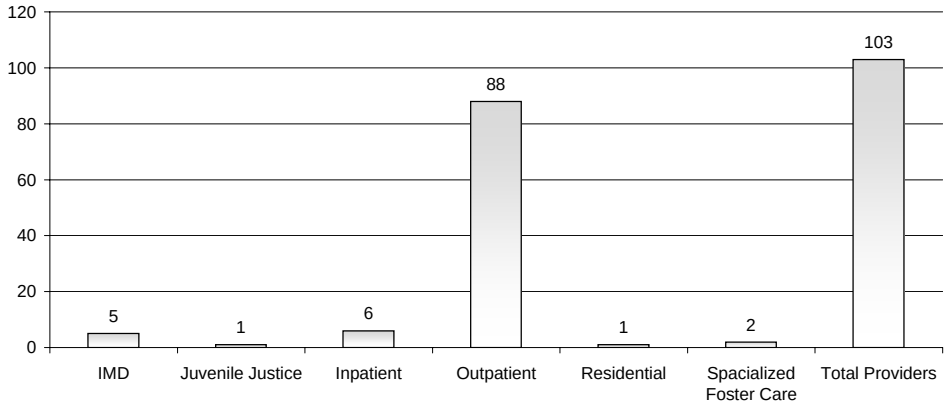
[2]Penetration Rate (PR) = Consumers Served in Short Doyle/Medi-Cal Facilities divided by Estimated Population with SED and SMI (e.g. PR For All Ethnic Groups = 24,018 / 92,168 = 26.1%).

Retention Rate by Ethnicity

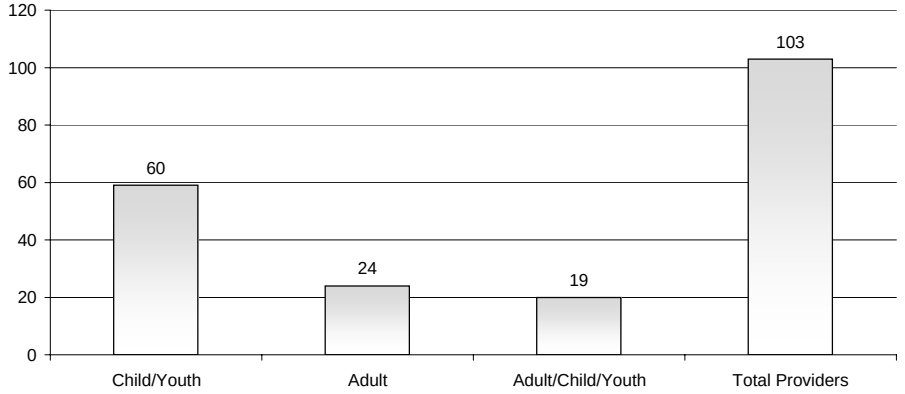
Number of Approved Outpatient Claims							
	1 Claim	2 Claims	3 Claims	4 Claims	5-15 Claims	16 or More Claims	Total
Number of Consumers							
African American	185	132	95	71	601	1729	**2813**
Percent	*6.58%*	*4.69%*	*3.38%*	*2.52%*	*21.37%*	*61.46%*	***100%***
Asian	91	88	63	47	472	974	**1735**
Percent	*5.24%*	*5.07%*	*3.63%*	*2.71%*	*27.20%*	*56.14%*	***100%***
Native American	8	3	7	7	29	62	**116**
Percent	*6.90%*	*2.59%*	*6.03%*	*6.03%*	*25.00%*	*53.45%*	***100%***
White	390	274	138	121	884	2128	**3935**
Percent	*9.91%*	*6.96%*	*3.51%*	*3.07%*	*22.47%*	*54.08%*	***100%***
Latino	640	625	427	355	2960	7104	**12111**
Percent	*5.28%*	*5.16%*	*3.53%*	*2.93%*	*24.44%*	*58.66%*	***100%***
Other	52	42	18	20	251	422	**805**
Percent	*6.46%*	*5.22%*	*2.24%*	*2.48%*	*31.18%*	*52.42%*	***100%***
Total	1366	1164	748	621	5197	12419	**21515**
Percent	*6.35%*	*5.41%*	*3.48%*	*2.89%*	*24.16%*	*57.72%*	***100%***

Service Area 3
Provider Profile 2009

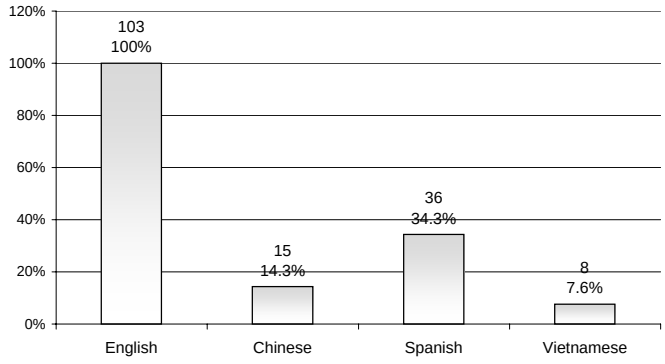
Number and Type of Providers



Age-Group Served by Providers

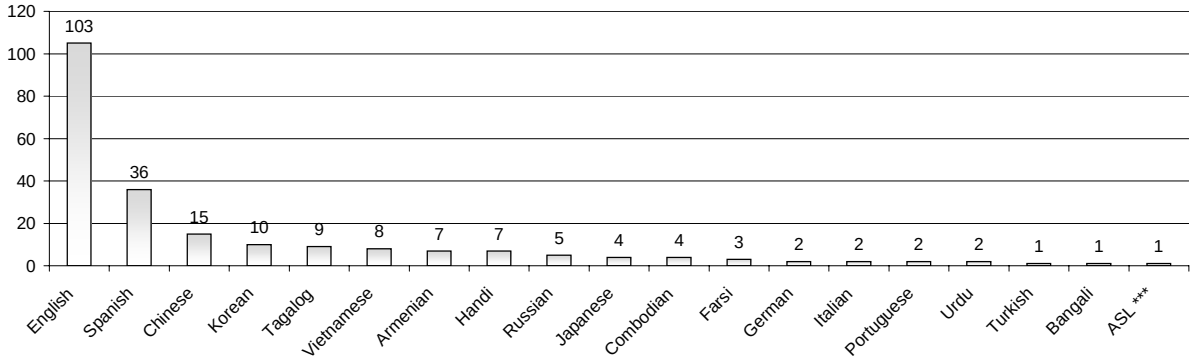


Providers with Staff Who Speak The Threshold Languages in SA 3[1]



[1]Percent = Numbers of Providers with Staff Speaking a Threshold Language/Total Number of Providers.

Languages Spoken in Provider Clinics



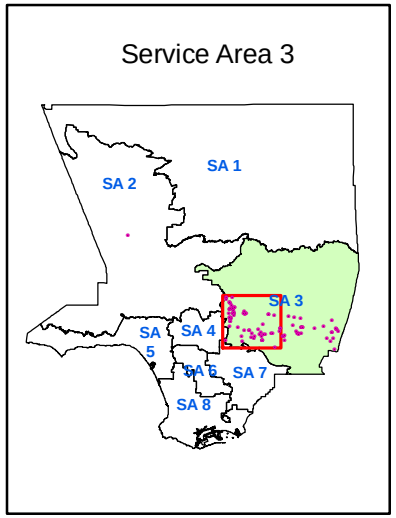
English	Spanish	Chinese	Korean	Tagalog	Vietnamese	Armenian	Handi	Russian	Japanese
103	36	15	10	9	8	7	7	5	4
100%	34.3%	14.3%	9.5%	8.6%	7.6%	6.7%	6.7%	4.8%	3.8%

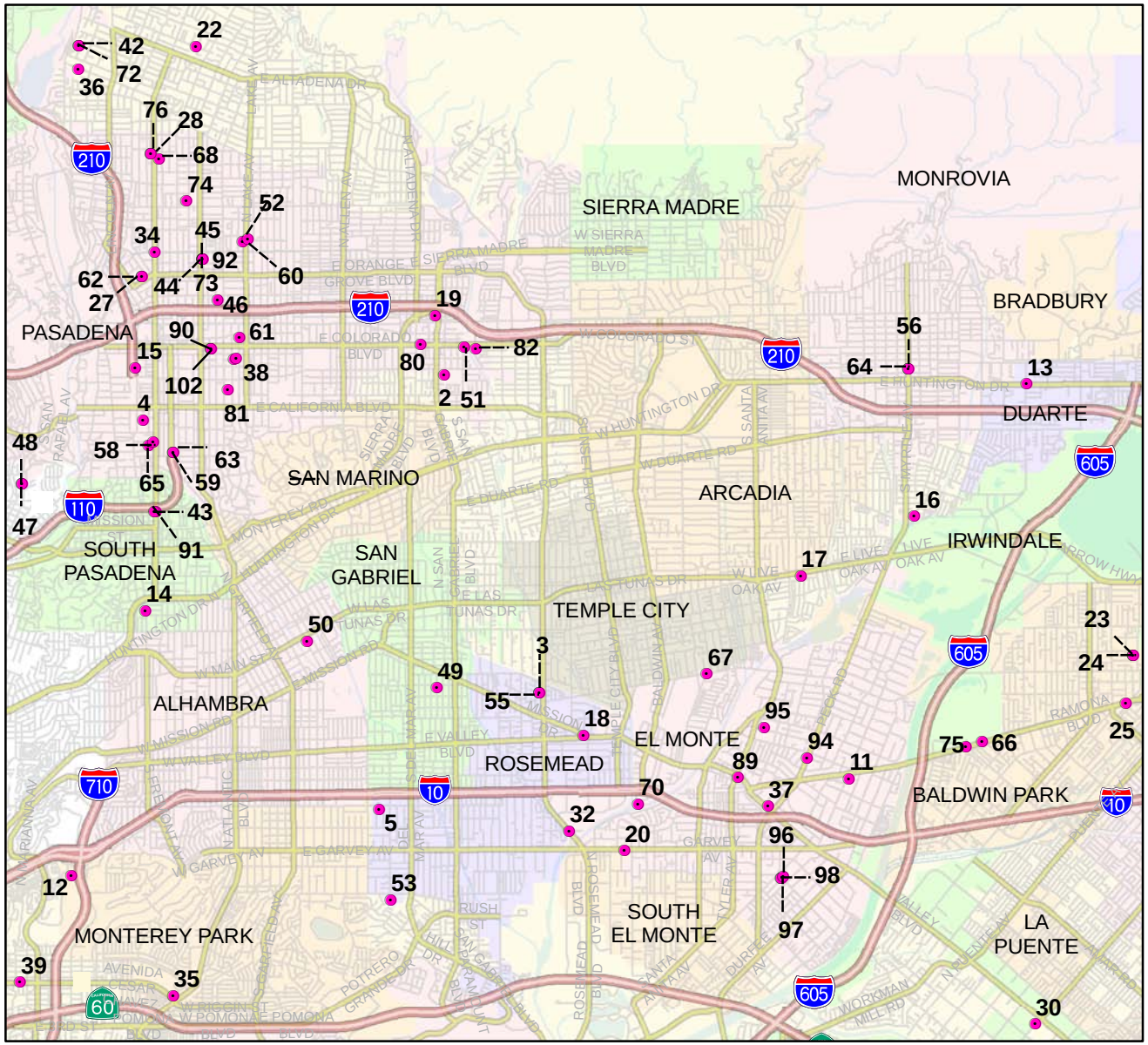
Cambodian	Farsi	German	Italian	Portuguese	Urdu	Turkish	Bengali	American Sign Language
4	3	2	2	2	2	1	1	1
3.8%	2.9%	1.9%	1.9%	1.9%	1.9%	1.0%	1.0%	1.0%

Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

View A
SA 3 Magnified

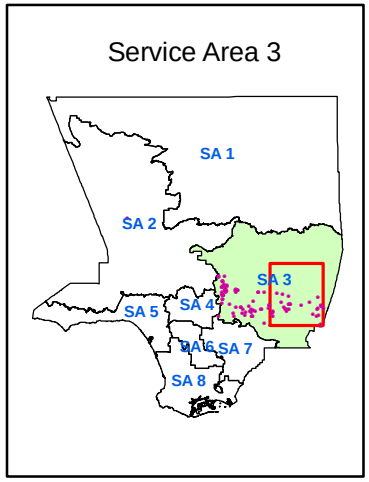


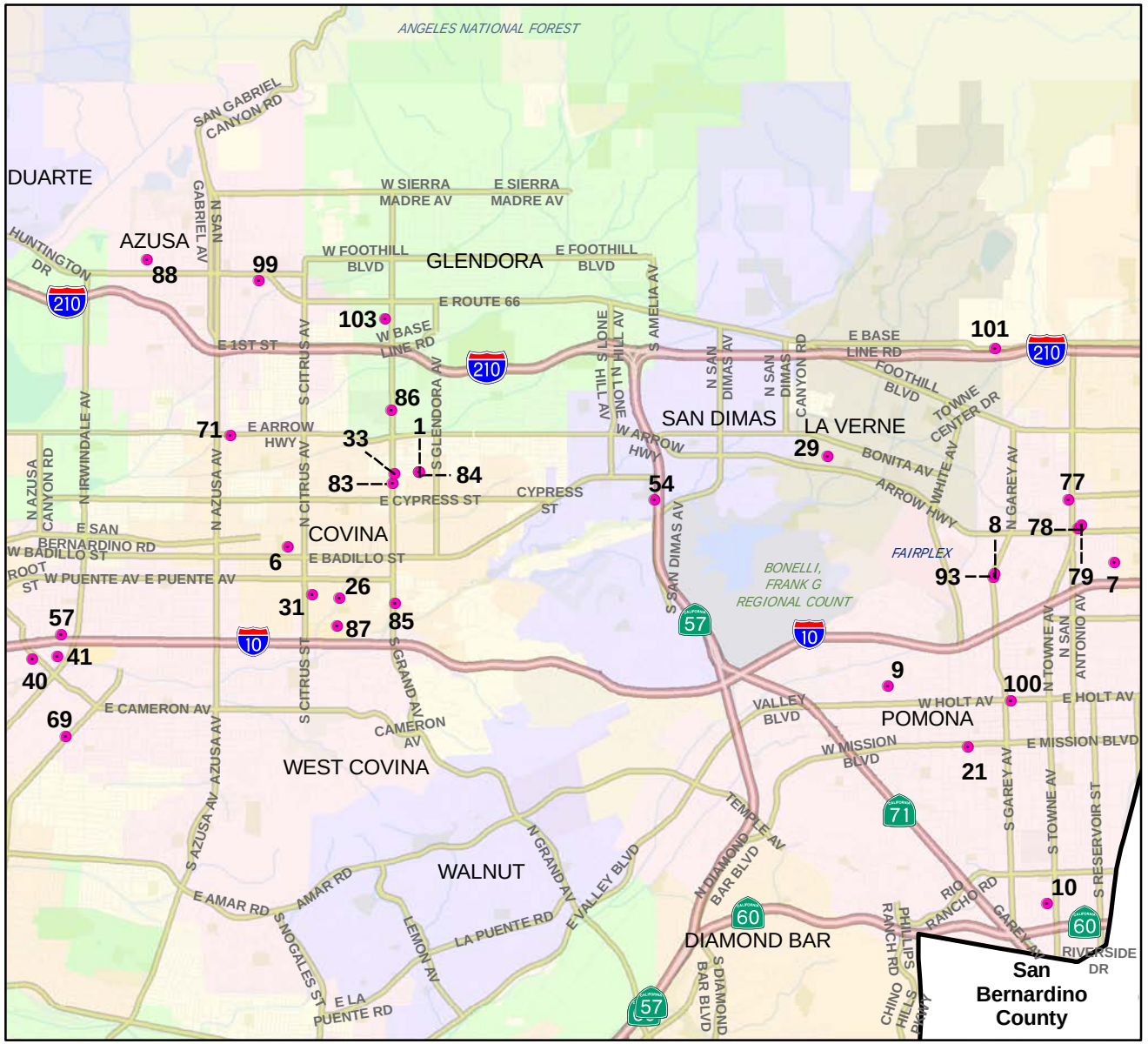


Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

View B
SA 3 Magnified





Provider Location

N

0 0.4 0.8 1.6 2.4
Miles

Service Area 3

Inpatient

Map Location Number - 1 **View: B**

5039 - AURORA BEHAVIORAL HEALTH/ CHARTER OAK
1161 E COVINA BLVD
COVINA 91724

Phone: (626) 966-1632

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English

Services: 24HR ACUTE

Map Location Number - 2 **View: A**

5014 - AURORA LAS ENCINAS HOSPITAL, LLC
2900 E DEL MAR BLVD
PASADENA 91107

Phone: (626) 795-9901

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English

Services: 24HR ACUTE

Map Location Number - 3 **View: A**

5007 - BHC ALHAMBRA HOSPITAL
4619 N ROSEMEAD BLVD
ROSEMEAD 91770

Phone: (626) 286-1191

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English

Services: 24HR ACUTE

Map Location Number - 4 **View: A**

5012 - HUNTINGTON MEMORIAL HOSPITAL
100 W CALIFORNIA BLVD
PASADENA 91109

Phone: (626) 397-2305

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: 24HR ACUTE

Service Area 3

Inpatient

Map Location Number - 5 **View: A**

5036 - INGLESIDE HOSPITAL
7500 E HELLMAN AVENUE
ROSEMEAD 91770

Phone: (626) 288-1160

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: 24HR ACUTE

Map Location Number - 6 **View: B**

5029 - INTER-COMMUNITY MEDICAL CENTER
210 W SAN BERNADINO ROAD
COVINA 91723

Phone: (626) 915-6259

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: 24HR ACUTE

Service Area 3

Institutions for Mental Disease (IMD)

Map Location Number - 7 **View: B**

35 - COMMUNITY CARE CENTER, INC.
2335 S MOUNTAIN AVENUE
DUARTE 91010

Phone: (626) 357-3207

Hours of Operation: Contact Provider
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 8 **View: B**

55 - LANDMARK MEDICAL SERVICES
2030 N GAREY AVENUE
POMONA 91767

Phone: (909) 593-2585

Hours of Operation: Contact Provider
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 9 **View: B**

58 - LAUREL PARK
1425 W LAUREL AVENUE
POMONA 91768

Phone: (909) 622-1069

Hours of Operation: Contact Provider
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 10 **View: B**

61 - OLIVE VISTA
2350 CULVER COURT
POMONA 91766

Phone: (909) 628-6026

Hours of Operation: Contact Provider
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: MENTAL HEALTH SERVICES

Service Area 3

Institutions for Mental Disease (IMD)

Map Location Number - 11 **View: A**

63 - SAN GABRIEL VALLEY CONVALESCENT HOSPITAL
3938 COGSWELL ROAD
EL MONTE 91732

Phone: (626) 401-1557

Hours of Operation: Contact Provider
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: MENTAL HEALTH SERVICES

Service Area 3

Juvenile Justice

Map Location Number - 12 **View: A**

7458 - JUVENILE COURT MENTAL HEALTH SERVICES
201 CENTRE PLAZA DRIVE
MONTEREY PARK 91754

Phone: (323) 526 6362

Hours of Operation: Contact Provider
Walk-ins: Not Applicable
Provider: DMH **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 3

Outpatient

Map Location Number - 13 **View: A**

7368 - ALMANSOR CLINICAL SERVICES
1317 HUNTINGTON DRIVE
SOUTH PASADENA 91030

Phone: (323) 344-5538

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY TREATMENT, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 14 **View: A**

7184 - ALMANSOR EDUCATION CENTER
1955 FREMONT AVENUE
SOUTH PASADENA 91030

Phone: (323) 344-5538

Hours of Operation: Mon - Fri 8:00 am - 6:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 15 **View: A**

7708 - ALMANSOR MENTAL HEALTH CENTER
205 S PASADENA AVENUE
SOUTH PASADENA 91030

Phone: (323) 344-5536

Hours of Operation: Mon - Fri 8:30 am - 5:30 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, Armenian, Chinese (Cantonese, Mandarin) Korean, Spanish, Vietnamese

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, WELLNESS CENTER

Map Location Number - 16 **View: A**

7705 - ARCADIA MENTAL HEALTH CENTER
2620 CALIFORNIA AVENUE
MONROVIA 91016

Phone: (626) 821-5844

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 5
Age Group Served: Adult

Language(s): English, Chinese (Cantonese, Mandarin), Hindi, Bengali, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 3

Outpatient

Map Location Number - 17 **View: A**

1917 - ARCADIA MENTAL HEALTH SERVICES
330 E LIVE OAK AVENUE
ARCADIA 91006

Phone: (626) 821-5858

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Mon,Wed, Fri 11:00 am - 12:00 pm
Provider: DMH **Supervisorial District**: 5
Age Group Served: Adult

Language(s): English, Chinese (Cantonese, Mandarin, Taiwanese), Farsi, Hindi, Japanese, Spanish, Tagalog, Vietnamese

Services: CASE MANAGEMENT, DUAL DIAGNOSIS, FULL SERVICE PARTNERSHIP, LIFE SUPPORT MENTAL HEALTH SERVICES, WELLNESS CENTER

Map Location Number - 18 **View: A**

7101 - ASIAN PACIFIC FAMILY CENTER
9353 E VALLEY BLVD
ROSEMEAD 91770

Phone: (626) 287-2988

Hours of Operation: Mon, Wed, Fri 8 am-5 pm Tue, Th 8 am-8 pm Sat appt. only, 9 am-1 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth

Language(s): English, Cambodian, Chinese (Cantonese, Mandarin, Taiwanese) Japanese, Korean, Spanish, Vietnamese

Services: DUAL DIAGNOSIS, CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 19 **View: A**

7382 - BIENVENIDOS - MENTAL HEALTH (MH)
255 N SAN GABRIEL BLVD
PASADENA 91107

Phone: (626) 696-1276

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Yes
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth

Language(s): English, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DYADIC THERAPY, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 20 **View: A**

7575 - BIENVENIDOS - MENTAL HEALTH (MH)
9736 E GARVEY AVENUE, 2ND FLOOR
SOUTH EL MONTE 91733

Phone: (626) 919-3364

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Yes
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth

Language(s): English, Spanish

Services: CASE MANAGEMENT, COMMUNITY LINKAGE, CRISIS INTERVENTION, DYADIC THERAPY, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PARENT EDUCATION

Service Area 3

Outpatient

Map Location Number - 21 **View: B**

7575 - BIENVENIDOS CHILDRENS CENTER
780 W MISSION BLVD
POMONA 91766

Phone: (626) 798-7222

Hours of Operation: Mon - Fri 8:30 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English, Korean, Spanish, Vietnamese

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 22 **View: A**

7382 - BIENVENIDOS VILLAGE
205 E PALM STREET
ALTADENA 91001

Phone: (626) 798-7222

Hours of Operation: Mon - Fri 9:00 am - 5:00 pm
Walk-ins: Yes
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English, German, Korean, Tagalog

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 23 **View: A**

7595 - BRIDGES INC
4527 PHELAN AVE
BALDWIN PARK 91706

Phone: (909) 623-6651

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 24 **View: A**

7060 - BRIDGES WORK ORIENT/ REHABILITATION
4527 PHELAN AVENUE
BALDWIN PARK 91706

Phone: (626) 338-6322

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: DAY TREATMENT, MENTAL HEALTH SERVICES

Service Area 3

Outpatient

Map Location Number - 25 **View: A**

7302 - CHILD BUREAU OF SOUTHERN CALIFORNIA-SAN GABRIEL VALLEY
14600 E RAMONA BLVD
BALDWIN PARK 91706

Phone: (626) 575-5897

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 27 **View: A**

7341 - D' VEAL FAMILY & YOUTH SERVICES
855 N ORANGE GROVE BLVD, SUITE 207
PASADENA 91103

Phone: (626) 796-3453

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 28 **View: A**

7440 - D' VEAL FAMILY & YOUTH SERVICES
1845 N FAIR OAKS AVENUE
PASADENA 91101

Phone: (626) 796-3453

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 29 **View: B**

7566 - DAVID AND MARGARET HOMES
1350 THIRD STREET
LA VERNE 91750

Phone: (909) 596-5921

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English, American Sign Language, Spanish, Tagalog

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Service Area 3

Outpatient

Map Location Number - 26 **View: B**

7545 - DBA FAMILY CENTER
560 S SAN JOSE
COVINA 91723

Phone: (626) 967-5103

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 31 **View: B**

7258 - ENKI YOUTH & FAMILY SERVICES - COVINA
535 S SECOND AVENUE
COVINA 91723

Phone: (626) 974-0776

Hours of Operation: Mon - Fri 9 am - 6 pm Tue, Th 9 am - 7 pm Fri 8 am - 5 pm
Walk-ins: Yes
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, Chinese (Cantonese, Mandarin, Taiwanese), Hindi, Korean, Russian, Tagalog, Vietnamese

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY REHABILITATION, DAY TREATMENT INTENSIVE, DUAL DIAGNOSIS, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 30 **View: A**

7173 - ENKI LPV MENTAL HEALTH CENTER - LA PUENTE
160 S SEVENTH AVENUE
LA PUENTE 91744

Phone: (626) 961-8971

Hours of Operation: Mon 9 am-6 pm Tue, Wed, 10 am-7 pm Th 9 am - 6 pm Fri 8 am - 5 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult

Language(s): English, Chinese (Cantonese, Mandarin), Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY TREATMENT, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING,

Map Location Number - 32 **View: A**

7452 - ENKI YOUTH FAMILY SERVICES - EL MONTE
3208 ROSEMEAD BLVD
SOUTH EL MONTE 91731

Phone: (626) 227-7001

Hours of Operation: Mon - Fri 9 am - 6 pm Tue, Th 9 am - 7 pm Fri 8 am - 5 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth

Language(s): English, Chinese (Mandarin, Taiwanese) French, German, Hindi, Italian, Japanese, Spanish, Urdu

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 3

Outpatient

Map Location Number - 100 **View: B**

7453 - ETTIE LEE HOMES - POMONA
160 E HOLT AVENUE, SUITE B
POMONA 91767

Phone: (909) 620-2521

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, GROUP HOME, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Map Location Number - 34 **View: A**

7286 - FIVE ACRES
898 N FAIROAKS AVENUE, SUITE H
PASADENA 91103

Phone: (626) 844-1430

Hours of Operation: Mon - Fri 8:30 am - 8:00 pm Sat - Sun 9 am - 5 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Map Location Number - 33 **View: B**

7439 - FAMILY OUTREACH SERVICES
1126 N GRAND AVENUE
COVINA 91724

Phone: (626) 967-1667

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English, Spanish, Vietnamese

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Map Location Number - 35 **View: A**

7286 - FIVE ACRES
2055 N LINCOLN STREET
PASADENA 91103

Phone: (626) 798-6793

Hours of Operation: Mon - Fri 8:30 am - 8:00 pm
Walk-ins: Yes
Provider: NGA **Supervisorial District**:
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: HEARING IMPAIRMENT SERVICES, HOME BASED SERVICES, MENTAL HEALTH SERVICES, WRAPAROUND,

Service Area 3

Outpatient

Map Location Number - 36 **View: A**

7337 - FIVE ACRES-DAY REHABILITATIVE
760 W MOUNTAIN VIEW STREET
ALTADENA 91001

Phone: (626) 798-6793

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Map Location Number - 37 **View: A**

7463 - FOOTHILL FAMILY SERVICES - EL MONTE
11429 VALLEY BLVD
EL MONTE 91731

Phone: (626) 442-8391

Hours of Operation: Mon - Thurs 9 am - 9 pm Fri 9 am - 6 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth

Language(s): English, Chinese (Cantonese, Mandarin), Japanese, Portugese, Spanish, Vietnamese

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 39 **View: A**

7330 - FOOTHILL FAMILY SERVCIES - PASADENA
118 S OAK KNOLL AVENUE
PASADENA 91101

Phone: (626) 795-6907

Hours of Operation: Mon - Thurs 8 am - 8 pm Fri 8 am - 5 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, Armenian, Cambodian, Chinese (Mandarin) Korean, Spanish, Tagalog

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 38 **View: A**

7407 - FOOTHILL FAMILY SERVICES - HUDSON
111 S HUDSON AVENUE
PASADENA 91101

Phone: (626) 795-6907

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FIELD CAPALBE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 3

Outpatient

Map Location Number - 41 **View: B**

7331 - FOOTHILL FAMILY SERVICES - W COVINA
1215 W COVINA PARK WAY, SUITE 200
WEST COVINA 91790

Phone: (626) 338-9200

Hours of Operation: Mon - Thurs 8 am - 8 pm Fri 8 am - 5 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, Armenian, Cambodian, Chinese (Mandarin), Korean, Spanish, Vietnamese

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 40 **View: B**

7331 - FOOTHILL FAMILY SERVICES - W COVINA
1720 W CAMERON AVEUE, SUITE 100
WEST COVINA 91790

Phone: (626) 795-6907

Hours of Operation: Mon - Thurs 9 am - 9 pm Fri 9 am - 6 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English, Chinese (Mandarin), Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 45 **View: A**

7602 - HATHAWAY SYCAMORES
851 N OAKLAND AVENUE
PASADENA 91103

Phone: (626) 844-3140

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Map Location Number - 42 **View: A**

7601 - HATHAWAY SYCAMORES EN PACE
2933 N EL NIDO DRIVE
ALTADENA 91001

Phone: (626) 798-0853

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING , THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Service Area 3

Outpatient

Map Location Number - 43 **View: A**

7599 - HATHAWAY SYCAMORES FAIR OAKS PACE
625 FAIR OAKS AVENUE, SUITE 300
SOUTH PASADENA 91103

Phone: (626) 395-7100

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, RESIDENTIAL, THERAPEUTIC

Map Location Number - 44 **View: A**

7598 - HATHAWAY SYCAMORES MADISON
808 N LOS ROBLES
PASADENA 91104

Phone: (626) 844-3140

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 46 **View: A**

7430 - HERITAGE CLINIC COMMUNITY FOR SENIORS
447 N EL MOLINO AVENUE
PASADENA 91101

Phone: (626) 577-8480

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English, Arabic, Armenian, Chinese (Cantonese, Mandarin) French, Portugese, Russian, Spanish, Turkish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 47 **View: A**

7231 - HILLSIDES FAMILY CENTER
940 AVENUE, SUITE 64
PASADENA 91105

Phone: (323) 254-2274

Hours of Operation: Mon - Fri 8:30 am - 5:30 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Service Area 3

Outpatient

Map Location Number - 48 **View: A**

7332 - HILLSIDES HOME FOR CHILDREN
940 AVENUE, SUITE 64
PASADENA 91105

Phone: (323) 254-2274

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY REHABILITATION, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 49 **View: A**

7506 - HOMES FOR LIFE
506 E FAIRVIEW AVENUE, UNIT A
SAN GABRIEL 91766

Phone: (626) 309-0552

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MENTAL HEALTH SERVICES

Map Location Number - 50 **View: A**

7504 - HOMES FOR LIFE FOUNDATION
26 S ALMANSOR STREET
ALHAMBRA 91801

Phone: (626) 943-9839

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MENTAL HEALTH SERVICES

Map Location Number - 51 **View: A**

7461 - HOPE
2982 E COLORADO BLVD
PASADENA 91107

Phone: (213) 738-4431

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 3

Outpatient

Map Location Number - 52 **View: A**

7349 - KAMILA COMPREHENSIVE HEALTH CENTER
1028 N LAKE AVENUE, SUITE 205
PASADENA 91104

Phone: (626) 296-7860

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 53 **View: A**

7474 - MARYVALE
7600 E GRAVES AVENUE
ROSEMEAD 91770

Phone: (626) 280-6510

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English, Farsi, Hindi, Punjabi, Italian (Sicily), Korean, Russian, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 101 **View: B**

7565 - LEROY HAYNES CENTER
233 WEST BASELINE ROAD
LA VERNE 91750

Phone: (909) 593-2581

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 54 **View: B**

7436 - MCKINLEY CHILDRENS CENTER
762 W CYPRESS STREET
SAN DIMAS 91773

Phone: (909) 599-1227

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY REHABILITATION, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 3

Outpatient

Map Location Number - 55 **View: A**

7269 - OLIVE CREST TREATMENT CENTERS, INC
4619 N ROSEMEAD BLVD
ROSEMEAD 91776

Phone: (714) 543-5437

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 68 **View: A**

7401 - PACIFIC CLINICS
1855 N FAIR OAKS AVENUE
PASADENA 91103

Phone: (626) 254-5999

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English, Cambodian, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 59 **View: A**

7251 - PACIFIC CLINICS
1020 S ARROYO PARKWAY
PASADENA 91105

Phone: (626) 795-8471

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, FIELD CAPABLE CLINICAL SERVICES, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 60 **View: A**

7447 - PACIFIC CLINICS
1007 N LAKE AVENUE
PASADENA 91104

Phone: (626) 808-9746

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 3

Outpatient

Map Location Number - 58 **View: A**

1974 - PACIFIC CLINICS
66 HURLBUT STREET
PASADENA 91105

Phone: (626) 795-8471

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY TREATMENT INTENSIVE, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, THERAPEUTIC BEHAVIORAL SERVICES (TBS), WELLNESS CENTER

Map Location Number - 61 **View: A**

7418 - PACIFIC CLINICS
70 N HUDSON AVENUE
PASADENA 91103

Phone: (626) 795-8471

Hours of Operation: Mon, Tue, Fri 9 am - 5 pm Wed, Thurs 8 am - 8 pm
Walk-ins: Yes
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English, Armenian, Chinese (Cantonese, Mandarin) Farsi, Korean, Russian, Spanish, Tagalog

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, SUBTANCE ABUSE, WELLNESS CENTER

Map Location Number - 70 **View: A**

7284 - PACIFIC CLINICS ACT - EL MONTE
9864 BALDWIN PLACE
EL MONTE 91731

Phone: (626) 433-1311

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 77 **View: B**

7561 - PACIFIC CLINICS - BONITA FAMILY SERVICE CENTER
790 E BONITA AVENUE
POMONA 91767

Phone: (909) 625-7207

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 3

Outpatient

Map Location Number - 62 **View: A**

7462 - PACIFIC CLINICS - D' VEAL PROGRAM
855 N ORANGE GROVE BLVD
PASADENA 91103

Phone: (626) 796-3453

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 75 **View: A**

7553 - PACIFIC CLINICS - EGGLESTONE MENTAL HEALTH PROGRAM
13001 RAMONA BLVD, SUITE E
IRWINDALE 91706

Phone: (626) 480-8107

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 56 **View: A**

1979 - PACIFIC CLINICS - E FOOTHILL GUIDANCE
902 S MYRTLE AVENUE
MONROVIA 91016

Phone: (626) 357-3258

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 71 **View: B**

7505 - PACIFIC CLINICS - ETTIE LEE YOUTH & FAMILY
754 E ARROW HIGHWAY, SUITE D-H
COVINA 91724

Phone: (626) 967-5082

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MENTAL HEALTH SERVICES

Service Area 3

Outpatient

Map Location Number - 76 **View: A**

7556 - PACIFIC CLINICS - PRC TRANSIT
1811 RAYMOND AVENUE
PASADENA 91103

Phone: (626) 345-9992

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 57 **View: B**

7224 - PACIFIC CLINICS ACT - W COVINA
1517 W GARVEY AVENUE, NORTH
WEST COVINA 91790

Phone: (626) 962-6061

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY TREATMENT, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 63 **View: A**

7353 - PACIFIC CLINICS- AB34
1020 S ARROYO PARKWAY, SUITE 100
PASADENA 91105

Phone: (626) 403-2794

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, MENTAL HEALTH PROMOTION, PSYCH TESTING

Map Location Number - 64 **View: A**

7227 - PACIFIC CLINICS EAST-YOUTH DAY TREATMENT
902 S MYRTLE AVENUE
MONROVIA 91016

Phone: (626) 303-1541

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 3

Outpatient

Map Location Number - 66 **View: A**

7198 - PACIFIC CLINICS INC
13177 RAMONA BLVD
IRWINDALE 91706

Phone: (626) 795-8471

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 67 **View: A**

7441 - PACIFIC CLINICS SYSTEM OF CARE
10428 LOWER AZUSA ROAD
EL MONTE 91731

Phone: (626) 335-5980

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English, French, Spanish, Tagalog

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, THERAPEUTIC BEHAVIORAL

Map Location Number - 65 **View: A**

7197 - PACIFIC CLINICS INC.- FAIR OAKS
909 S FAIR OAKS AVENUE
PASADENA 91105

Phone: (626) 795-8471

Hours of Operation: Mon, Tue, Fri 8 am - 5 pm Wed, Thurs 8 am - 8 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English, Armenian, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 69 **View: B**

7425 - PACIFIC CLINICS-HOMES OF HOPE
1107 S GLENDORA AVENUE
WEST COVINA 91790

Phone: (626) 814-9085

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 3

Outpatient

Map Location Number - 72 **View: A**

7155 - PASADENA CHILDRENS TRAINING
2933 N EL NIDO DRIVE
ALTADENA 91001

Phone: (626) 798-0853

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: DAY TREATMENT, MENTAL HEALTH SERVICES

Map Location Number - 73 **View: A**

7296 - PASADENA CHILDRENS TRAINING
851 N OAKLAND AVENUE
PASADENA 91103

Phone: (626) 844-3140

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 74 **View: A**

7507 - PASADENA RESIDENTIAL CARE CENTER
1391 N GARFIELD AVENUE
PASADENA 91104

Phone: (626) 398-9647

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: DAY TREATMENT, MENTAL HEALTH SERVICES

Map Location Number - 81 **View: A**

7567 - PIEDMONT UNIFIED SCHOOL DISTRICT - SOCIAL WORK
325 S OAK KNOLL AVENUE
PASADENA 91101

Phone: (626) 795-2514

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 3

Outpatient

Map Location Number - 78 **View: B**

7568 - PROTOTYPE CHILD AND ADOLESCENT
845 E ARROW HIGHWAY
POMONA 91767

Phone: (909) 624-1233

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 79 **View: B**

7569 - PROTOTYPES POMONA
831 E ARROW HIGHWAY
POMONA 91767

Phone: (909) 629-2400

Hours of Operation: Mon - Fri 8:30 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 80 **View: A**

7370 - PROTOTYPES - ICAN
2555 E COLORADO BLVD, SUITE 100
SOUTH PASADENA 91030

Phone: (626) 577-2261

Hours of Operation: Mon - Fri 8:00 am - 6:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY TREATMENT, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER

Map Location Number - 82 **View: A**

7374 - ROSEMARY CHILDRENS SERVICES
36 S KINNELOA AVENUE, SUITE 200
PASADENA 91107

Phone: (626) 844-3033

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY REHABILITATION, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 3

Outpatient

Map Location Number - 83 **View: B**

7563 - SAN GABRIEL CHILDRENS CENTER
4740 N GRAND AVENUE
COVINA 91724

Phone: (626) 859-2089

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English, Korean, Spanish, Tagalog

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Map Location Number - 84 **View: B**

7274 - SAN GABRIEL CHILDRENS CENTER, INC
1161 E COVINA BLVD
COVINA 91724

Phone: (626) 859-2089

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: DAY TREATMENT, MENTAL HEALTH SERVICES

Map Location Number - 85 **View: B**

7544 - SERENITY INFANT CARE HOMES, INC
600 S GRAND AVENUE
COVINA 91724

Phone: (626) 859-6200

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English, Spanish, Tagalog

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 86 **View: A**

7380 - SIERRA FAMILY CENTER
1160 S GRAND AVENUE
GLENDORA 91740

Phone: (626) 335-5980

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult/Child/Youth
Language(s): English, Arabic, Chinese (Mandarin, Taiwanese) French, Hindi, Spanish, Tagalog, Urdu

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 3

Outpatient

Map Location Number - 87 **View: A**

7293 - SOCIAL MODEL RECOVERY SYSTEM, INC
510 S SECOND AVENUE, SUITE 7
COVINA 91723

Phone: (626) 332-3145

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY REHABILITATION, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER

Map Location Number - 88 **View: B**

7131 - SOCIAL MODEL RECOVERY SYSTEMS
23701 E FORK ROAD
AZUSA 91702

Phone: (626) 910-1202

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Adult
Language(s): English

Services: DAY REHABILITATION, DAY TREATMENT, LIFE SUPPORT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 89 **View: A**

7527 - SPIRITT FAMILY SERVICES
11046 VALLEY MALL BLVD
EL MONTE 91731

Phone: (626) 442-4788

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 90 **View: A**

7404 - START EAST - PASADENA
532 E COLORADO BLVD, 8TH FLOOR
PASADENA 91101

Phone: (626) 229-3805

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English, Armenian, Farsi, Spanish

Services: FOSTER CARE, MENTAL HEALTH SERVICES, PARENT-CHILD INTERACTIVE THERAPY, RESIDENTIAL

Service Area 3

Outpatient

Map Location Number - 91 **View: A**

7450 - THE SOUTH SYCAMORES-FAMILY RESOURCE CENTER
626 FAIR OAKS AVENUE, SUITE 300
SOUTH PASADENA 91030

Phone: (626) 395-7100

Hours of Operation: Mon - Fri 9:00 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English, Chinese (Cantonese, Mandarin), Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, COMMUNITY HEALTH PROMOTION, FAMILY COUNSELING, MENTAL HEALTH SERVICES

Map Location Number - 92 **View: A**

7397 - THE SYCAMORES - FAMILY RESOURCE CENTER
808 N LOS ROBLES
PASADENA 91104

Phone: (626) 395-7100

Hours of Operation: Mon - Fri 9:30 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH PROMOTION, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 93 **View: B**

7273 - TRI-CITIES MENTAL HEALTH CENTER (MHC)
2008 N GAREY AVENUE
POMONA 91767

Phone: (909) 623-6131

Hours of Operation: Mon - Thurs 8:30 am - 5:00 pm Fri 8:30 am - 8:00 pm
Walk-ins: Mon - Fri 8:30 am - 11:30 am & 1 pm - 3 pm
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English, Spanish

Services: MENTAL HEALTH SERVICES, WELLNESS CENTER, WRAPAROUND

Map Location Number - 94 **View: A**

7552 - TRINITY
4026 N PECK ROAD, SUITE 204
EL MONTE 91732

Phone: (626) 444-0539

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Service Area 3

Outpatient

Map Location Number - 96 **View: A**

6844 - BRIDGES
11927 ELLIOTT AVENUE
EL MONTE 91732

Phone: (626) 350-5304

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: CRISIS RESIDENTIAL TREATMENT SERVICES, LONG TERM RESIDENTIAL, WELLNESS CENTER

Map Location Number - 97 **View: A**

7243 - BRIDGES - CASITAS ESPERANZA
11931 ELLIOTT AVENUE
EL MONTE 91732

Phone: (626) 350-5304

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: LIFE SUPPORT, LONG TERM RESIDENTIAL

Map Location Number - 98 **View: A**

7244 - BRIDGES - CASITAS TRANQUILAS
11929 ELLIOTT AVENUE
EL MONTE 91732

Phone: (818) 350-5304

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: LIFE SUPPORT, LONG TERM RESIDENTIAL

Map Location Number - 99 **View: B**

7375 - ETTIE LEE HOMES - DAY REHABILITATION
620 N CERRITOS
AZUSA 91702

Phone: (626) 334-2344

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: GROUP HOME

Service Area 3

Residential

Map Location Number - 95 **View: A**

7585 - TRINITY - EL MONTE RESIDENTIAL
11057 BASYE STREET
EL MONTE 91731

Phone: (626) 444-0539

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: MENTAL HEALTH SERVICES

Service Area 3

Specialized Foster Care

Map Location Number - 103 **View: B**

7753 - SPECIALIZED FOSTER CARE
725 S GRAND AVENUE
GLENDORA 91740

Phone: (626) 691-1855

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: DMH **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, WELLNESS CENTER

Map Location Number - 102 **View: A**

7442 - SPECIALIZED FOSTER CARE
532 E COLORADO BLVD, 4TH FLOOR
PASADENA 91101

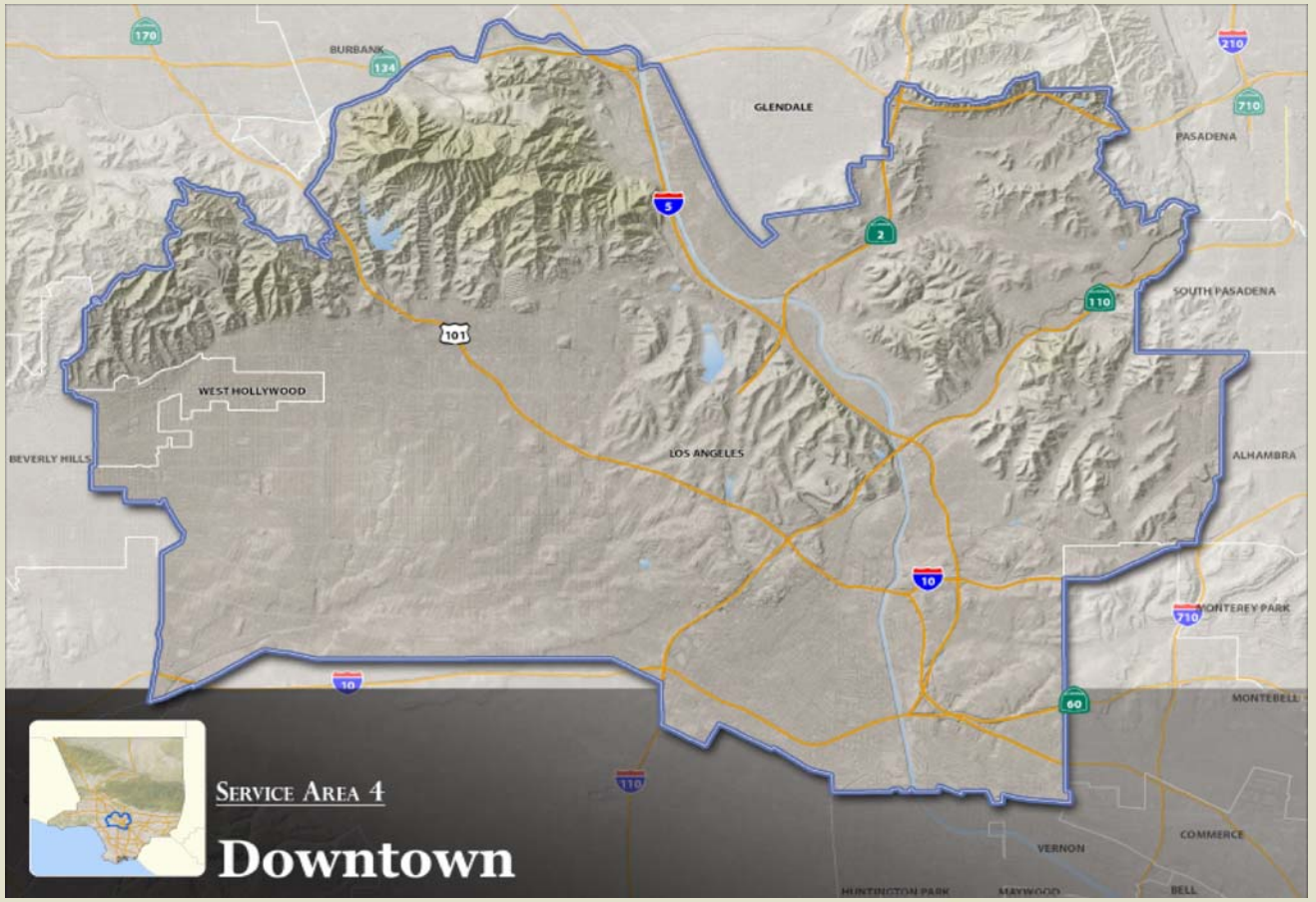
Phone: (626) 229-3825

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): English, Russian, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Provider Directory

Locations of Publicly Funded Mental Health Services in the County of Los Angeles - Service Area 4



Marvin J. Southard, DSW, Director
County of Los Angeles
Department of Mental Health
Program Support Bureau
Quality Improvement Division

Our Mission

Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency.

January 2010

PROVIDER DIRECTORY – LOCATIONS OF PUBLICLY FUNDED MENTAL HEALTH SERVICES IN THE COUNTY OF LOS ANGELES - JANUARY 2010

Welcome to the 2010 **Provider Directory — Locations of Publicly Funded Mental Health Providers in The County of Los Angeles** for Psychiatric Inpatient and Outpatient Short Doyle/Medi-Cal Facilities, Fee-For-Service Psychiatric Inpatient Facilities, Community Outreach, Forensic, Residential and Specialized Foster Care Services. It excludes Fee-For-Service Outpatient Providers.

The Provider Directory includes provider addresses, provider numbers, phone numbers, hours of operation, provider types, age-groups served, languages spoken and Specialty Mental Health Services (SMHS) by provider location.

The Provider Directory also includes provider profiles for each Service Area with map locations for each provider.

Providers are listed alphabetically by name and the primary mode of service. Each provider has a designated provider location number referenced on the Service Area Map titled *Provider Location with Map Location Number*.

Please refer to the Glossary for terms and definitions used in the Provider Directory.

To obtain Mental Health Information and Services confidentially, please call the 24/7 ACCESS Center at 1-800-854-7771.

Additional Resources

The providers in the Provider Directory can also be located on the internet using the Online DMH Provider Locator. Please use the link below to access the website and search for providers in areas nearest to you.

http://gis.lacounty.gov/dmh/

Please accurately type the complete address of your location on the website's address window and hit 'Search'. The online DMH Provider Locator will return the closest locations on a map on the left side of the screen. The Online DMH Provider Locator will also provide the distance from your 'Search' Location as well as driving directions.

Acknowledgements

The Program Support Bureau wishes to thank Service Area District Chiefs and Service Area Liaisons for updating the Provider List. We also wish to thank Hwa Saup Lee and Durga Niraula at Social Services Systems Division-Urban Research/GIS at ISD, County of Los Angeles, for preparing the maps.

Contact Us

Even though every attempt has been made to ensure that the provider and the map information is accurate, provider information may change frequently. Should you have any questions, please contact Vandana Joshi, Ph.D. Program Head, Data-GIS Unit, Quality Improvement Division, at (213) 251-6886 or Sandra Chin at (213) 251-6810. The Provider Directory can be downloaded from the LAC-DMH website at http://psbqi.dmh.lacounty.gov/data.htm

GLOSSARY

Data Sources

Consumers Served: LAC-DMH IS Database. FY 2008-2009.
Population and Poverty Estimates: Prepared by John Hedderson, Walter McDonald and Associates, Sacramento. CY - 2008.
Provider Lists: LAC-DMH IS Database, Patients' Rights Directory, Multilinguistic Provider Directory & Mental Health Services Act (MHSA) Provider Directory. October 2009.

Rates

Prevalence Rate: The California State Department of Mental Health (CDMH) provides the estimated prevalence of Serious Emotional Disturbance (SED) for children and Serious Mental Illness (SMI) for adults for each County. These rates are applied to the estimated population in Los Angeles County to determine the number of people in need of mental health services.

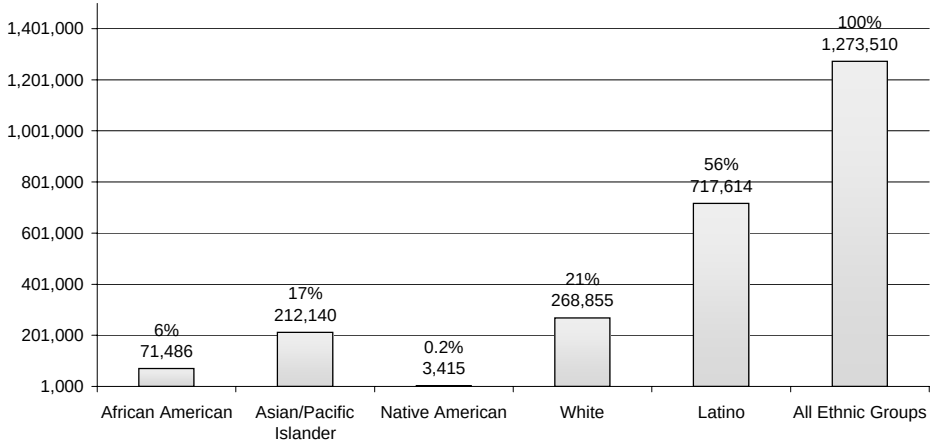
Penetration Rate: This rate estimates the number of persons served by publicly funded mental health services excluding Fee-For-Service Providers. The Penetration Rate is calculated as: The Number of Consumers Served in Outpatient Short Doyle/ Medi-Cal Facilities divided by Number of people estimated with SED and SMI.

Retention Rate: This rate estimates the number of outpatient services/claims received by consumers in Short Doyle/Medi-Cal facilities in FY 2008-2009.

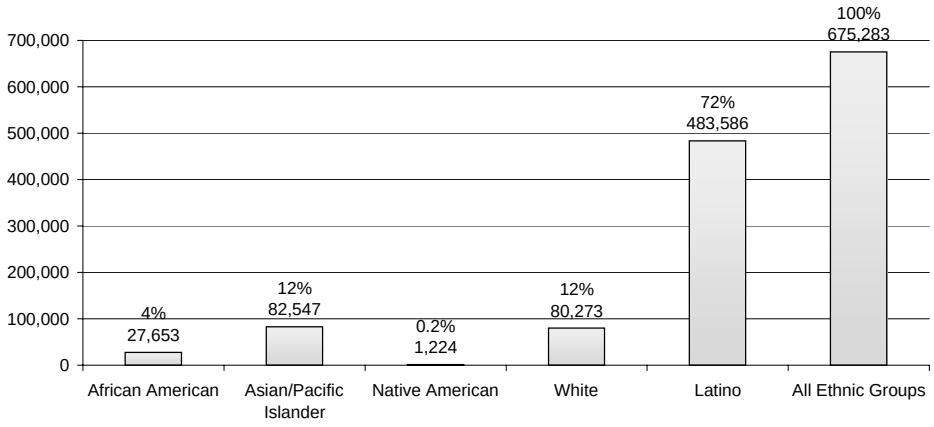
Age-Groups Served by Providers: The age-groups served by providers are: Child/Youth and Adults. Providers serving Child/ Youth serve consumers between the ages of 0 and 17. Providers serving adults serve consumers 18 years of age or older.

Service Area 4
Population Demographic Profile 2008

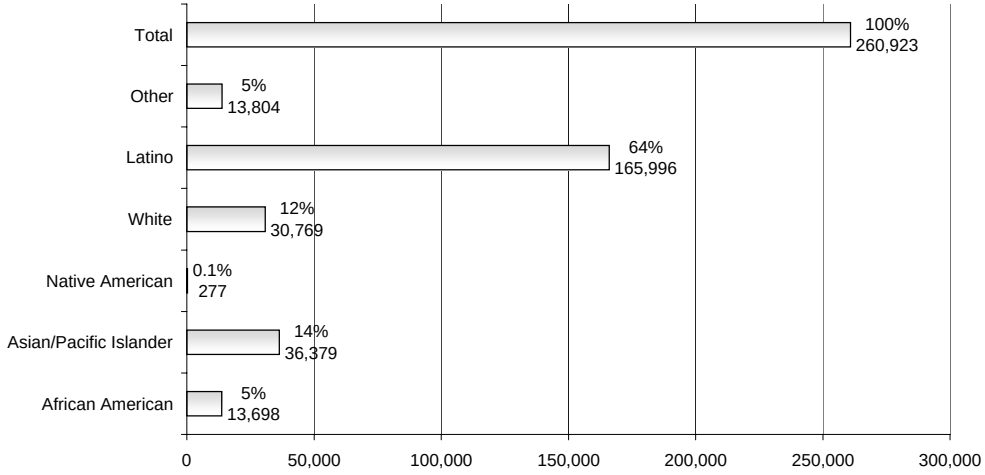
Estmated Population by Ethnicity



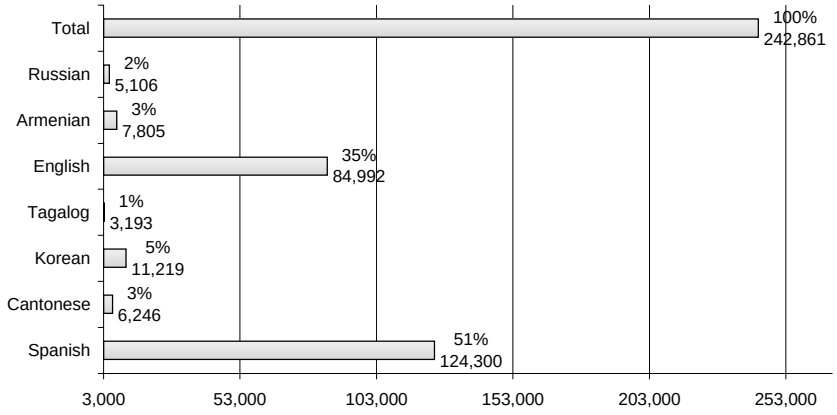
Estimated Population Living at or below 200% Federal Poverty Level



Medi-Cal Eligible Beneficiaries by Ethnicity



Number of Medi-Cal Beneficiaries Who Speak The Threshold Languages in SA 4[1]

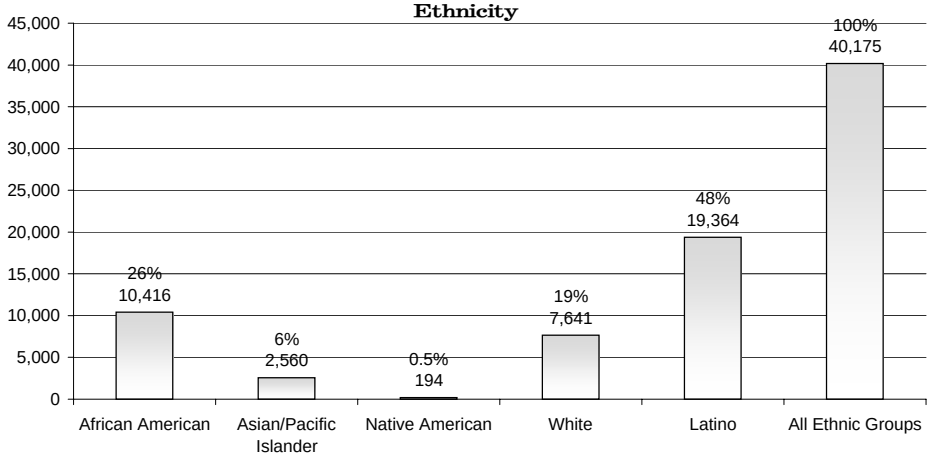


Of the 13 Countywide Threshold Languages Service Area 4 has 7 Threshold Languages, Russian, Armenian English, Tagalog, Korean, Cantonese, Spanish.

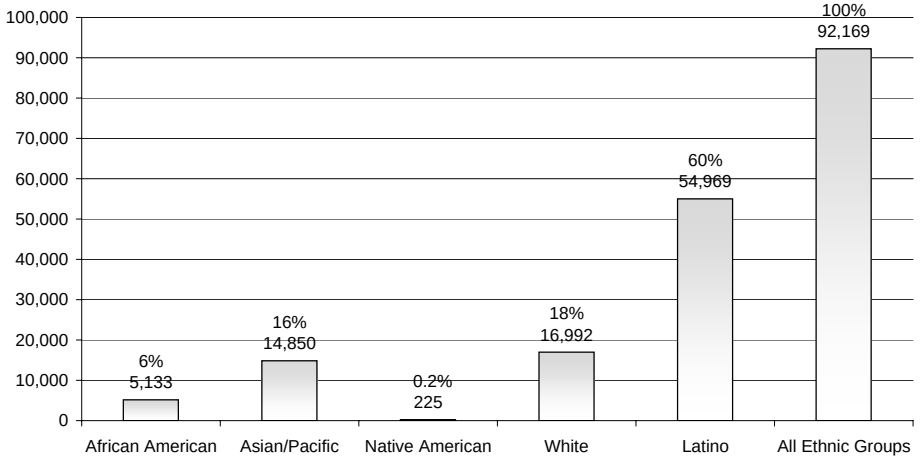
[1]Threshold Languages means a language identified on the Medi-Cal Eligibility Data System (MEDS) as the primary language of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area, per Title 9, CCR, Section 1810.410 (f) (3).

Service Area 4
Consumer Profile 2008

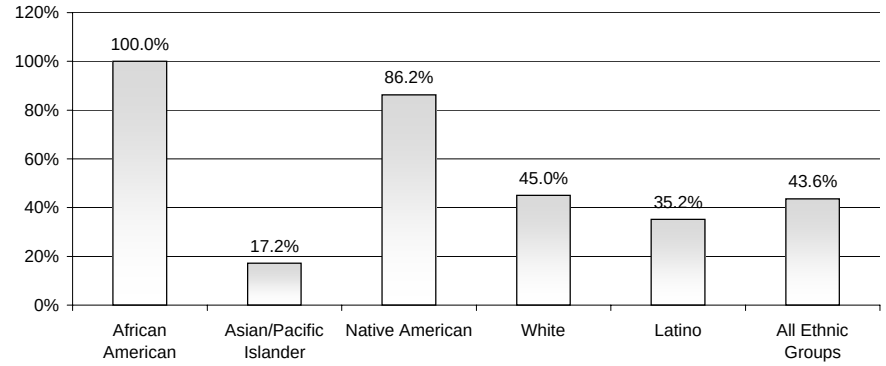
Consumers Served in Short Doyle/Medi-Cal Facilities by Ethnicity



Estimated Population with SED and SMI[1] by Ethnicity



Penetration Rate by Ethnicity[2]



[1]SED = Serious Emotional Disturbance (for Children) SMI = Serious Mental Illness (for Adults)

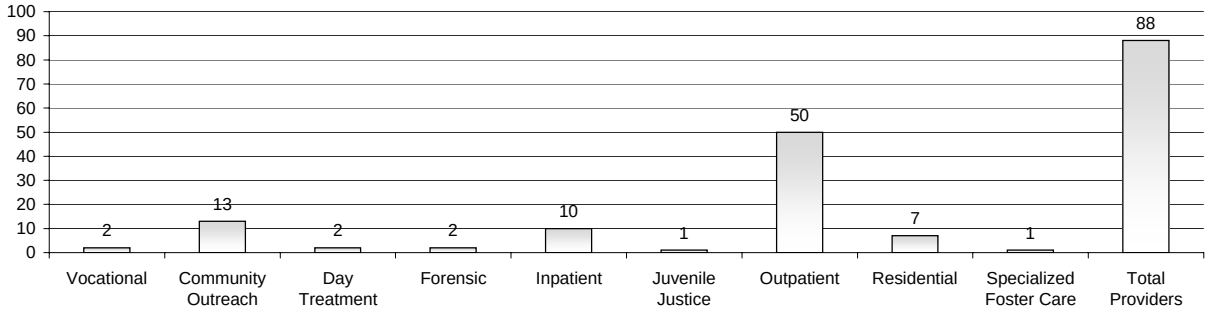
[2]Penetration Rate (PR) = Consumers Served in Short Doyle/Medi-Cal Facilities divided by Estimated Population with SED and SMI (e.g. PR For All Ethnic Groups = 40,175 / 92,169 = 43.6%).

Retention Rate by Ethnicity

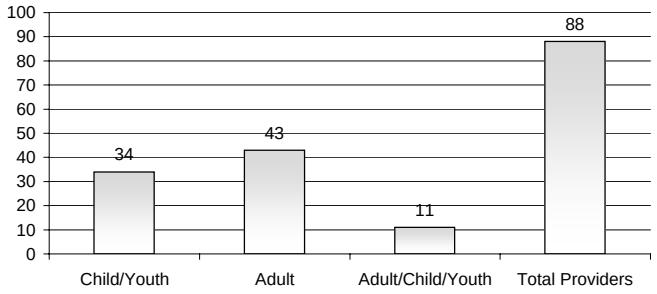
Number of Approved Outpatient Claims							
	1 Claim	2 Claims	3 Claims	4 Claims	5-15 Claims	16 or More Claims	Total
Number of Consumers							
African American	1216	634	359	321	2066	2423	**7019**
Percent	*17.32%*	*9.03%*	*5.11%*	*4.57%*	*29.43%*	*34.52%*	***100%***
Asian	196	82	69	67	541	862	**1817**
Percent	*10.79%*	*4.51%*	*3.80%*	*3.69%*	*29.77%*	*47.44%*	***100%***
Native American	26	15	8	6	34	70	**159**
Percent	*16.35%*	*9.43%*	*5.03%*	*3.77%*	*21.38%*	*44.03%*	***100%***
White	1009	415	248	273	1521	1536	**5002**
Percent	*20.17%*	*8.30%*	*4.96%*	*5.46%*	*30.41%*	*30.71%*	***100%***
Latino	2510	1114	730	574	4081	6214	**15223**
Percent	*16.49%*	*7.32%*	*4.80%*	*3.77%*	*26.81%*	*40.82%*	***100%***
Other	215	125	85	82	482	390	**1379**
Percent	*15.59%*	*9.06%*	*6.16%*	*5.95%*	*34.95%*	*28.28%*	***100%***
Total	5172	2385	1499	1323	8725	11495	**30599**
Percent	*16.90%*	*7.79%*	*4.90%*	*4.32%*	*28.51%*	*37.57%*	***100%***

Service Area 4
Provider Profile 2009

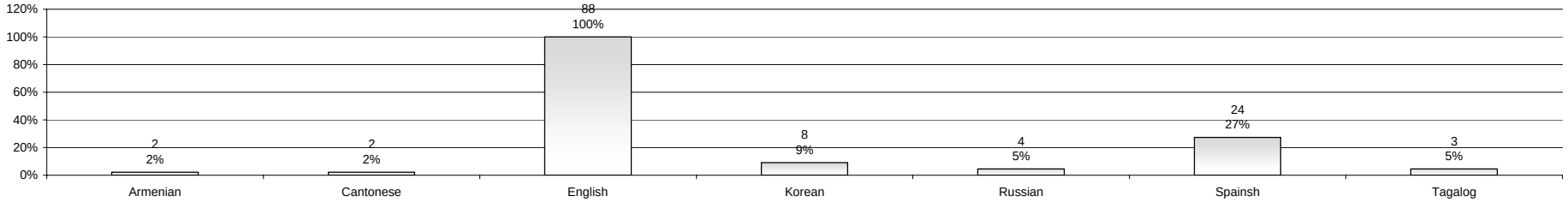
Numbers and Types of Providers



Age-Group Served by Providers



Providers with Staff Who Speak The Threshold Languages in SA 4[1]



[1]Percent = Numbers of Providers with Staff Speaking a Threshold Language/Total Number of Providers.

Other Languages Spoken in Provider Locations

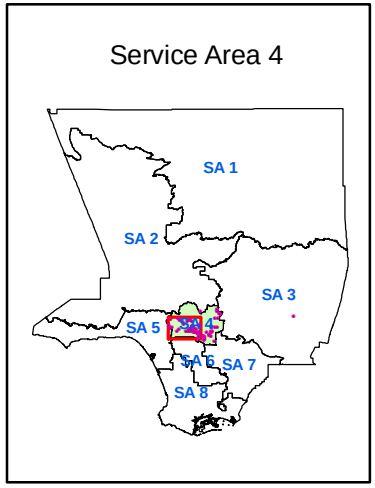
English	Armenian	Cantonese	Cambodian	Other Chinese	Arabic	Farsi	Korean	Mandarin	Russian	Spanish	Tagalog
88	2	2	1	5	2	4	8	1	4	24	3
100%	*2%*	*2%*	*1%*	*6%*	*2%*	*5%*	*9%*	*1%*	*5%*	*27%*	*3%*

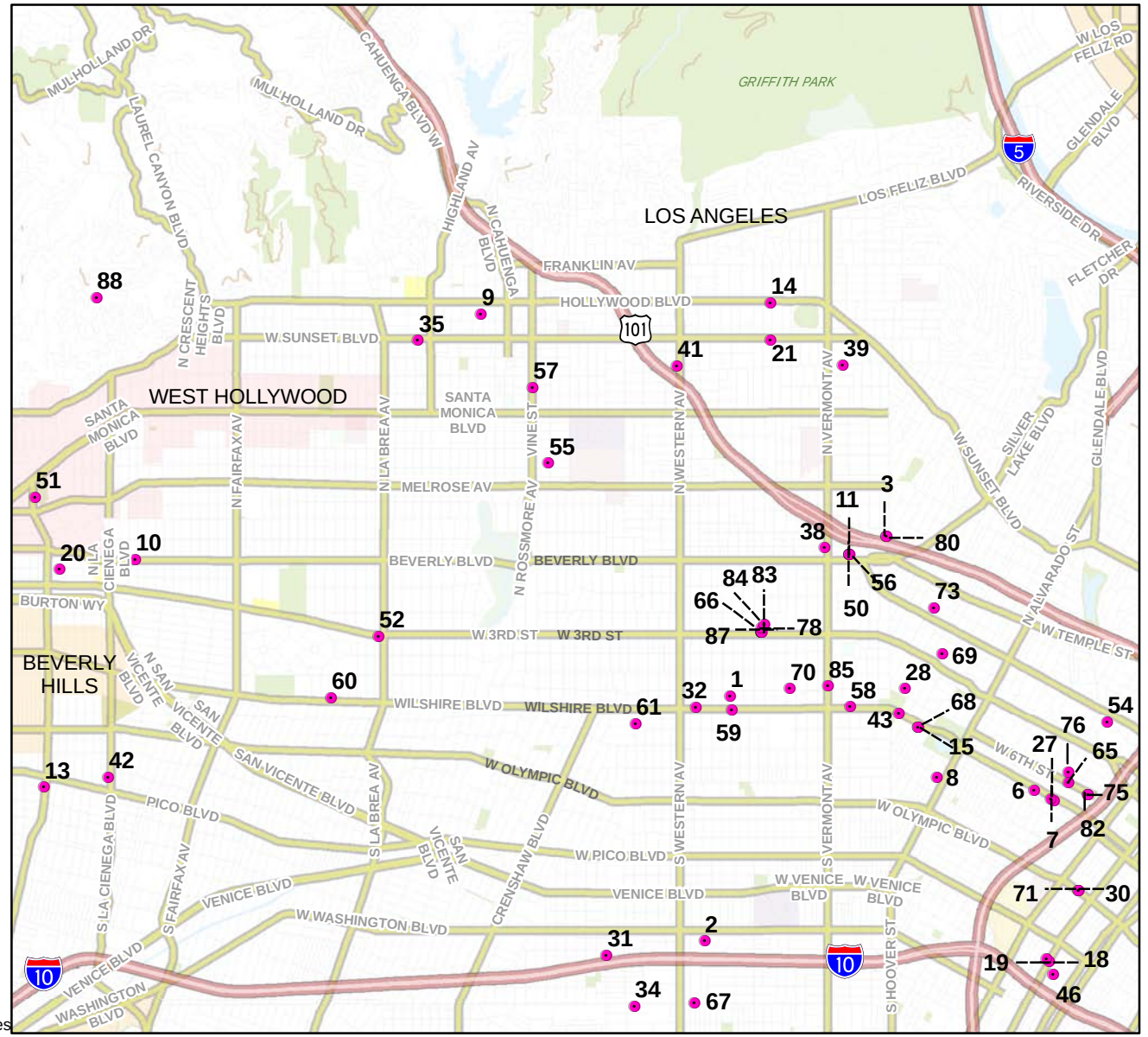
Vietnamese	Creole	Croatian	Flemish	French	Hebrew	Igbo	Japanese	Polish	Portugese	Serbo	Swedish	Yoruba
1	1	1	1	3	2	1	5	2	1	1	1	1
1%	*1%*	*1%*	*1%*	*3%*	*2%*	*1%*	*6%*	*2%*	*1%*	*1%*	*1%*	*1%*

Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

View A
SA 4 Magnified





Provider Location

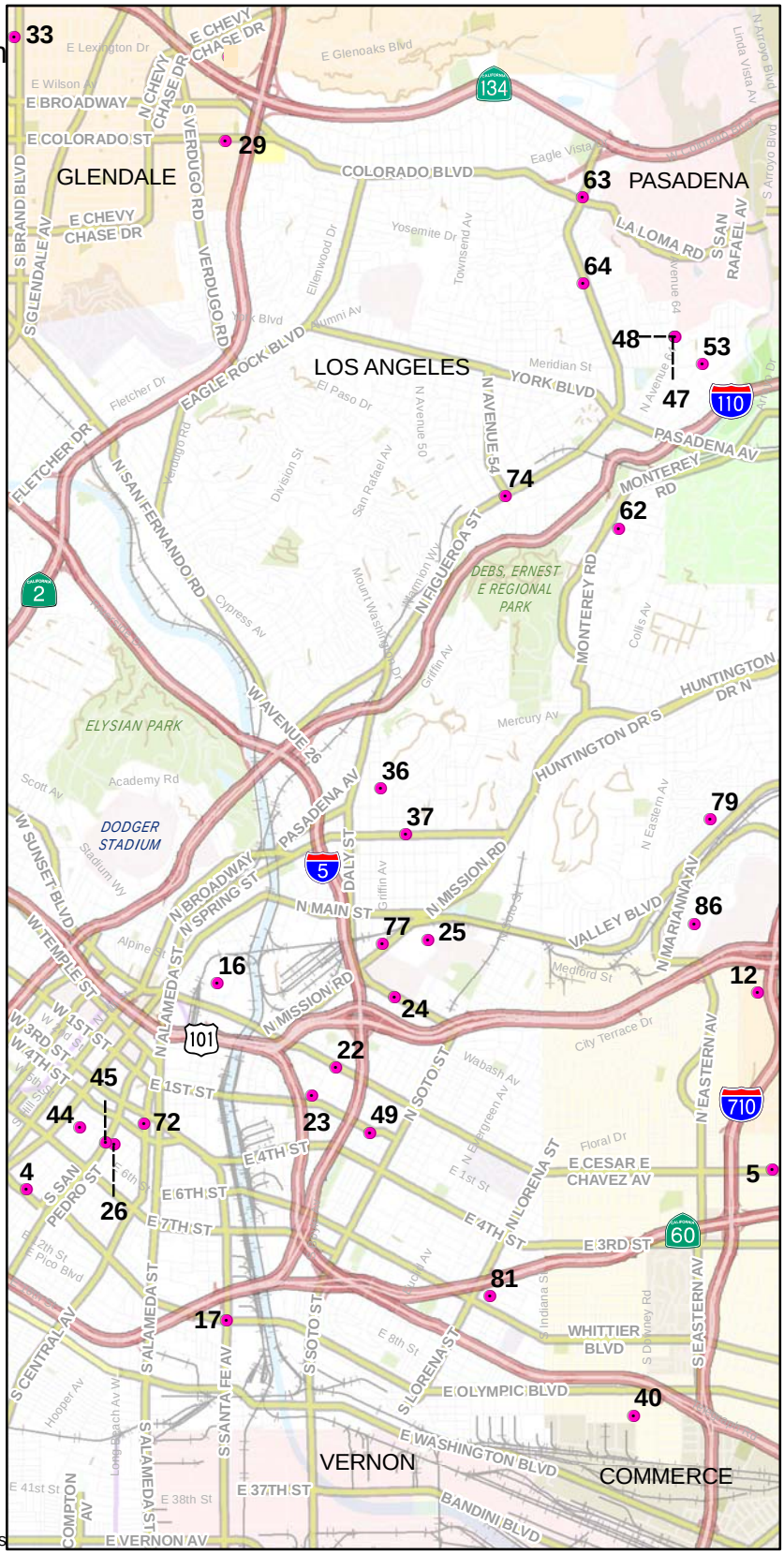
N

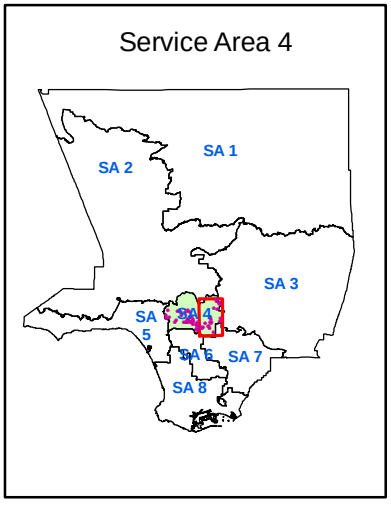
0 0.2 0.4 0.8 1.2
Miles

Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

View B
SA 4 Magnified





Provider Location

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Miles

Service Area 4

Community Outreach

Map Location Number - 1 **View**: A

7061 - AIDS PROJECT LOS ANGELES
611 S KINGSLEY DRIVE
LOS ANGELES 90005

Phone: (213) 201-1621

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: COMMUNITY OUTREACH, MENTAL HEALTH PROMOTION

Map Location Number - 2 **View**: A

7147 - FILIPINO-AMERICAN SERVICES GROUPS, INC
135 N PARK VIEW STREET
LOS ANGELES 90026

Phone: (213) 487-9804

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English

Services: COMMUNITY OUTREACH

Map Location Number - 3 **View**: A

7412 - GATEWAYS HOMELESS SERVICES- DROP-IN SITE
433 N HOOVER STREET
LOS ANGELES 90004

Phone: (323) 644-2026

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: COMMUNITY OUTREACH, HOMELESS SERVICES, LIFE SUPPORT

Map Location Number - 4 **View**: B

- L.I.F.E. (LIFE INDEPENDENCE FUTURE AND EMPOWERMENT)
2120 W 8TH STREET, SUITE 210
LOS ANGELES 90057

Phone: (213) 368-1889

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**:
Age Group Served: Adult
Language(s): English

Services: CLIENT RUN WELLNESS CENTER

Service Area 4

Community Outreach

Map Location Number - 5 **View**: B

7134 - LAMP, INC
627 SAN JULIAN STREET
LOS ANGELES 90014

Phone: (213) 488-0031

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: COMMUNITY OUTREACH

Map Location Number - 7 **View**: A

7018 - MENTAL HEALTH ASSOCIATION (MHA) PROJECT RETURN
1138 WILSHIRE BLVD., 2ND FLOOR
LOS ANGELES 90017

Phone: (213) 250-1500

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: COMMUNITY OUTREACH, MENTAL HEALTH PROMOTION

Map Location Number - 6 **View**: A

7065 - MENTAL HEALTH ASSOCIATION - LONG BEACH
1336 WILSHIRE BLVD., 2ND FLOOR
LOS ANGELES 90017

Phone: (213) 413-1130

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: COMMUNITY OUTREACH, MENTAL HEALTH PROMOTION

Map Location Number - 13 **View**: A

7261 - PORTALS HOUSE -COMMUNITY LIVING PROGRAM (CLP)
269 S MARIPOSA AVENUE
LOS ANGELES 90004

Phone: (213) 381-8400

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: COMMUNITY OUTREACH, FULL SERVICE PARTNERSHIP

Service Area 4

Community Outreach

Map Location Number - 8 **View**: A

7112 - SPECIAL SERVICE FOR GROUPS (SSG)
2120 W 8TH STREET SUITE 210
LOS ANGELES 90057

Phone: (213) 368-1888

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: COMMUNITY OUTREACH

Map Location Number - 9 **View**: A

7106 - THE LOS ANGELES GAY & LESBIAN CENTER
1625 N SCHRADER BLVD.
LOS ANGELES 90028

Phone: (323) 993-7521

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English

Services: COMMUNITY OUTREACH

Map Location Number - 10 **View**: A

7203 - THE SABAN FREE CLINIC
8405 BEVERLY BLVD.
LOS ANGELES 90048

Phone: (323) 653-8622

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult/Child/Youth
Language(s): English

Services: COMMUNITY OUTREACH

Map Location Number - 12 **View**: B

7122 - TRAVELERS AID SOCIETY OF LOS ANGELES
1507 WINONA BLVD.
LOS ANGELES 90027

Phone: (323) 644-3500

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s):

Services: COMMUNITY OUTREACH, MENTAL HEALTH PROMOTION,

Service Area 4

Community Outreach

Map Location Number - 11 **View**: A

7105 - TRAVELERS AID SOCIETY OF LOS ANGELES
340 N MADISON AVENUE
LOS ANGELES 90004

Phone: (323) 468-2500 X18

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): Arabic, English, Spanish

Services: COMMUNITY OUTREACH

Service Area 4

Day Treatment

Map Location Number - 14 **View**: A

7363 - CHILDRENS HOSPITAL - HEALTH SERVICES PRESCHOOL
5000 HOLLYWOOD BLVD.
LOS ANGELES 90027

Phone: (323) 661-6405

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: DAY TREATMENT

Map Location Number - 15 **View**: A

6814 - PORTALS HOUSE - WILSHIRE - AB 2034
2500 WILSHIRE BLVD., SUITE 500
LOS ANGELES 90057

Phone: (213) 639-0213

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: DAY TREATMENT

Service Area 4

Forensic

Map Location Number - 16 **View**: B

6701 - JAIL MENTAL HEALTH
450 BAUCHET STREET, TOWER 1
LOS ANGELES 90012

Phone: (213) 473-6183

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: DMH **Supervisorial District**:
Age Group Served: Adult
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 17 **View**: B

6702 - WOMEN'S JAIL MENTAL HEALTH SERVICES
11705 S ALAMEDA STREET
LOS ANGELES 90202

Phone: (323) 528-4672

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 4

Inpatient

Map Location Number - 18 **View**: A

7580 - CALIFORNIA HOSPITAL
1401 S GRAND
LOS ANGELES 90015

Phone: (213) 742-6037

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 20 **View**: A

1980 - CEDARS-SINAI MEDICAL CENTER
8730 ALDEN DRIVE, ROOM W # 301
LOS ANGELES 90048

Phone: (310) 423-4715

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 19 **View**: A

7590 - CALIFORNIA HOSPITAL- MEDICAL CENTER
1400 S GRAND
LOS ANGELES 90015

Phone: (213) 742-6250

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English, Spanish

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES, MEDICATION SUPPORT, PSYCH TESTING

Map Location Number - 39 **View**: A

7586 - CHILDRENS HOSPITAL - LA QUEENSCARE HEALTH FAITH
4618 FOUNTAIN AVENUE, SUITE 102
LOS ANGELES 90029

Phone: (323) 644-6180

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES

Service Area 4

Inpatient

Map Location Number - 40 **View**: B

7614 - CHILDRENS HOSPITAL COMMUNITY MENTAL HEALTH CENTER
3250 WILSHIRE BLVD.
LOS ANGELES 90010

Phone: (323) 669-2350

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 21 **View**: A

1989 - CHILDRENS HOSPITAL LOS ANGELES
5000 SUNSET BLVD., 7TH FLOOR
LOS ANGELES 90027

Phone: (323) 361-2471

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES, FULL SERVICE PARTNERSHIP, PSYCH TESTING

Map Location Number - 41 **View**: A

7449 - CHILDRENS HOSPITAL LA-COVENANT
1325 NORTH WESTERN AVENUE
HOLLYWOOD 90027

Phone: (213) 461-3131

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English, Hebrew

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 22 **View**: B

7431 - WHITE MEMORIAL MEDICAL CENTER
1720 CESAR CHAVEZ AVENUE
LOS ANGELES 90033

Phone: (323) 268-5000

Hours of Operation: Mon - Sun 12:00 am - 12:00 am
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: 24 HOUR ACUTE

Service Area 4

Inpatient

Map Location Number - 23 **View**: B

1982 - GATEWAYS HOSPITAL AND MENTAL HEALTH CLINIC
1891 EFFIE STREET
LOS ANGELES 90026

Phone: (323) 644-2000

Hours of Operation: Mon -Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English, Spanish, French, Flemish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MENTAL HEALTH SERVICES, MEDICATION SUPPORT, PSYCH TESTING, THERAPEUTIC BEHAVIORIAL SERVICES (TBS)

Map Location Number - 24 **View**: B

1956 - LAC/USC ADULT PSYCHIATRIC
1100 N STATE STREET
LOS ANGELES 90033

Phone: (323) 409-5751

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: 24 HOUR ACUTE, CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 4

Juvenile Justice

Map Location Number - 25 **View**: B

1957 - CENTRAL JUVENILE HALL
1605 E LAKE AVENUE
LOS ANGELES 90033

Phone: (323) 226-8806

Hours of Operation: Visiting Hours: Sat 1:00 pm - 3:00 pm Sun 1:00 pm - 4:00 pm
Walk-ins: Not Applicable
Provider: DMH **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 4

Outpatient

Map Location Number - 27 **View**: A

7104 - AMANECER COMMUNITY COUNSELING SERVICES
1200 WILSHIRE BLVD., SUITE 210
LOS ANGELES 90017

Phone: (213) 481-1347

Hours of Operation: Mon - Fri 8:00 am - 7:30 pm
Walk-ins: Mon - Fri 10:30 am - 3:00 pm
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English, Spanish

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION

Map Location Number - 28 **View**: A

7186 - ASIAN PACIFIC COUNSELING & TREATMENT CENTER
520 S LA FAYETTE PARK PLACE, 3RD FLOOR # 300
LOS ANGELES 90057

Phone: (213) 252-2100

Hours of Operation: Mon 8:30 - 7:00 pm Tues -Fri 8:30 am - 6.00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth
Language(s): English, Chinese (Mandarain & Cantonese), Japanese, Korean, Spanish,

Services: DAY TREATMENT, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, RESIDENTIAL

Map Location Number - 29 **View**: B

7619 - ASIAN PACIFIC COUNSELING & TREATMENT CENTER
1310 WILSHIRE BLVD.
LOS ANGELES 90017

Phone: (213) 483-3000

Hours of Operation: Mon - Fri 8:30 am - 5:00 pm
Walk-ins: Mon - Fri 8:30 am - 5:00 pm
Provider: NGA **Supervisorial District**:
Age Group Served: Adult
Language(s): English, Chinese (Cantonese, & Taiwanese)

Services: CASE MANAGEMENT, COMMUNITY MENTAL HEALTH PROMOTION, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 30 **View**: A

7517 - ASIAN PACIFIC COUNSELING & TREATMENT CENTER
605 W. OLYMPIC BLVD., SUITE 550
LOS ANGELES 90015

Phone: (213) 252-2100

Hours of Operation: Mon - Fri 9:00 am - 5:00 pm
Walk-ins: Mon - Fri 9:00 am - 5:00 pm
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English, Spanish, Chinese, Cambodian, Japanese, Korean, Vietnamese

Services: CRISIS INTERVENTION, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 4

Outpatient

Map Location Number - 31 **View**: A

7494 - AVIVA CENTER
7120 FRANKLIN AVENUE
HOLLYWOOD 90046

Phone: (213) 637-5000

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 32 **View**: A

7268 - AVIVA CENTER - COMMUNITY MENTAL HEALTH
3701 WILSHIRE BLVD.
LOS ANGELES 90010

Phone: (213) 637-5000

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING,THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Map Location Number - 33 **View**: B

7221 - AVIVA FAMILY AND CHILDREN'S SERVICES
7120 FRANKLIN AVENUE
LOS ANGELES 90046

Phone: (323) 876-0550

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 34 **View**: A

7520 - BEHAVIORAL HEALTH SERVICES
4099 N MISSION ROAD
LOS ANGELES 90032

Phone: (323) 221-1746

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 4

Outpatient

Map Location Number - 35 **View**: A

7521 - BEHAVIORAL HEALTH SERVICES
6838 SUNSET BLVD.
LOS ANGELES 90028

Phone: (323) 461-3161

Hours of Operation: Mon -Fri 8:00 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult/Child/Youth
Language(s): English, Farsi, French, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 36 **View**: B

7550 - BOOTH MEMORIAL CENTER
2670 GRIFFIN AVENUE
LOS ANGELES 90031

Phone: (310) 225-1586

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 37 **View**: B

7519 - CA HISPANIC COMMISSION ALCOHOL & DRUG ABUSE
3125 N BROADWAY
LOS ANGELES 90031

Phone: (323) 222-4591

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 38 **View**: A

7300 - CHILDREN BUREAU OF SOUTHERN CALIFORNIA
3910 OAKWOOD AVENUE
LOS ANGELES 90004

Phone: (323) 953-7356

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, THERAPEUTIC BEHAVIORIAL SERVICES (TBS)

Service Area 4

Outpatient

Map Location Number - 42 **View**: A

7328 - CHILDRENS INSTITUTE INTERNATIONAL
711 S NEW HAMPSHIRE AVENUE
LOS ANGELES 90005

Phone: (213) 385-5100

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 43 **View**: A

7359 - DIDI HIRSCH - METRO CENTER
672 S LA FAYETTE PARK, SUITE 6
LOS ANGELES 90057

Phone: (213) 381-3626

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 44 **View**: B

7057 - DOWNTOWN MENTAL HEALTH CENTER
529 S MAPLE AVENUE
LOS ANGELES 90013

Phone: (213) 430-6700

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Mon - Fri 8:00 am - 5:00 pm
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY TREATMENT, FULL SERVICE PARTNERSHIP, LIFE SUPPORT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER

Map Location Number - 45 **View**: B

7298 - DOWNTOWN MENTAL HEALTH CENTER /THE DROP IN CENTER
544 S SAN PEDRO STREET
LOS ANGELES 90013

Phone: (213) 974-6501

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, CASE MANAGEMENT SUPPORT, COMMUNITY OUTREACH, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 4

Outpatient

Map Location Number - 46 **View**: A

7582 - EISNER PEDIATRIC FAMILY MEDICAL CENTER
1500 S OLIVE STREET
LOS ANGELES 90015

Phone: (213) 746-1037

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 47 **View**: B

7581 - EL CENTRO DEL PUEBLO, INC
1808 SUNSET BLVD.
LOS ANGELES 90026

Phone: (213) 483-6335

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 48 **View**: B

7255 - ENKI EAST LOS ANGELES MENTAL HEALTH - PICO UNION
2523 W 7TH STREET
LOS ANGELES 90057

Phone: (866) 227-1302

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 49 **View**: B

7472 - ENKI YOUTH AND FAMILY SERVICES
2130 E 1ST STREET
LOS ANGELES 90033

Phone: (866) 227-1302

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 4

Outpatient

Map Location Number - 50 **View**: A

7470 - GATEWAYS PATH
340 N MADISON AVENUE
LOS ANGELES 90004

Phone: (323) 644-2026

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English, Creole, Korean, Spanish

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 51 **View**: A

7376 - GAY & LESBIAN ADOLESCENT SOCIAL SERVICES (GLASS)
650 N ROBERTSON BLVD.
WEST HOLLYWOOD 90069

Phone: (310) 358-8727 X110

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 52 **View**: A

7459 - GAY & LESBIAN ADOLESCENT SOCIAL SERVICES (GLASS)
5724 3RD STREET, SUITE 307
LOS ANGELES 90036

Phone: (323) 456-0801

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 53 **View**: B

7278 - HATHAWAY FAMILY RESOURCE CENTER
840 N AVENUE 66
LOS ANGELES 90042

Phone: (323) 257-9600

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 4

Outpatient

Map Location Number - 54 **View**: A

7645 - HILLSIDES COMMUNITY CENTER
1282 W 2ND STREET
LOS ANGELES 90026

Phone: (213) 201-5380

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, THERAPEUTIC BEHAVORIAL SERVICES (TBS)

Map Location Number - 55 **View**: A

7343 - HOLLYGROVE
815 N EL CENTRO AVENUE
LOS ANGELES 90038

Phone: (323) 463-2119 X2101

Hours of Operation: Mon - Fri 8:30 am - 5:30 pm
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): Chinese, English, Farsi, Ibo, Japanese, Polish, Russian, Spanish, Tagalog

Services: CASE MANAGEMENT, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, THERAPEUTIC BEHAVORIAL SERVICES (TBS)

Map Location Number - 56 **View**: A

7260 - HOLLYWOOD ACCESS CENTER
340 N MADISON AVENUE
LOS ANGELES 90004

Phone: (323) 644-2216

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 57 **View**: A

1909 - HOLLYWOOD MENTAL HEALTH CENTER
1224 N VINE STREET
LOS ANGELES 90038

Phone: (323) 769-6100

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Mon - Fri 8:00 am - 2:30 pm
Provider: DMH **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, LIFE SUPPORT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER

Service Area 4

Outpatient

Map Location Number - 58 **View**: A

7443 - ICAT - WILSHIRE
3075 WILSHIRE BLVD., 8TH FLOOR
LOS ANGELES 90010

Phone: (213) 639-4697

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 59 **View**: A

7312 - IMCES, INC
3580 WILSHIRE BLVD., SUITE 2000
LOS ANGELES 90010

Phone: (213) 381-1250

Hours of Operation: Mon - Fri 9:00 am - 5:00 pm
Walk-ins: Mon-Fri 9:00 am - 5:00 pm -Sat with Appointment
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth
Language(s): Arabic, Armenian, English, French, Korean, Russian Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 60 **View**: A

7693 - JEWISH FAMILY SERVICE OF LOS ANGELES
6505 WILSHIRE BLVD., SUITE 500
LOS ANGELES 90048

Phone: (323) 761-8800

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 61 **View**: A

7103 - KOREAN YOUTH & COMMUNITY CENTER, INC
680 S WILTON PLACE
LOS ANGELES 90005

Phone: (213) 365-7400

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English, Korean, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 4

Outpatient

Map Location Number - 26 **View**: B

7202 - LAMP, INC
527 S CROCKER STREET
LOS ANGELES 90013

Phone: (213) 488-9559

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 62 **View**: B

1914 - NORTHEAST MENTAL HEALTH CENTER
5321 VIA MARISOL
LOS ANGELES 90042

Phone: (323) 478-8200

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Mon - Fri 8:00 am - 5:00 pm
Provider: DMH **Supervisorial District**: 1
Age Group Served: Adult
Language(s): Chinese, English, Fakienese, Korean, Portugese, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, LIFE SUPPORT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER

Map Location Number - 63 **View**: B

7444 - OPTIMIST YOUTH AND FAMILY SERVICES
7330 N FIGUEROA STREET
LOS ANGELES 90041

Phone: (323) 341-5561

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 5
Age Group Served: Child/Youth
Language(s): Croatian, English, Farsi, Japanese, Korean, Serbo, Spanish

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 64 **View**: B

7344 - OPTIMIST YOUTH HOMES
6957 N FIGUEROA STREET
LOS ANGELES 90042

Phone: (323) 443-3151

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 4

Outpatient

Map Location Number - 66 **View**: A

7677 - PACIFIC CLINICS - PORTALS BEHAVIORAL HEALTH SERVICES
269 S MARIPOSA AVENUE
LOS ANGELES 90004

Phone: (213) 639-2660

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English, Yoruba

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, WELLNESS CENTER

Map Location Number - 67 **View**: A

7674 - PORTALS COMMUNITY
3882 S WESTERN STREET
LOS ANGELES 90062

Phone: (323) 290-4378

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 65 **View**: A

7546 - PARA LOS NINOS
500 S LUCAS STREET
LOS ANGELES 90017

Phone: (213) 250-4800

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 68 **View**: A

7512 - PORTALS HOUSE - CALWORKS
2500 WILSHIRE BLVD., SUITE 430
LOS ANGELES 90010

Phone: (213) 639-2588

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English

Services: DAY TREATMENT, FULL SERVICE PARTNERSHIP

Service Area 4

Outpatient

Map Location Number - 78 **View**: A

6756 - PORTALS HOUSE - MARIPOSA CLUB HOUSE
269 S MARIPOSA AVENUE
LOS ANGELES 90004

Phone: (213) 639-2683

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, DAY REHABILITATION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, RESIDENTIAL, VOCATIONAL SERVICES

Map Location Number - 70 **View**: A

7160 - PORTALS HOUSE, INC
3407 W 6TH STREET, SUITE 614
LOS ANGELES 90057

Phone: (213) 381-8400

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 69 **View**: A

7160 - PORTALS HOUSE - RAMPART
238 S RAMPART
LOS ANGELES 90057

Phone: (213) 639-2683

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, RESIDENTIAL

Map Location Number - 72 **View**: B

7400 - SSG-HOMELESS OUTREACH PROGRAM
333 S CENTRAL AVENUE
LOS ANGELES 90013

Phone: (213) 620-5712

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 4

Outpatient

Map Location Number - 71 **View**: A

7187 - SSG-INDOCHINESE COUNSELING CENTER
605 W OLYMPIC BLVD., SUITE 350
LOS ANGELES 90015

Phone: (213) 553-1850

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 73 **View**: A

7538 - ST ANNES
155 N OCCIDENTAL BLVD.
LOS ANGELES 90020

Phone: (213) 381-2931

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): Armenian, English, Spanish, Swedish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 74 **View**: B

7503 - STAR VIEW COMMUNITY SERVICES
5420 N FIGUEROA STREET
LOS ANGELES 90042

Phone: (323) 999-2404

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT,MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 75 **View**: A

7262 - TELECARE LOS ANGLELS
600 ST PAUL AVENUE, SUITE 100
LOS ANGELES 90017

Phone: (213) 482-6400

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English, Hebrew, Russian, Spanish

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 4

Outpatient

Map Location Number - 76 **View**: A

7414 - UNITED AMERICAN INDIAN, INC
1135 WEST SIXTH STREET
LOS ANGELES 90017

Phone: (213) 241-0979

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English, Korean, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 77 **View**: B

7480 - VIP COMMUNITY MENTAL HEALTH CENTER
1721 GRIFFIN AVENUE
LOS ANGELES 90031

Phone: (323) 221-4134

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 4

Residential

Map Location Number - 79 **View**: B

7295 - ANNE SIPPI CLINIC
2457 ENDICOTT STREET
LOS ANGELES 90032

Phone: (323) 221-5177

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: TRANSITIONAL RESIDENTIAL

Map Location Number - 80 **View**: A

6757 - GATEWAYS COMMUNITY REINTERGRATION PROGRAM
437 N HOOVER STREET
LOS ANGELES 90004

Phone: (323) 644-2030

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English, Korean, Spanish

Services: DAY TREATMENT, LIFE SUPPORT, VOCATIONAL SERVICES

Map Location Number - 81 **View**: B

7603 - GATEWAYS INTENSIVE ADULT RESIDENTIAL PROGRAM
3455 PERCY STREET
LOS ANGELES 90023

Phone: (323) 268-2100

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 82 **View**: A

6810 - HEALTH RESEARCH ASSOCIATION
600 ST PAUL AVENUE, SUITE 100
LOS ANGELES 90017

Phone: (213) 975-9090

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English, Polish, Tagalog

Services: RESIDENTIAL, SUPPORTIVE LIVING

Service Area 4

Residential

Map Location Number - 83 **View**: A

7675 - PACIFIC CLINICS - PORTALS TWIN PEAKS RESIDENTIAL
255 S MARIPOSA AVENUE
LOS ANGELES 90004

Phone: (213) 639-2660

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English, Spanish

Services: TRANSITIONAL RESIDENTIAL

Map Location Number - 84 **View**: A

7039 - PORTALS HOUSE - TWIN PEAKS
256 S MARIPOSA AVENUE
LOS ANGELES 90004

Phone: (213) 639-2683

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: RESIDENTIAL

Map Location Number - 85 **View**: A

7189 - SPECIALIZED COUNTYWIDE PROGRAM
550 S VERMONT AVENUE
LOS ANGELES 90020

Phone: (213) 738-4151

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth
Language(s): English

Services: LIFE SUPPORT

Service Area 4

Specialized Foster Care

Map Location Number - 88 **View**: A

7443 - SPECIALIZED FOSTER CARE
3075 WILSHIRE BLVD., 8TH FLOOR
LOS ANGELES 90010

Phone: (213) 639-4708

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: MENTAL HEALTH SERVICES

Service Area 4

Vocational

Map Location Number - 86 **View**: B

6807 - ASIAN REHABILITATION SERVICES (ARS), INC
1701 E WASHINGTON BLVD.
LOS ANGELES 90021

Phone: (213) 743-9242

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth
Language(s): English

Services: VOCATIONAL SERVICES

Map Location Number - 87 **View**: A

7108 - PORTALS - CORPORATE COOKIE
269 S MARIPOSA AVENUE
LOS ANGELES 90004

Phone: (213) 381-8400

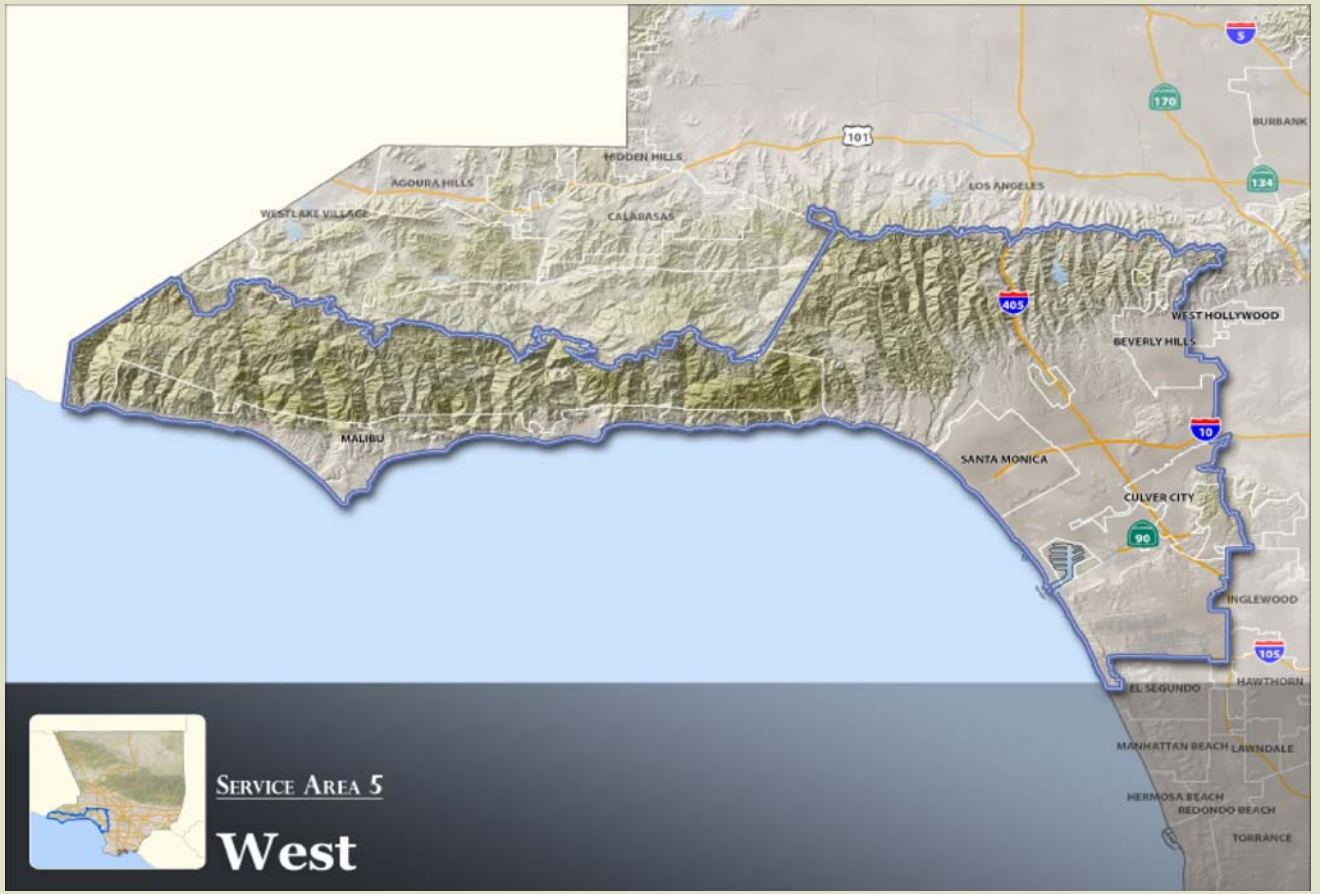
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: VOCATIONAL SERVICES

Provider Directory

Locations of Publicly Funded Mental Health Services in the County of Los Angeles - Service Area 5

Hope
Wellness
Recovery



Marvin J. Southard, DSW, Director
County of Los Angeles
Department of Mental Health
Program Support Bureau
Quality Improvement Division

Our Mission

Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency.

January 2010

PROVIDER DIRECTORY – LOCATIONS OF PUBLICLY FUNDED MENTAL HEALTH SERVICES IN THE COUNTY OF LOS ANGELES - JANUARY 2010

Welcome to the 2010 **Provider Directory — Locations of Publicly Funded Mental Health Providers in The County of Los Angeles** for Psychiatric Inpatient and Outpatient Short Doyle/Medi-Cal Facilities, Fee-For-Service Psychiatric Inpatient Facilities, Community Outreach, Forensic, Residential and Specialized Foster Care Services. It excludes Fee-For-Service Outpatient Providers.

The Provider Directory includes provider addresses, provider numbers, phone numbers, hours of operation, provider types, age-groups served, languages spoken and Specialty Mental Health Services (SMHS) by provider location.

The Provider Directory also includes provider profiles for each Service Area with map locations for each provider.

Providers are listed alphabetically by name and the primary mode of service. Each provider has a designated provider location number referenced on the Service Area Map titled *Provider Location with Map Location Number*.

Please refer to the Glossary for terms and definitions used in the Provider Directory.

To obtain Mental Health Information and Services confidentially, please call the 24/7 ACCESS Center at 1-800-854-7771.

Additional Resources

The providers in the Provider Directory can also be located on the internet using the Online DMH Provider Locator. Please use the link below to access the website and search for providers in areas nearest to you.

http://gis.lacounty.gov/dmh/

Please accurately type the complete address of your location on the website's address window and hit 'Search'. The online DMH Provider Locator will return the closest locations on a map on the left side of the screen. The Online DMH Provider Locator will also provide the distance from your 'Search' Location as well as driving directions.

Acknowledgements

The Program Support Bureau wishes to thank Service Area District Chiefs and Service Area Liaisons for updating the Provider List. We also wish to thank Hwa Saup Lee and Durga Niraula at Social Services Systems Division-Urban Research/GIS at ISD, County of Los Angeles, for preparing the maps.

Contact Us

Even though every attempt has been made to ensure that the provider and the map information is accurate, provider information may change frequently. Should you have any questions, please contact Vandana Joshi, Ph.D. Program Head, Data-GIS Unit, Quality Improvement Division, at (213) 251-6886 or Sandra Chin at (213) 251-6810. The Provider Directory can be downloaded from the LAC-DMH website at http://psbqi.dmh.lacounty.gov/data.htm

GLOSSARY

Data Sources

Consumers Served: LAC-DMH IS Database. FY 2008-2009.
Population and Poverty Estimates: Prepared by John Hedderson, Walter McDonald and Associates, Sacramento. CY - 2008.
Provider Lists: LAC-DMH IS Database, Patients' Rights Directory, Multilinguistic Provider Directory & Mental Health Services Act (MHSA) Provider Directory. October 2009.

Rates

Prevalence Rate: The California State Department of Mental Health (CDMH) provides the estimated prevalence of Serious Emotional Disturbance (SED) for children and Serious Mental Illness (SMI) for adults for each County. These rates are applied to the estimated population in Los Angeles County to determine the number of people in need of mental health services.

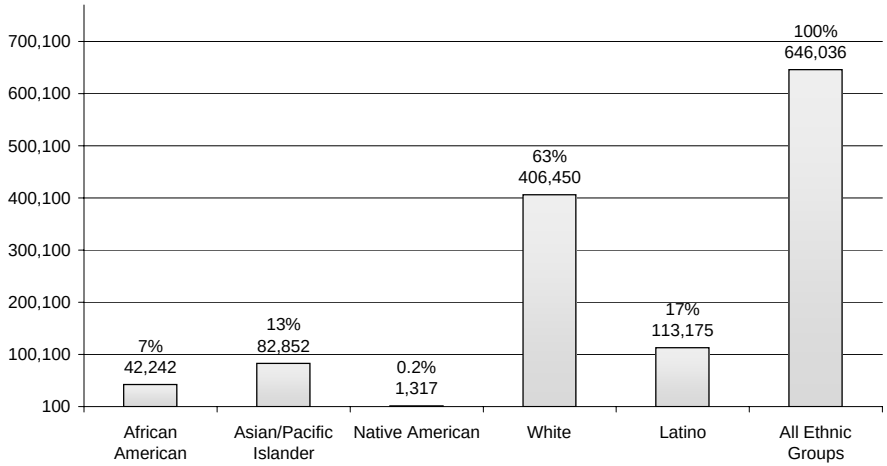
Penetration Rate: This rate estimates the number of persons served by publicly funded mental health services excluding Fee-For-Service Providers. The Penetration Rate is calculated as: The Number of Consumers Served in Outpatient Short Doyle/ Medi-Cal Facilities divided by Number of people estimated with SED and SMI.

Retention Rate: This rate estimates the number of outpatient services/claims received by consumers in Short Doyle/Medi-Cal facilities in FY 2008-2009.

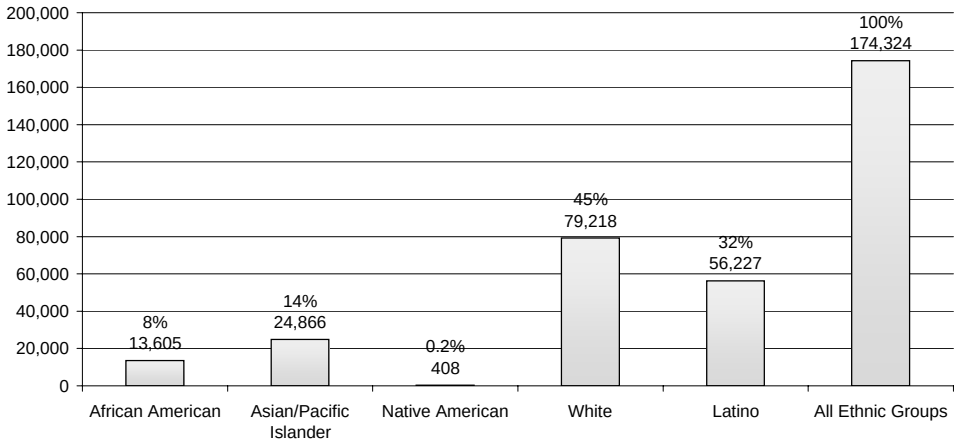
Age-Groups Served by Providers: The age-groups served by providers are: Child/Youth and Adults. Providers serving Child/ Youth serve consumers between the ages of 0 and 17. Providers serving adults serve consumers 18 years of age or older.

Service Area 5
Population Demographic Profile 2008

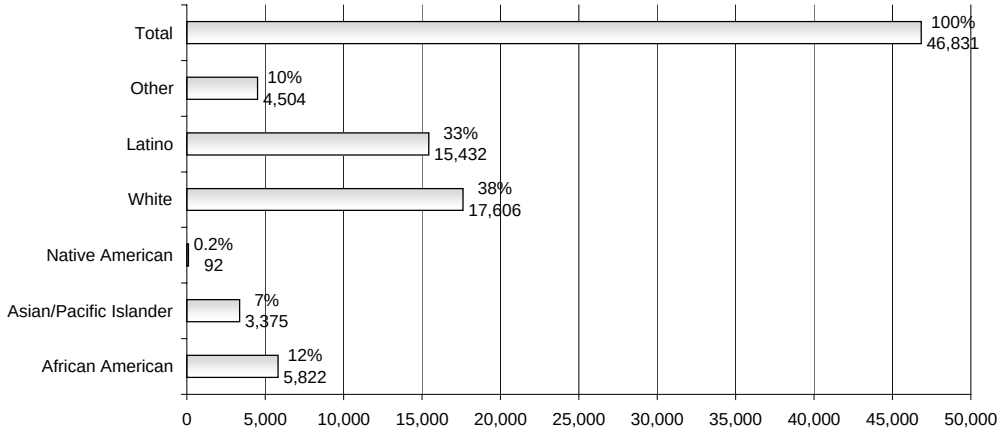
Estimated Population by Ethnicity



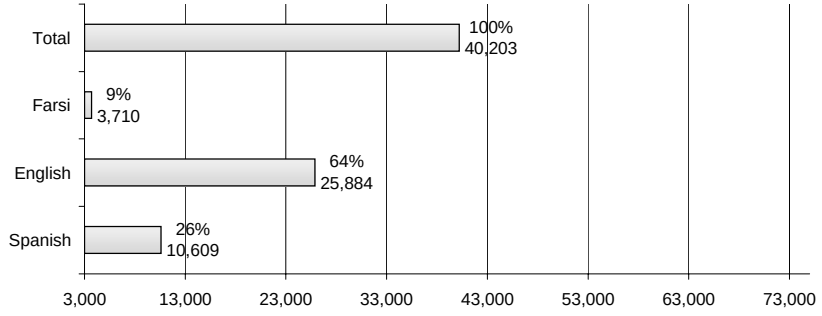
Estimated Population Living at or below 200% Federal Poverty Level



Medi-Cal Eligible Beneficiaries by Ethnicity



Number of Medi-Cal Beneficiaries Who Speak The Threshold Languages in SA 5[1]

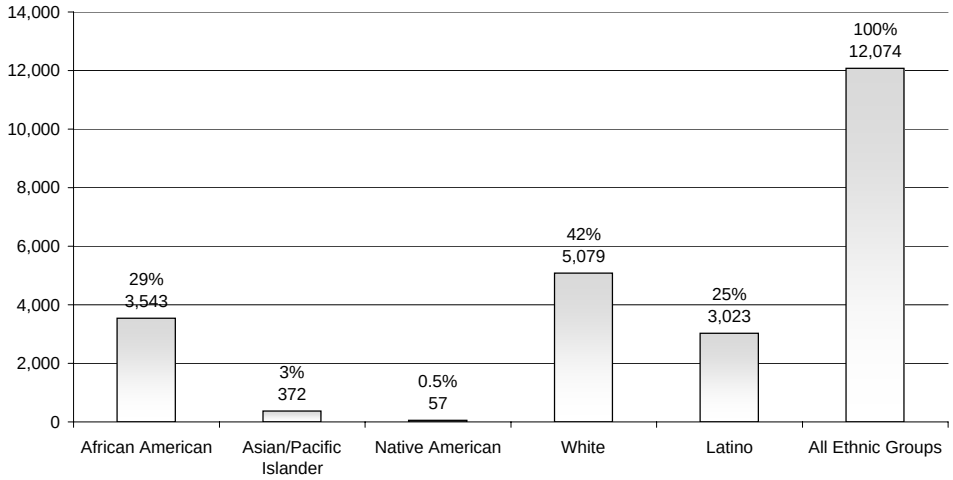


Of the 13 Countywide Threshold Languages Service Area 5 has 3 Threshold Languages, Farsi, English and Spanish.

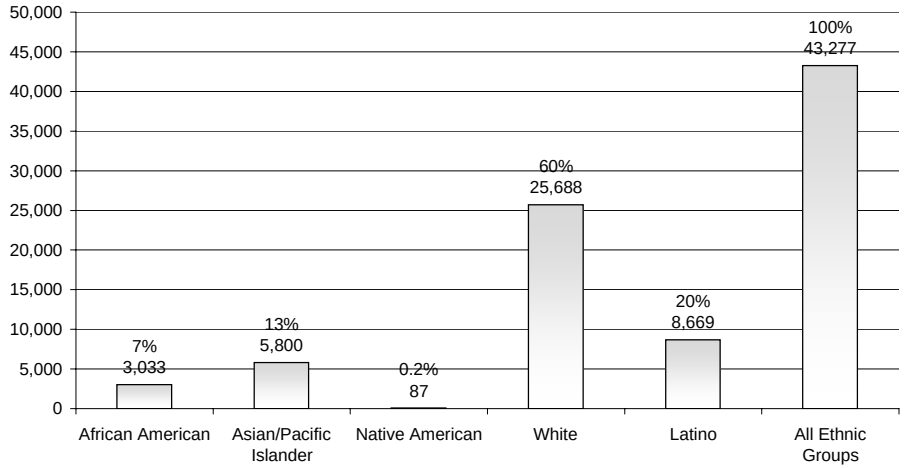
[1]Threshold Languages means a language identified on the Medi-Cal Eligibility Data System (MEDS) as the primary language of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area, per Title 9, CCR, Section 1810.410 (f) (3).

Service Area 5
Consumer Profile 2008

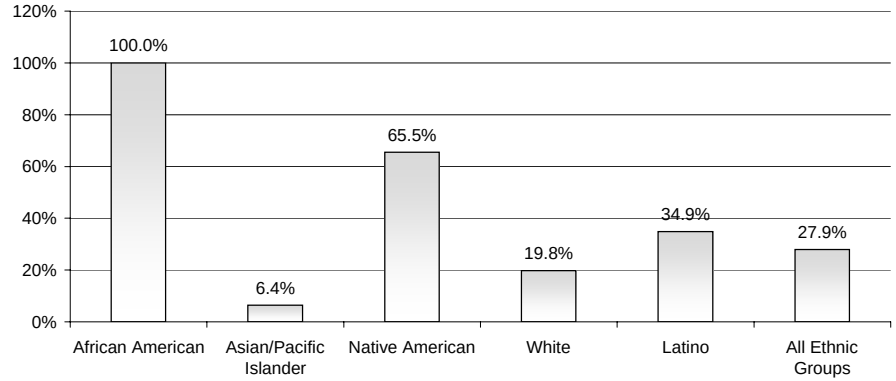
Consumers Served in Short Doyle/Medi-Cal Facilities by Ethnicity



Estimated Population with SED and SMI[1] by Ethnicity



Penetration Rate by Ethnicity[2]



[1]SED = Serious Emotional Disturbance (for Children) SMI = Serious Mental Illness (for Adults)

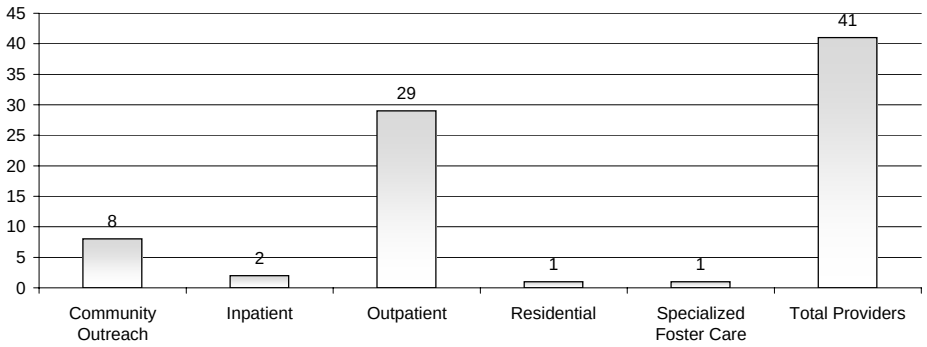
[2]Penetration Rate (PR) = Consumers Served in Short Doyle/Medi-Cal Facilities divided by Estimated Population with SED and SMI (e.g. PR For All Ethnic Groups = 12,074 / 43,277 = 27.9%).

Retention Rate by Ethnicity

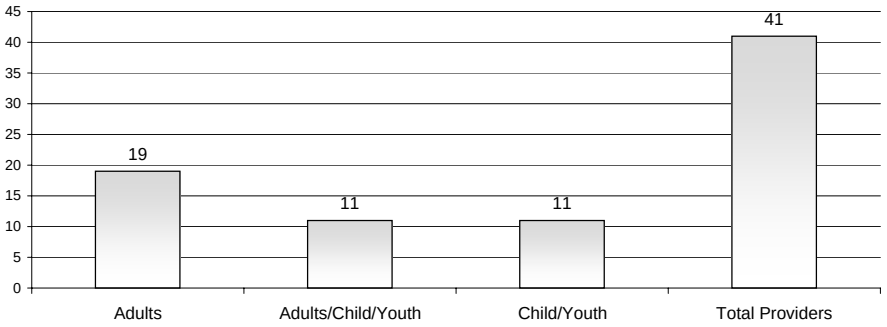
Number of Approved Outpatient Claims							
	1 Claim	2 Claims	3 Claims	4 Claims	5-15 Claims	16 or More Claims	Total
Number of Consumers							
African American	137	68	63	146	1018	1077	**2509**
Percent	*5.46%*	*2.71%*	*2.51%*	*5.82%*	*40.57%*	*42.93%*	***100%***
Asian	14	12	6	8	103	114	**257**
Percent	*5.45%*	*4.67%*	*2.33%*	*3.11%*	*40.08%*	*44.36%*	***100%***
Native American	9	1	2	2	12	16	**42**
Percent	*21.43%*	*2.38%*	*4.76%*	*4.76%*	*28.57%*	*38.10%*	***100%***
White	307	144	126	184	1539	1768	**4068**
Percent	*7.55%*	*3.54%*	*3.10%*	*4.52%*	*37.83%*	*43.46%*	***100%***
Latino	118	104	85	99	736	1273	**2415**
Percent	*4.89%*	*4.31%*	*3.52%*	*4.10%*	*30.48%*	*52.71%*	***100%***
Other	42	15	24	19	158	194	**452**
Percent	*9.29%*	*3.32%*	*5.31%*	*4.20%*	*34.96%*	*42.92%*	***100%***
Total	627	344	306	458	3566	4442	**9743**
Percent	*6.44%*	*3.53%*	*3.14%*	*4.70%*	*36.60%*	*45.59%*	***100%***

Service Area 5
Provider Profile 2009

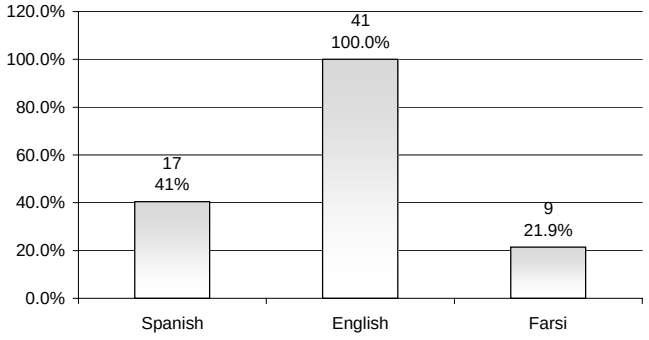
Numbers and Types of Providers



Age-Groups Served by Providers



Providers with Staff Who Speak The Threshold Languages in SA 5[1]



[1]Percent = Numbers of Providers with Staff Speaking a Threshold Language/Total Number of Providers.

Other Languages Spoken in Provider Locations

English	Spanish	Farsi,	Russian	Hebrew,	French	American Sign Language	Mandarin,	Arabic	Tagalog	Hindi-Punjabi	Hungarian
41	17	9	7	5	5	1	6	1	3	2	4
100%	41%	22%	17	12%	12%	2%	15%	2%	7%	5%	10%

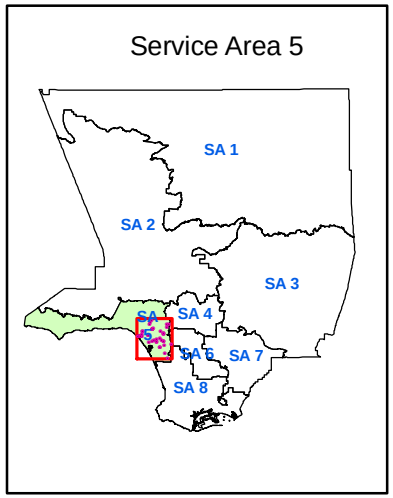
German	Gujrati	Uoruba	Korean	Lithuanian	Igbo	Vietnamese	Marathi	Punjab Language	Serbo-Croatian	Cantonese
5	1	1	1	2	1	1	1	1	2	1
12%	2%	2%	2%	5%	2%	2%	2%	2%	5%	2%

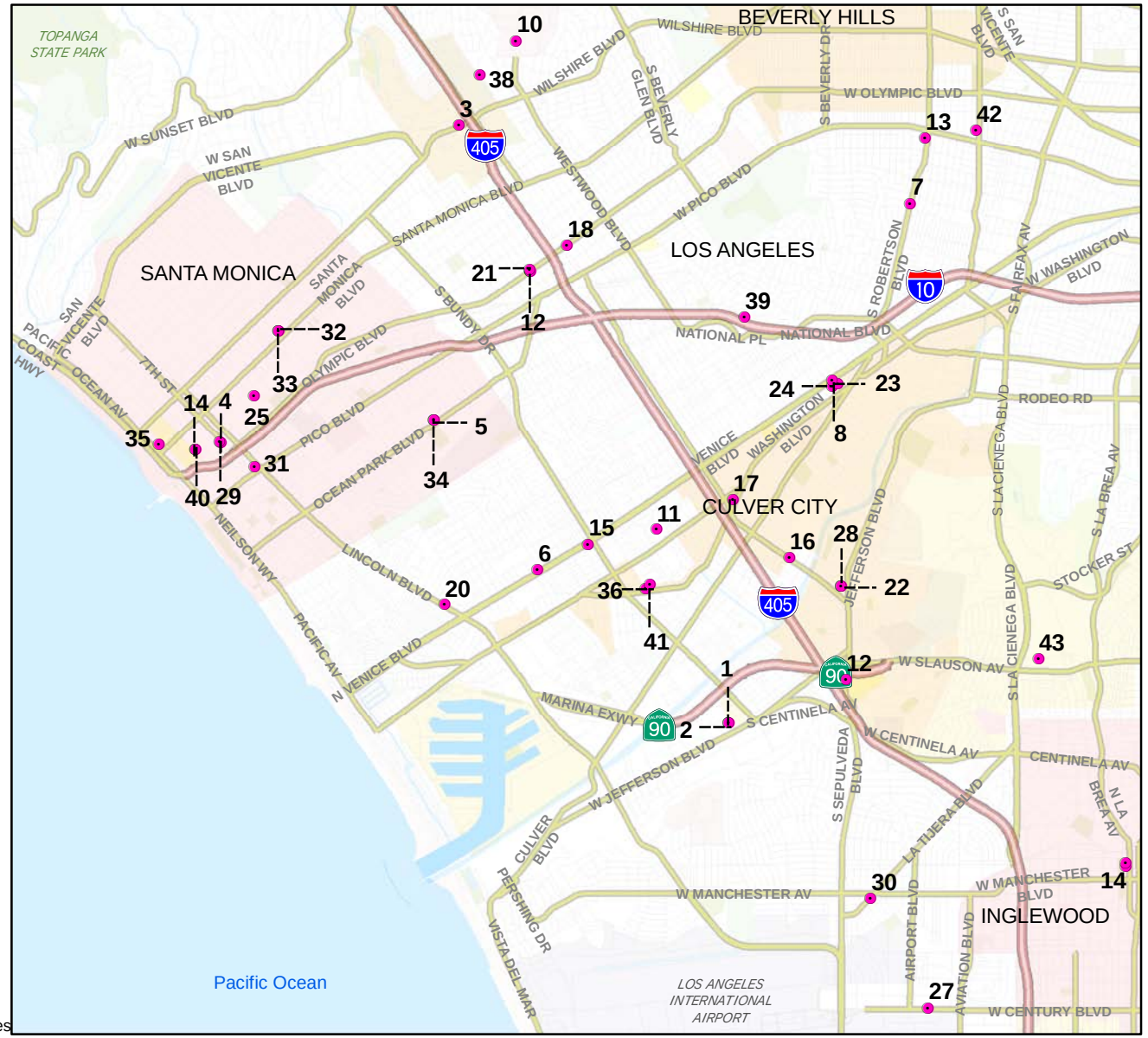
Taiwanese	Persian	Bulgarian	Japanese	Italian	Romainian	Dutch	Armenian
1	1	1	2	3	3	2	2
2%	2%	2%	5%	7%	7%	5%	5%

Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

SA 5 Magnified





Provider Location

N

0 0.25 0.5 1 1.5 Miles

Service Area 5

Community Outreach

Map Location Number - 7

6860 - BEVERLYWOOD MENTAL HEALTH CENTER
1836 S ROBERTSON BLVD
LOS ANGELES 90035

Phone: (310) 837-0146

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: CASE MANAGEMENT, DAY REHABILITATION, SOCIALIZATION, COMMUNITY OUTREACH

Map Location Number - 2

7384 - MENTAL HEALTH ASSOCIATION-SHARE
5521 GROSVENOR BLVD.
LOS ANGELES 90066

Phone: (310) 305-8878

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: COMMUNITY OUTREACH, MENTAL HEALTH PROMOTION

Map Location Number - 1

7596 - EMOTIONAL HEALTH ASSOCIATION
5521 GROSVENOR BLVD.
LOS ANGELES 90066

Phone: (310) 305-8878

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth

Language(s): English

Services: COMMUNITY OUTREACH, MENTAL HEALTH PROMOTION

Map Location Number - 3

7515 - NEW DIRECTIONS INCORPORATED
11303 WILSHIRE BLVD. VA BUILDING 116
LOS ANGELES 90073

Phone: (310) 914-4045

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult

Language(s): English

Services: COMMUNITY OUTREACH

Service Area 5

Community Outreach

Map Location Number - 29

7178 - OCEAN PARK - DAY BREAK SHELTER
1610 7TH STREET
SANTA MONICA 90401

Phone: (310) 393-8541

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult

Language(s): English, Farsi, Spanish

Services: CASE MANAGEMENT, COMMUNITY OUTREACH

Map Location Number - 5

7526 - STEP UP ON SECOND STREET-ACT
2701 OCEAN PARK BLVD #150 B
SANTA MONICA 90405

Phone: (310) 392-9474

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult

Language(s): English

Services: COMMUNITY OUTREACH

Map Location Number - 4

7587 - OCEAN PARK - SAFE HAVEN
1616 7TH STREET
SANTA MONICA 90401

Phone: (310) 264-6646

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult

Language(s): English

Services: COMMUNITY OUTREACH, MENTAL HEALTH PROMOTION

Map Location Number - 6

7062 - WESTSIDE CENTER FOR INDEPENDENT LIVING
12901 VENICE BLVD
LOS ANGELES 90066

Phone: (310) 390-3611

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: MENTAL HEALTH PROMOTION, COMMUNITY OUTREACH, CASE MANAGEMENT SUPPORT, MENTAL HEALTH PROMOTION, WELLNESS CENTER, CLIENT RUN WELLNESS CENTER

Service Area 5

Inpatient

Map Location Number - 8

5027 - BROTMAN MEDICAL CENTER
3828 DELMAS TERRACE
CULVER CITY 90231

Phone: (310) 836-7000

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: 24 HR ACUTE

Map Location Number - 10

5035 - UCLA NEUROPSYCHIATRIC INSTITUTE (NPI) & HOSPITAL
760 WESTWOOD PLAZA
LOS ANGELES 90025

Phone: (310) 794-7172

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 3
Age Group Served: Adult/Child/Youth

Language(s): English

Services: 24HR ACUTE

Service Area 5

Outpatient

Map Location Number - 12

7437 - AB3632 ASSESSMENT UNIT
11388 OLYMPIC BLVD.
LOS ANGELES 90064

Phone: (310) 268-2560

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 3
Age Group Served: Child/Youth

Language(s): English, Farsi, Spanish, Armenian, French

Services: CASE MANAGEMENT, COMMUNITY SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 13

7229 - ALCOTT CENTER FOR MENTAL HEALTH SERVICES
1433 S. ROBERTSON BLVD.
LOS ANGELES 90035

Phone: (310) 785-2121

Hours of Operation: Mon - Fri 9:00 am - 5:00 pm
Walk-ins: 9:00 am - 4:00 pm
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English, Farsi, Spanish, Chinese (Mandarin), German, Italian, Hebrew, Farsi

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY REHABILITATION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, SOCIALIZATION

Map Location Number - 14

7201 - CENTER FOR HEALTHY AGING
1527 FOURTH STREET
SANTA MONICA 90401

Phone: (310) 576-2550

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult

Language(s): English, Italian, Hebrew, Chinese (Mandarin), Taiwanese, Japanese, German, French, Russian, Lithuanian

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY REHABILITATION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 16

1973 - DIDI HIRSCH COMMUNITY MENTAL HEALTH CENTER
4760 SEPULVEDA BLVD.
CULVER CITY 90230

Phone: (310) 390-6612

Hours of Operation: Mon-Fri 9:00 am - 5:00 pm
Walk-ins: Walk-ins 9:00 am - 4:00 pm
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth

Language(s): English, Spanish, Chinese (Mandarin), German, Russian, Lithuanian, Marathi, Tagalog, Persian, French

Services: ADULT DAY CARE, DAY REHABILITATION, COMMUNITY OUTREACH, COMMUNITY SUPPORT, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION, SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER, CLIENT RUN WELLNESS CENTER

Service Area 5

Outpatient

Map Location Number - 15

7334 - DIDI HIRSCH MENTAL HEALTH CENTER - MAR VISTA
12420 VENICE BLVD, SUITE 200
LOS ANGELES 90066

Phone: (310) 751-1200

Hours of Operation: Mon - Fri 9:00 am - 6:00 pm
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English, Farsi, Spanish

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 17

7357 - DIDI HIRSCH-CULVER PALM CENTER
11133 WASHINGTON BLVD.
CULVER CITY 90232

Phone: (310) 895-2300

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth

Language(s): Arabic, English, Farsi, Spanish, Hindi-Punjabi, Chinese (Mandarin), German, French, Russian, Korean, Italian, Japanese, Tagalog, Hebrew, Romanian, Dutch, Armenian

Services: COMMUNITY OUTREACH, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 18

7191 - EDMUND D EDELMAN MENTAL HEALTH CENTER
11080 W. OLYMPIC BLVD. 1ST FLOOR
LOS ANGELES 90064

Phone: (310) 966-6610

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 3
Age Group Served: Adult/Child/Youth

Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, FULL SERVICE PARTNERSHIP, FIELD CAPABLE CLINICAL SERVICES, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER, CLIENT RUN WELLNESS CENTER

Map Location Number - 20

7318 - EL DORADO - VENICE
2014 LINCOLN BLVD.
VENICE 90291

Phone: (310) 664-6388

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 3
Age Group Served: Adult

Language(s): English

Services: MENTAL HEALTH SERVICES, MEDICATION SUPPORT, PSYCH TESTING

Service Area 5

Outpatient

Map Location Number - 21

7475 - EOB CRISIS & HOMELESS-EDELMAN
11388 WEST OLYMPIC BLVD.
LOS ANGELES 90064

Phone: (310) 268-2519

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 3
Age Group Served: Adult/Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MENTAL HEALTH SERVICES

Map Location Number - 22

7730 - EXCEPTIONAL CHILDRENS FOUNDATION
5350 MACHADO ROAD
CULVER CITY 90230

Phone: (310) 737-9393

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth

Language(s): English, Spanish, Serbo-Croatian, Chinese (Mandarin), Hungarian

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 23

7646 - EXODUS RECOVERY INC
3828 HUGHES AVENUE
CULVER CITY 90232

Phone: (310) 253-9494

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English, Spanish, Hindi, French, Ibo, Uoruba, Vietnamese, Cantonese, Russian, Bulgarian, Hungarian, Romanian

Services: CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 24

7646 - EXODUS RECOVERY, INC.
9808 VENICE BLVD. SUITE #700
CULVER CITY 90232

Phone: (310) 280-7006

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: MENTAL HEALTH SERVICES

Service Area 5

Outpatient

Map Location Number - 25

7429 - FAMILY SERVICES OF SANTA MONICA. -VISTA DEL MAR
1533 EUCLID STREET
SANTA MONICA 90404

Phone: (310) 451-9747

Hours of Operation: Mon-Thru 9:00 am - 9:00 pm, Fri 9:00 am - 3:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult/Child/Youth

Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 26

7245 - HOMES FOR LIFE FOUNDATION
8939 SEPULVEDA BLVD, SUITE 460
LOS ANGELES 90045

Phone: (310) 337-7417

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult

Language(s): English

Services: CASE MANAGEMENT, FIELD CAPABLE CLINICAL SERVICES, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 27

7508 - INSTITUTE FOR APPLIED BEHAVIOR ANALYSIS (I.A.B.A.)
5777 W. CENTURY BLVD. #675
LOS ANGELES 90045

Phone: (310) 649-0499

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth

Language(s): English

Services: MENTAL HEALTH SERVICES, THERAPEUTIC BEHAVIORIAL SERVICES (TBS)

Map Location Number - 28

7537 - KAYNE ERAS CENTER
5350 MACHADO ROAD
CULVER CITY 90230

Phone: (310) 737-9393

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth

Language(s): English, Spanish, Hungarian, Chinese (Mandarin), Punjabi, Serbo-Croatian

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 5

Outpatient

Map Location Number - 11

59 - MEADOWBROOK MANOR
3951 EAST BOULEVARD
LOS ANGELES 90066

Phone: (310) 391-8266

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 31

7114 - ST JOHN CENTER
1848 LINCOLN BLVD., SUITE 100
SANTA MONICA 90404

Phone: (310) 396-6556

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult/Child/Youth

Language(s): English, Spanish

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 30

7272 - PACIFIC ASIAN COUNSELING SERVICES
8616 LA TIJERA BLVD. SUITE. 200
LOS ANGELES 90045

Phone: (310) 337-1550

Hours of Operation: Mon - Fri 9:00 am - 6:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth

Language(s): English

Services: COMMUNITY OUTREACH, FULL SERVICE PARTNERSHIP, FIELD CAPABLE CLINICAL SERVICES, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 33

6792 - ST JOHNS CHILD & FAMILY DEVELOPMENT CENTER
1339 20TH STREET
SANTA MONICA 90404

Phone: (310) 829-8921

Hours of Operation: Mon - Thurs 8:00 am - 8:00 pm, Fri 8:00 am - 5:00 pm
Walk-ins: (Emergency only)
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult/Child/Youth

Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, DAY REHABILITATION, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 5

Outpatient

Map Location Number - 32

7169 - ST JOHNS CHILD & FAMILY DEVELOPMENT CENTER
1339 20TH STREET
SANTA MONICA 90404

Phone: (310) 829-8921

Hours of Operation: Mon - Thurs 8:00 am - 8:00 pm, Fri 8:00 am - 5:00 pm
Walk-ins: Walk-ins (Emergency only)
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 34

7525 - STEP UP ON 2 SECOND STREET DANIELS PLACE
2701 OCEAN PARK BLVD. 150-A
SANTA MONICA 90405

Phone: (310) 392-5855

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth

Language(s): English, Spanish

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 35

7099 - STEP UP ON SECOND STREET, INC.
1328 SECOND STREET
SANTA MONICA 90401

Phone: (310) 394-6889

Hours of Operation: Mon - Sun 8:30 am - 7:00 pm, Thurs 9:00 am - 7:00 pm
Walk-ins: After 10:00 am
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult

Language(s): English, Spanish, Dutch, Russian, Tagalog

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER, CLIENT RUN WELLNESS CENTER

Map Location Number - 36

7500 - THE HELP GROUP-SUMMIT VW WEST
12101 WASHINGTON BLVD.
LOS ANGELES 90066

Phone: (310) 751-1100

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English, Hebrew, Farsi, Spanish

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 5

Outpatient

Map Location Number - 41

7501 - THE HELP GROUP-VILLAGE GLEN WEST
4160 GRAND VIEW BLVD.
LOS ANGELES 90066

Phone: (310) 751-1100

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth

Language(s): English, Farsi, Spanish, Gujarati

Services: CASE MANAGEMENT, DAY REHABILITATION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 38

7446 - UCLA TIES FOR ADOPTION
1000 VETERAN AVENUE, BOX 714222
LOS ANGELES 90095

Phone: (310) 825-9527

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth

Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 37

7394 - THE HELP GROUP-WEST
12099 WASHINGTON BLVD.
LOS ANGELES 90066

Phone: (310) 751-1171

Hours of Operation: Mon - Fri 9:00 am -6:00 pm
Walk-ins: No
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth

Language(s): English, Farsi, Spanish, German

Services: DAY REHABILITATION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 39

7196 - VISTA DEL MAR CHILD & FAMILY SERVICE
3200 MOTOR AVENUE
LOS ANGELES 90034

Phone: (310) 836-1223

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, DAY REHABILITATION, FIELD CAPABLE CLINICAL SERVICES, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER, CLIENT RUN WELLNESS CENTER

Service Area 5

Outpatient

Map Location Number - 40

7724 - WISE AND HEALTHY AGING
1527 4TH STREET 2ND FLOOR
SANTA MONICA 90401

Phone: (310) 394-9871

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English, Farsi, Spanish. Russian, Hebrew, Farsi

Services: CRISIS INTERVENTION, FIELD CAPABLE CLINICAL SERVICES, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 5

Residential

Map Location Number - 42

7110 - DIDI HIRSCH - PROJECT JUMP STREET
1233 SOUTH LA CIENEGA BLVD.
LOS ANGELES 90035

Phone: (310) 855-0031

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 3
Age Group Served: Adult

Language(s): English, American Sign Language, Spanish, Hungarian, Portuguese

Services: LIFE SUPPORT, MEDICATION SUPPORT

Service Area 5

Specialized Foster Care

Map Location Number - 43

7612 - SPECIALIZED FOSTER CARE-WATERIDGE
5110 W GOLDLEAF CIRCLE
LOS ANGELES 90056

Phone: (323) 290-8610

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Child/Youth

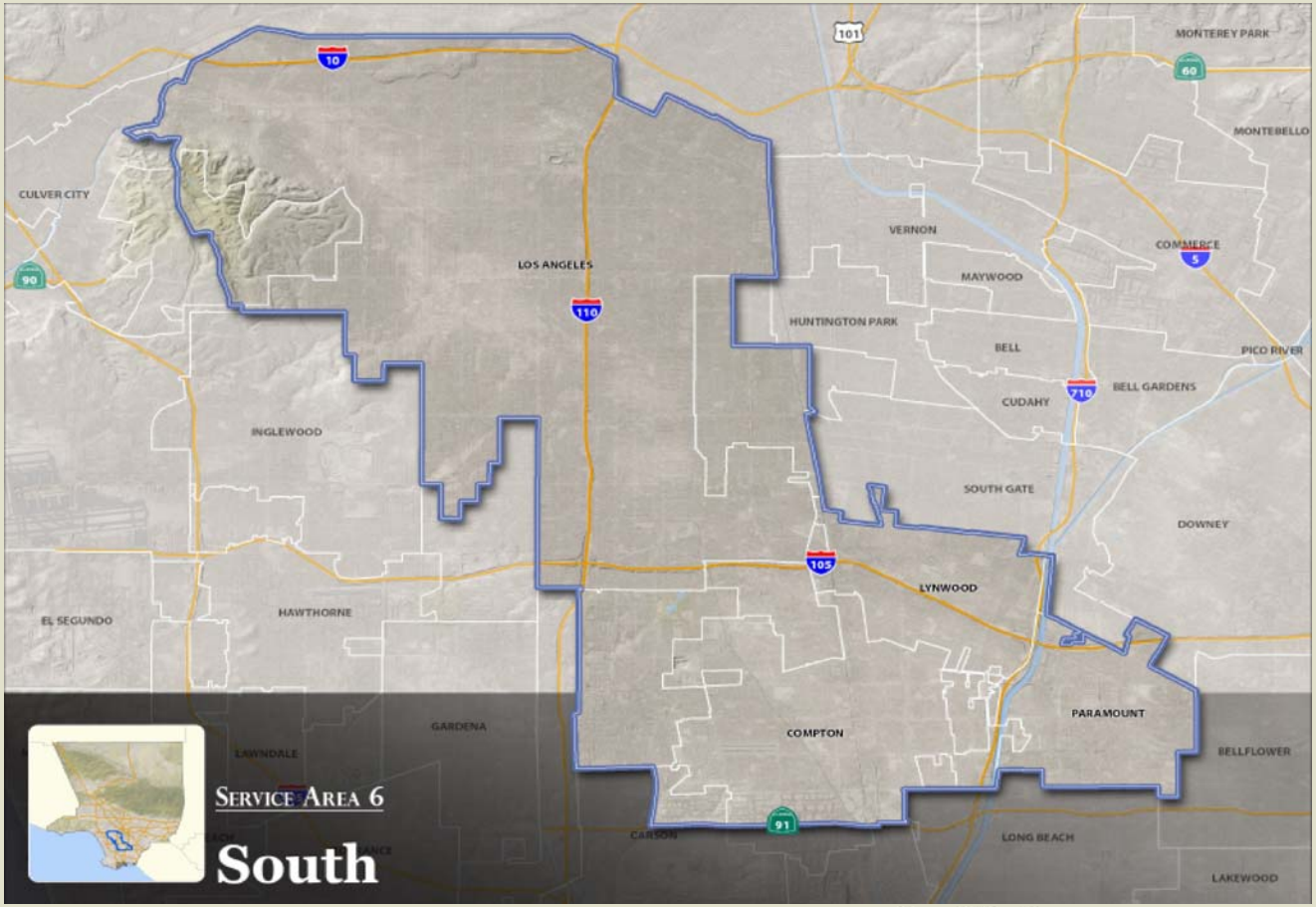
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FOSTER CARE, MENTAL HEALTH SERVICES

Provider Directory

Locations of Publicly Funded Mental Health Services in the County of Los Angeles - Service Area 6

Hope
Wellness
Recovery



Marvin J. Southard, DSW, Director
County of Los Angeles
Department of Mental Health
Program Support Bureau
Quality Improvement Division

Our Mission

Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency.

January 2010

PROVIDER DIRECTORY – LOCATIONS OF PUBLICLY FUNDED MENTAL HEALTH SERVICES IN THE COUNTY OF LOS ANGELES - JANUARY 2010

Welcome to the 2010 **Provider Directory — Locations of Publicly Funded Mental Health Providers in The County of Los Angeles** for Psychiatric Inpatient and Outpatient Short Doyle/Medi-Cal Facilities, Fee-For-Service Psychiatric Inpatient Facilities, Community Outreach, Forensic, Residential and Specialized Foster Care Services. It excludes Fee-For-Service Outpatient Providers.

The Provider Directory includes provider addresses, provider numbers, phone numbers, hours of operation, provider types, age-groups served, languages spoken and Specialty Mental Health Services (SMHS) by provider location.

The Provider Directory also includes provider profiles for each Service Area with map locations for each provider.

Providers are listed alphabetically by name and the primary mode of service. Each provider has a designated provider location number referenced on the Service Area Map titled *Provider Location with Map Location Number*.

Please refer to the Glossary for terms and definitions used in the Provider Directory.

To obtain Mental Health Information and Services confidentially, please call the 24/7 ACCESS Center at 1-800-854-7771.

Additional Resources

The providers in the Provider Directory can also be located on the internet using the Online DMH Provider Locator. Please use the link below to access the website and search for providers in areas nearest to you.

http://gis.lacounty.gov/dmh/

Please accurately type the complete address of your location on the website's address window and hit 'Search'. The online DMH Provider Locator will return the closest locations on a map on the left side of the screen. The Online DMH Provider Locator will also provide the distance from your 'Search' Location as well as driving directions.

Acknowledgements

The Program Support Bureau wishes to thank Service Area District Chiefs and Service Area Liaisons for updating the Provider List. We also wish to thank Hwa Saup Lee and Durga Niraula at Social Services Systems Division-Urban Research/GIS at ISD, County of Los Angeles, for preparing the maps.

Contact Us

Even though every attempt has been made to ensure that the provider and the map information is accurate, provider information may change frequently. Should you have any questions, please contact Vandana Joshi, Ph.D. Program Head, Data-GIS Unit, Quality Improvement Division, at (213) 251-6886 or Sandra Chin at (213) 251-6810. The Provider Directory can be downloaded from the LAC-DMH website at http://psbqi.dmh.lacounty.gov/data.htm

GLOSSARY

Data Sources

Consumers Served: LAC-DMH IS Database. FY 2008-2009.
Population and Poverty Estimates: Prepared by John Hedderson, Walter McDonald and Associates, Sacramento. CY - 2008.
Provider Lists: LAC-DMH IS Database, Patients' Rights Directory, Multilinguistic Provider Directory & Mental Health Services Act (MHSA) Provider Directory. October 2009.

Rates

Prevalence Rate: The California State Department of Mental Health (CDMH) provides the estimated prevalence of Serious Emotional Disturbance (SED) for children and Serious Mental Illness (SMI) for adults for each County. These rates are applied to the estimated population in Los Angeles County to determine the number of people in need of mental health services.

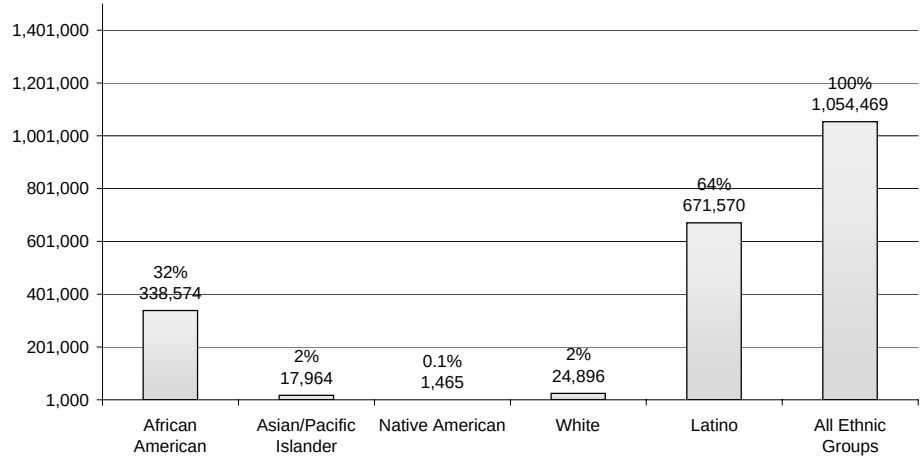
Penetration Rate: This rate estimates the number of persons served by publicly funded mental health services excluding Fee-For-Service Providers. The Penetration Rate is calculated as: The Number of Consumers Served in Outpatient Short Doyle/ Medi-Cal Facilities divided by Number of people estimated with SED and SMI.

Retention Rate: This rate estimates the number of outpatient services/claims received by consumers in Short Doyle/Medi-Cal facilities in FY 2008-2009.

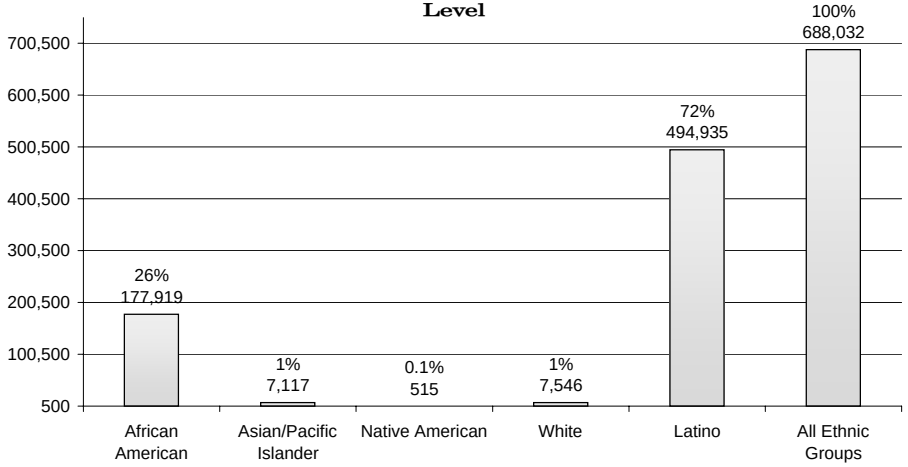
Age-Groups Served by Providers: The age-groups served by providers are: Child/Youth and Adults. Providers serving Child/ Youth serve consumers between the ages of 0 and 17. Providers serving adults serve consumers 18 years of age or older.

Service Area 6
Population Demographic Profile 2008

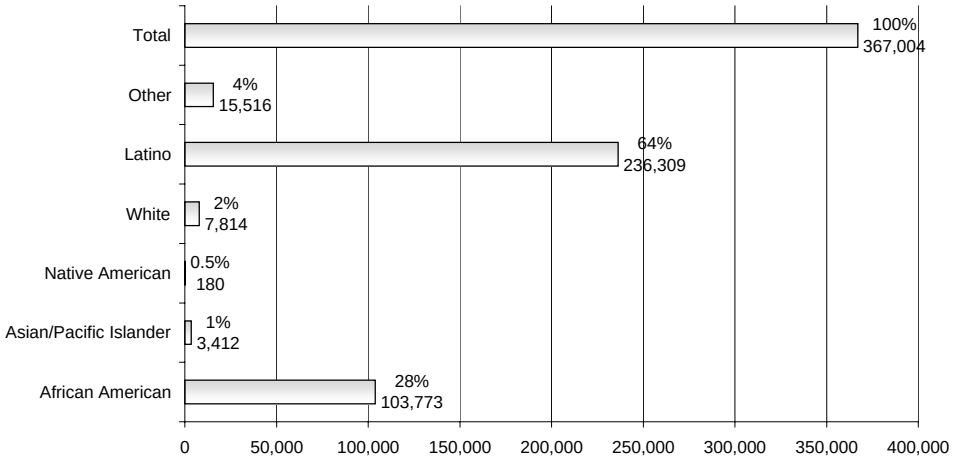
Estimated Population by Ethnicity



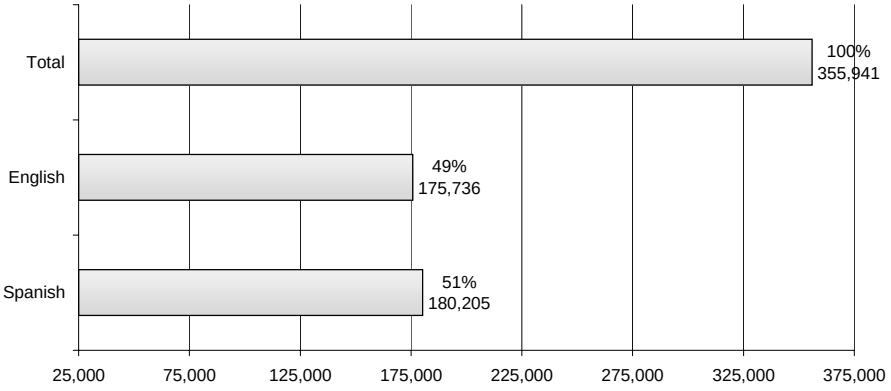
Estimated Population Living at or below 200% Federal Poverty Level



Medi-Cal Eligible Beneficiaries by Ethnicity



Number of Medi-Cal Beneficiaries Who Speak The Threshold Languages in SA 6[1]

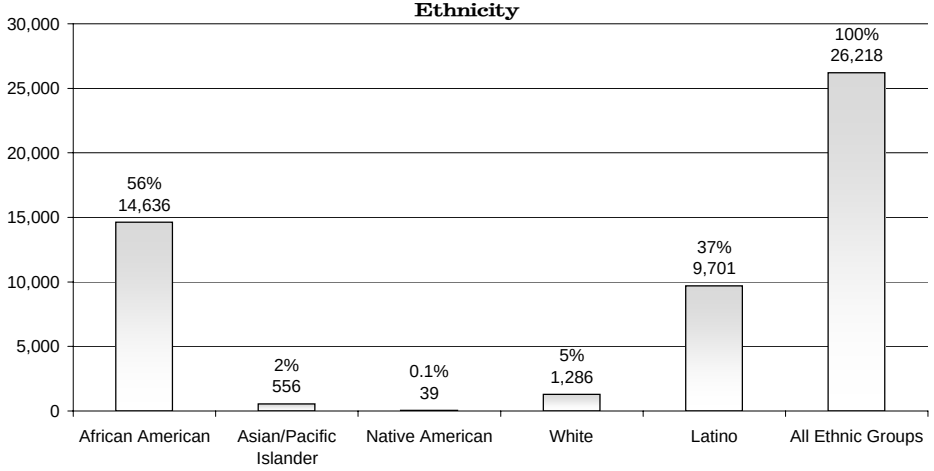


Of the 13 Countywide Threshold Languages Service Area 6 has 2 Threshold Languages, English and Spanish.

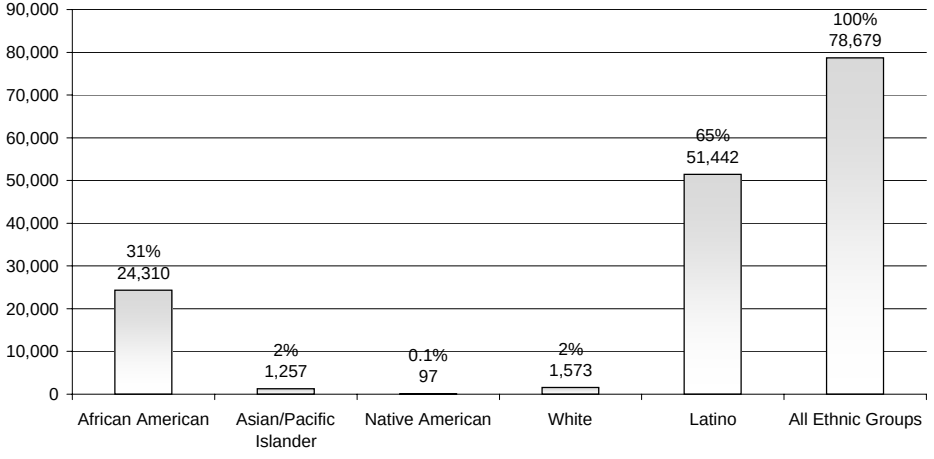
[1]Threshold Languages means a language identified on the Medi-Cal Eligibility Data System (MEDS) as the primary language of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area, per Title 9, CCR, Section 1810.410 (f) (3).

Service Area 6
Consumer Profile 2008

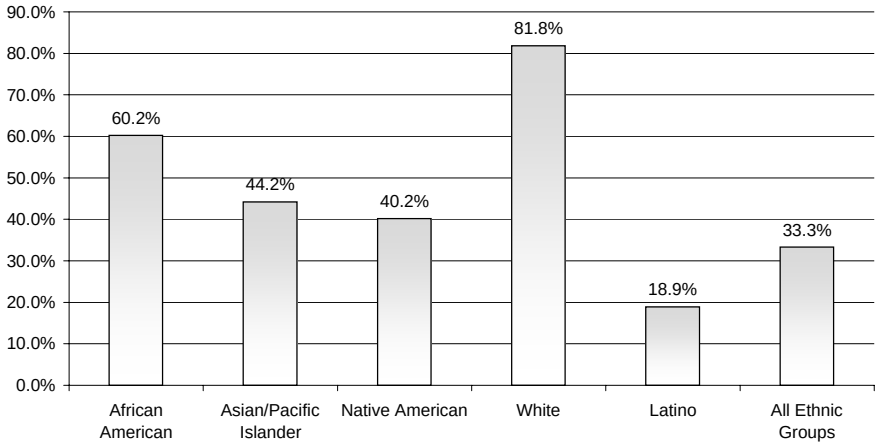
Consumers Served in Short Doyle/Medi-Cal Facilities by Ethnicity



Estimated Population with SED and SMI[1] by Ethnicity



Penetration Rate by Ethnicity[2]



[1]SED = Serious Emotional Disturbance (for Children) SMI = Serious Mental Illness (for Adults)

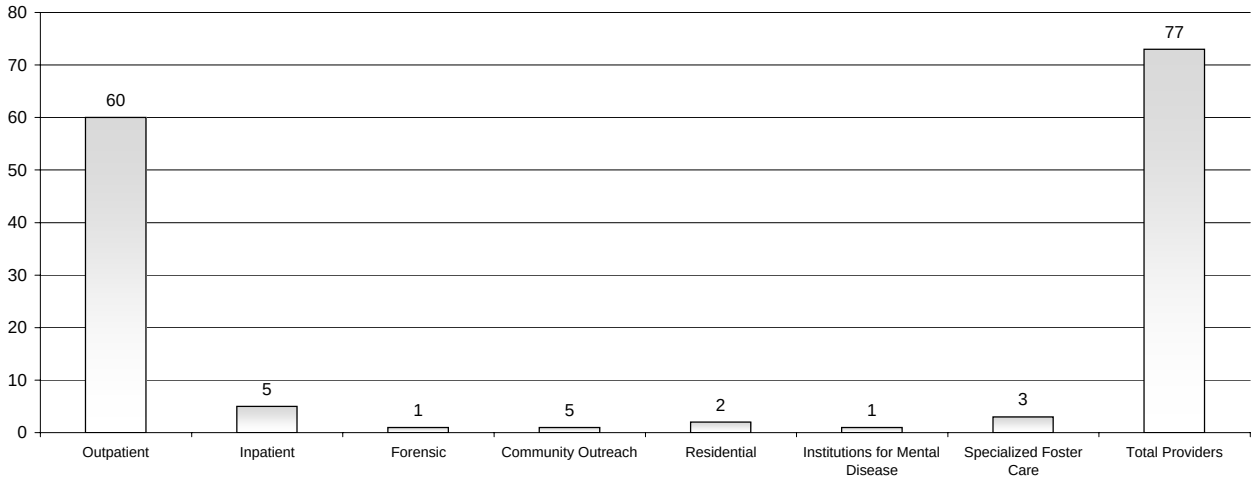
[2]Penetration Rate (PR) = Consumers Served in Short Doyle/Medi-Cal Facilities divided by Estimated Population with SED and SMI (e.g. PR For All Ethnic Groups = 26,218 / 78,679 = 33.3%).

Retention Rate by Ethnicity

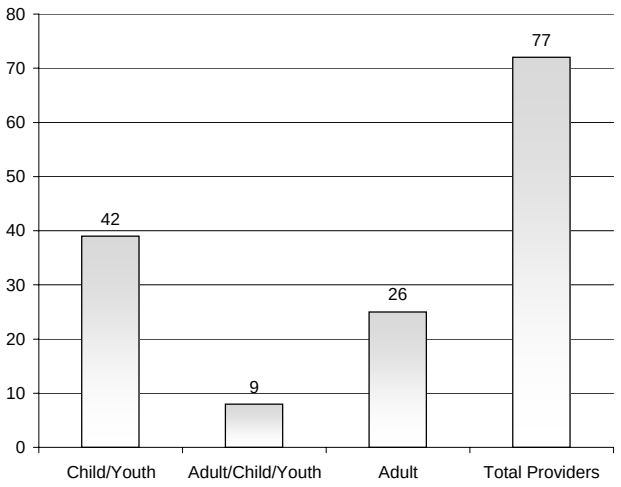
Number of Approved Outpatient Claims							
	1 Claim	2 Claims	3 Claims	4 Claims	5-15 Claims	16 or More Claims	Total
Number of Consumers							
African American	1067	746	697	641	4246	4416	**11813**
Percent	*9.03%*	*6.32%*	*5.90%*	*5.43%*	*35.94%*	*37.38%*	***100%***
Asian	8	5	3	7	42	95	**160**
Percent	*5.00%*	*3.13%*	*1.88%*	*4.38%*	*26.25%*	*59.38%*	***100%***
Native American	2	3	0	2	7	12	**26**
Percent	*7.69%*	*11.54%*	*0.00%*	*7.69%*	*26.92%*	*46.15%*	***100%***
White	65	39	48	45	264	325	**786**
Percent	*8.27%*	*4.96%*	*6.11%*	*5.73%*	*33.59%*	*41.35%*	***100%***
Latino	720	507	407	471	2896	3418	**8419**
Percent	*8.55%*	*6.02%*	*4.83%*	*5.59%*	*34.40%*	*40.60%*	***100%***
Other	39	19	16	18	116	126	**334**
Percent	*11.68%*	*5.69%*	*4.79%*	*5.39%*	*34.73%*	*37.72%*	***100%***
Total	1901	1319	1171	1184	7571	8392	**21538**
Percent	*8.83%*	*6.12%*	*5.44%*	*5.50%*	*35.15%*	*38.96%*	***100%***

Service Area 6
Provider Profile 2009

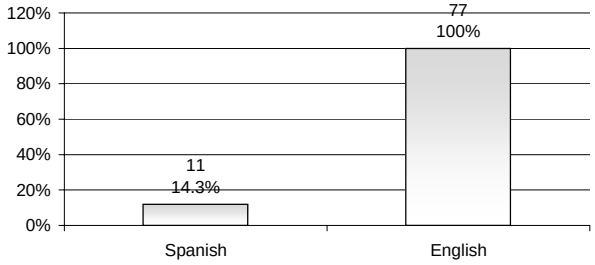
Number and Types of Providers



Age-Group Served by Providers



Providers with Staff Who Speak the Threshold Languages in SA 6[1]



[1]Percent = Numbers of Providers with Staff Speaking a Threshold Language/Total Number of Providers.

Other Languages Spoken in Provider Locations

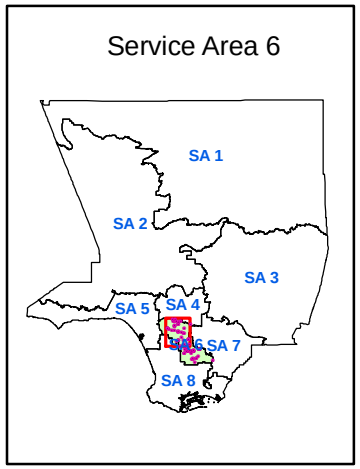
English	Spanish	Farsi	Russian	Czsch	French	American Sign Language	Mandarin	Arabic	Tagalog	Chinese	German	Taiwanese
77	11	4	1	1	3	2	3	2	4	2	2	1
100%	14%	5%	1%	1%	4%	3%	4%	3%	5%	3%	3%	1%

Korean	Japanese	Cantonese	Igbo	Vietnamese	Qanjobal	Bengali	Armenian	Polish	Fokienese	Elongo
3	2	3	5	3	2	2	5	1	1	1
4%	3%	6%	6%	4%	3%	3%	6%	2%	2%	2%

Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

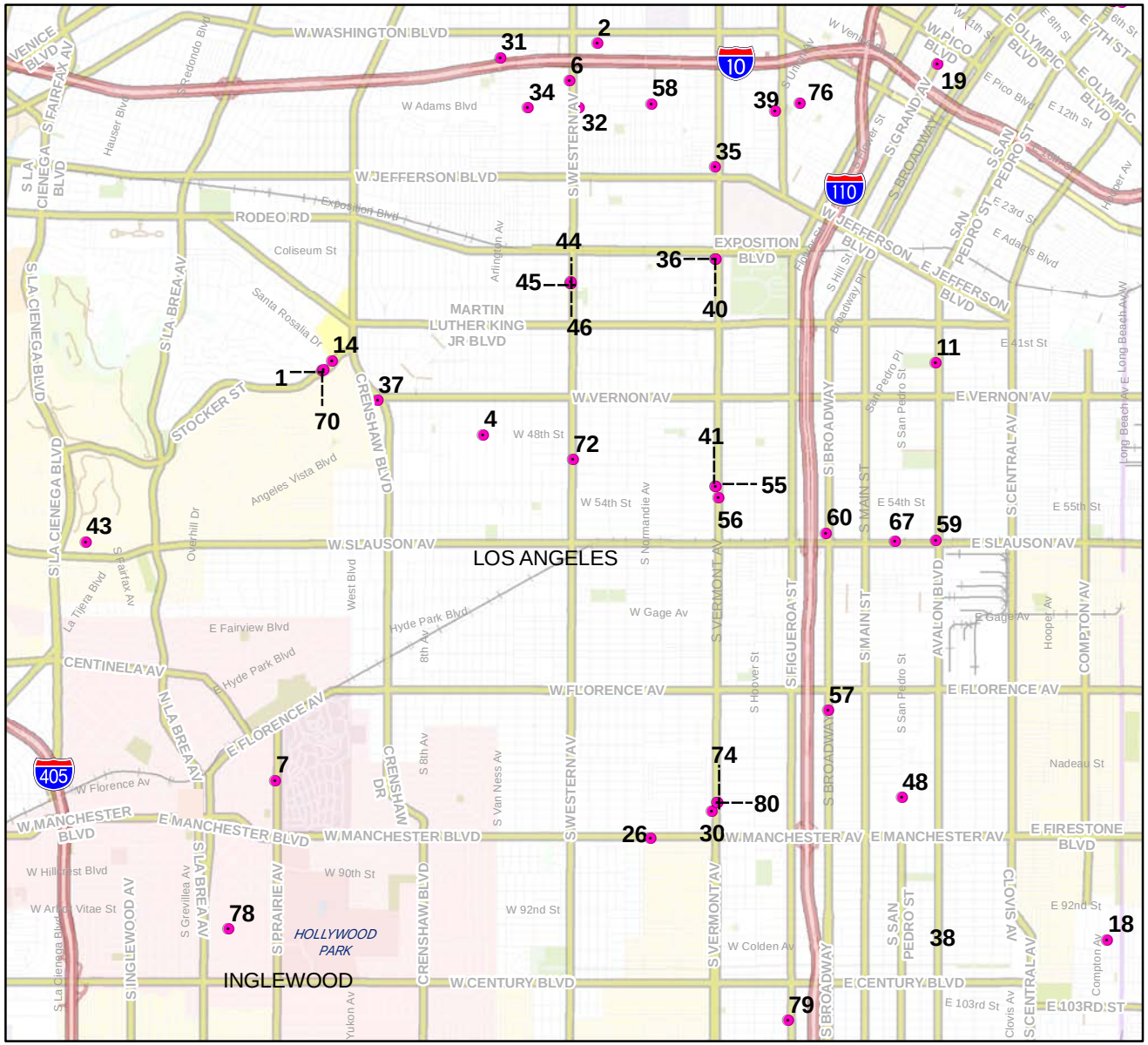
View A
SA 6 Magnified



Provider Location

N

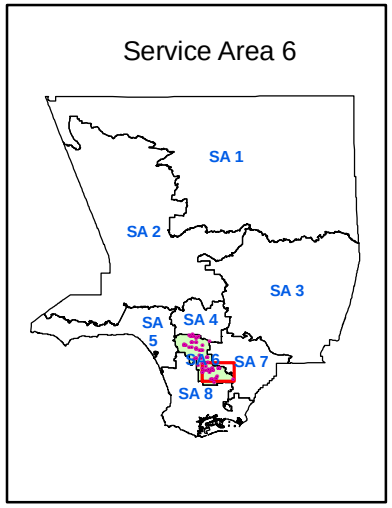
0 0.25 0.5 1 1.5
Miles

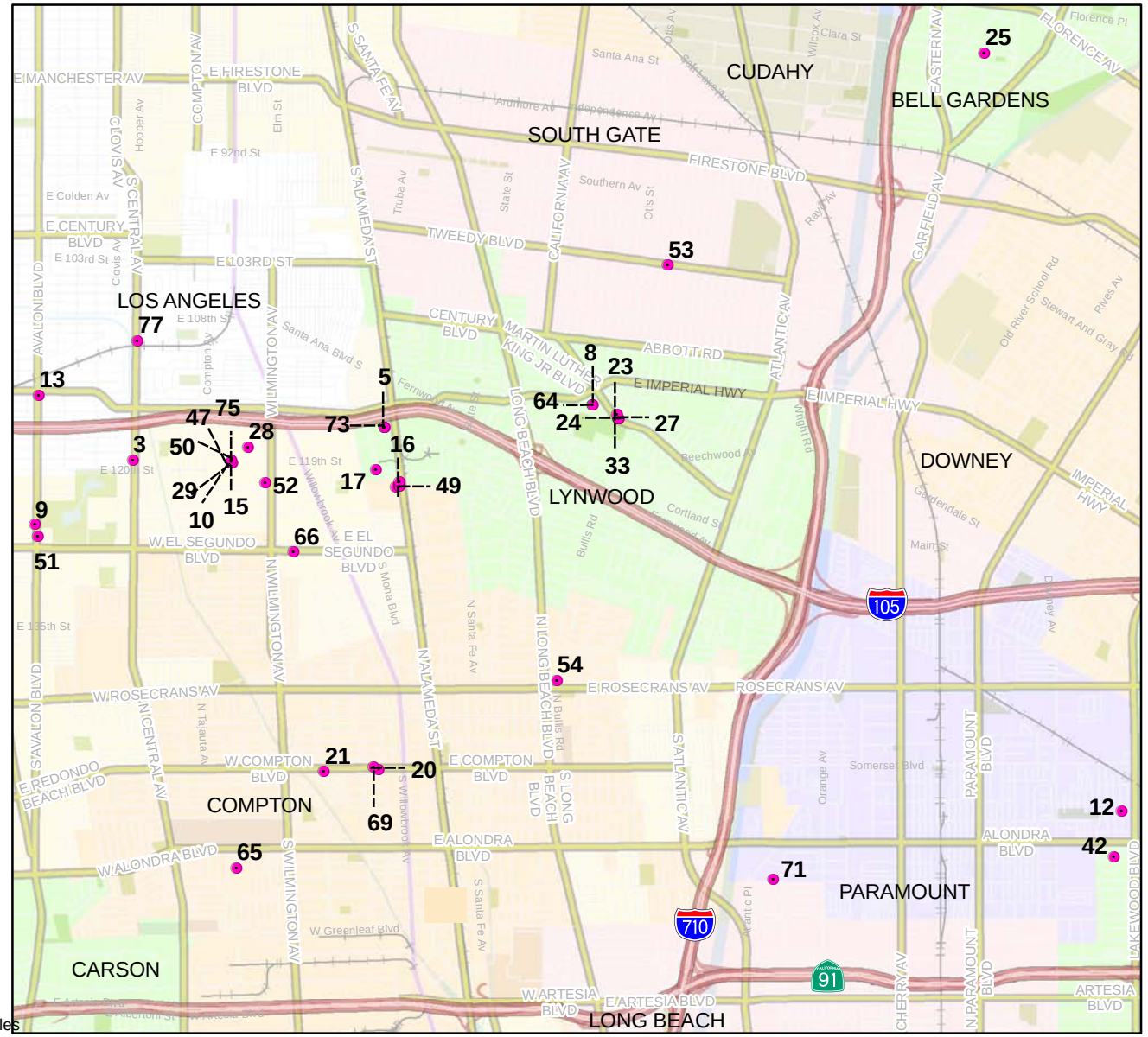


Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

View B
SA 6 Magnified





Provider Location

N

0 0.25 0.5 1 1.5
Miles

Service Area 6

Community Outreach

Map Location Number - 1 **View: A**

7632 - DMH SA 6 NAVIGATION CHILD
3751 STOCKER STREET 2ND FLOOR
LOS ANGELES 90008

Phone: (323) 298-3680
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: COMMUNITY OUTREACH, MENTAL HEALTH PROMOTION

Map Location Number - 2 **View: A**

6854 - PYRAMID GROUP HOMES
1942 S HOBART BLVD.
LOS ANGELES 90018

Phone: (213) 733-6649
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, COMMUNITY SUPPORT, MENTAL HEALTH PROMOTION

Map Location Number - 3 **View: B**

7729 - SOUTH LA WELLNESS RECOVERY CENTER
11905 S CENTRAL AVENUE SUITE 303
LOS ANGELES 90050

Phone: (323) 346-0960
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CLIENT RUN WELLNESS CENTER, COMMUNITY OUTREACH, MENTAL HEALTH PROMOTION, WELLNESS CENTER

Map Location Number - 4 **View: A**

7689 - SSG PATHWAYS TO YOUR FUTURE
4801 2ND AVENUE
LOS ANGELES 90043

Phone: (323) 295-1020
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: COMMUNITY OUTREACH, MENTAL HEALTH PROMOTION

Service Area 6

Community Outreach

Map Location Number - 5 **View: B**

7742 - WOMEN'S JAIL LINKAGE SERVICES
11705 S ALAMEDA STREET
LYNWOOD 90262

Phone: (323) 568-4656
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: MENTAL HEALTH PROMOTION, COMMUNITY OUTREACH

Service Area 6

Forensic

Map Location Number - 73 **View: B**

7069 - WOMENS JAIL MENTAL HEALTH SERVICES
11705 S ALAMEDA ST
LYNWOOD 90262

Phone: (323) 568-4678
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: COMMUNITY OUTREACH, MEDICATION SUPPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 6

Inpatient

Map Location Number - 10 **View: B**

1963 - A.F. HAWKINS
1720 EAST 120TH STREET
LOS ANGELES 90059

Phone: (310) 668-8131
Hours of Operation: Mon - Fri 8:00 am - 4:30 pm (No Appointment scheduled)
Walk-ins: Walk-ins Only
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CRISIS STABILIZATION, COMMUNITY OUTREACH, DAY REHABILITATION, DAY TREATMENT INTENSIVE, MEDICATION SUPPPORT, MENTAL HEALTH SERVICES, MENTAL HEALTH PROMOTION, PSYCH TESTING

Map Location Number - 6 **View: A**

5017 - LA METROPOLITAN MEDICAL CENTER
2231 S. WESTERN AVENUE
LOS ANGELES 90018

Phone: (323) 730-7300
Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: 24HR ACUTE

Map Location Number - 11 **View: A**

7080 - KEDREN COMMUNITY MENTAL HEALTH CLINIC
4211 SOUTH AVALON BLVD.
LOS ANGELES 90011

Phone: (323) 233-0425
Hours of Operation: Mon - Fri 9:00 am - 5:00 pm
Walk-ins: Walk-ins
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth
Language(s): Arabic, Armenian, Chinese, English, Japanese, Spanisn, Tagalog

Services: 24HR ACUTE, ADMIN DAY, CASE MANAGEMENT, CLIENT RUN WELLNESS CENTER, COMMUNITY OUTREACH, COMMUNITY SUPPORT, CRISIS INTERVENTION, DAY REHABILITATION, DAY TREATMENT INTENSIVE, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER

Map Location Number - 8 **View: B**

5022 - ST. FRANCIS MEDICAL CENTER
3630 E. IMPERIAL HIGHWAY
LYNWOOD 90262

Phone: (310) 603-6000
Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: 24HR ACUTE

Service Area 6

Inpatient

Map Location Number - 9 **View: B**

67 - VIEW HEIGHTS CONVALESCENT HOSPITAL
12619 S. AVALON BLVD.
LOS ANGELES 90061

Phone: (323) 757-1882
Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: 24HR ACUTE

Service Area 6

Institutions for Mental Disease (IMD)

Map Location Number - 12 **View: B**

57 - LA PAZ GERO-PSYCHIATRIC CENTER
8835 VANS STREET
PARAMOUNT 90723

Phone: (562) 633-5111
Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult
Language(s): English

Services: MENTAL HEALTH SERVICES

Service Area 6

Outpatient

Map Location Number - 13 **View: B**

7540 - ALAFIA MENTAL HEALTH CENTER
11410 AVALON BLVD.
LOS ANGELES 90061

Phone: (310) 352-6422
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CLIENT RUN WELLNESS CENTER, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER

Map Location Number - 14 **View: A**

7655 - ALAFIA MENTAL HEALTH INSTITUTION
3701 STOCKER STREET ROOM 310
LOS ANGELES 90008

Phone: (323) 293-8771
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 15 **View: B**

6864 - AUGUSTUS F. HAWKINS MENTAL HEALTH CENTER
1720 E. 120TH STREET
LOS ANGELES 90059

Phone: (310) 668-4272
Hours of Operation: Mon - Fri 8:00 am - 4:30 pm (No Appointment scheduled)
Walk-ins: Walk-ins Only
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CLIENT RUN WELLNESS CENTER, COMMUNITY OUTREACH, COMMUNITY SUPPORT, FIELD CAPABLE CLINICAL SERVICES, MEDICATION SUPPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER

Map Location Number - 16 **View: B**

7583 - BARBOUR FLOYD MEDICAL ASSOCIATION
3201 NORTH ALAMEDA STREET SUITE H
COMPTON 90222

Phone: (310) 639-5983
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: DAY REHABILITATION, CASE MANAGEMENT, CRISIS INTERVENTION, MENTAL HEALTH SERVICES

Service Area 6

Outpatient

Map Location Number - 17 **View: B**

7218 - BARBOUR & FLOYD, PARTNERS
2610 INDUSTRY WAY, SUITE A
LYNWOOD 90262

Phone: (310) 631-8004
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth
Language(s): English

Services: COMMUNITY OUTREACH, DAY TREATMENT INTENSIVE, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 18 **View: A**

7736 - CHILDREN'S INSTITUTE INC
10221 S COMPTON AVENUE SUITE 203 AND 104
LOS ANGELES 90002

Phone: (310) 783-4677
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: DAY TREATMENT INTENSIVE, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 19 **View: A**

7398 - COMPTON CHILD FAMILY SERVICES CENTER
921 EAST COMPTON BLVD.,
COMPTON 90221

Phone: (310) 223-0334
Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: No Walk-ins - 8:00 am-9:00 am
Provider: DMH **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CLIENT RUN WELLNESS CENTER, COMMUNITY OUTREACH, MEDICATION SUPPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER

Map Location Number - 21 **View: B**

7707 - COMPTON MENTAL HEALTH CENTER
546 WEST COMPTON BLVD
COMPTON 90221

Phone: (310) 885-2100
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MENTAL HEALTH SERVICES, MEDICATION SUPPORT

Service Area 6

Outpatient

Map Location Number - 20 **View: B**

1938 - COMPTON MENTAL HEALTH CENTER
322 WEST COMPTON BLVD., SUITE 202
COMPTON 90220

Phone: (310) 603-7070
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, COMMUNITY SUPPORT, DAY REHABILITATION, DAY TREATMENT INTENSIVE, FULL SERVICE PARTNERSHIP, MEDICATION SUPPPORT, MENTAL HEALTH SERVICES, MENTAL HEALTH PROMOTION, PSYCH TESTING, SOCIALIZATION

Map Location Number - 23 **View: B**

7516 - COUNSELING4KIDS
3737 E MARTIN LUTHER KING BLVD., SUITE 612
LYNWOOD 90262

Phone: (310) 603-2795
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English, Spanish, Russian, French

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 24 **View: B**

7661 - CRITTENTON CHILD FAMILY
3737 E MARTIN LUTHER KING BLVD., SUITE 402
LYNWOOD 90262

Phone: (310) 631-0793
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 25 **View: B**

7364 - CROMIO
1720 E. 120TH STREET
LOS ANGELES 90059

Phone: (310) 668-4833
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: COMMUNITY OUTREACH, MEDICATION SUPPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 6

Outpatient

Map Location Number - 26 **View: A**

7423 - DIDI HIRSCH MANCHESTER CENTER
1328 WEST MANCHESTER AVENUE
LOS ANGELES 90044

Phone: (323) 778-9593
Hours of Operation: Mon & Th 9 am - 8 pm Tue & Wed 9 am - 7:30 pm Fri 9 am - 5 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: COMMUNITY OUTREACH, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 27 **View: B**

7721 - DREW CHILD DEVELOPMENT CORPORATION
3737 MARTIN LUTHER KING BLVD., 5TH FLOOR
LYNWOOD 90262

Phone: (323) 249-2950
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 28 **View: B**

7535 - DREW CHILD DEVELOPMENT CORPORATION
1770 EAST 118TH STREET
LOS ANGELES 90059

Phone: (323) 249-2950
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: WELLNESS CENTER AND CLIENT RUN CENTERS

Map Location Number - 29 **View: B**

7476 - EOB CRISIS & HOMELESS
1720 E. 120TH STREET, ROOM 1123
LOS ANGELES 90059

Phone: (310) 668-4435
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth
Language(s): English

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 6

Outpatient

Map Location Number - 30 **View: A**

7385 - EXODUS RECOVERY INC.
8401 SOUTH VERMONT AVENUE
LOS ANGELES 90044

Phone: (323) 789-6492
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English, Spanish, Chinese (Mandarin, Cantonese), French, Czech, American Sign Language, Armenian, Farsi, German, Korean, Tagalog, Elongo, Fokienese

Services: CLIENT RUN WELLNESS CENTER, CRISIS INTERVENTION, DAY TREATMENT INTENSIVE, FULL SERVICE PARTNERSHIP, MEDICATION SUPPPORT, MENTAL HEALTH SERVICES, WELLNESS CENTER

Map Location Number - 31 **View: A**

7348 - FAMILY CRISIS CENTER-UNIVERSITY VILLAGE
2116 ARLINGTON AVENUE
LOS ANGELES 90018

Phone: (323) 737-3900
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth

Language(s): English, Spanish, American Sign Language, Farsi, German, French, Armenian, Korean, Chinese (Mandarin, Taiwanese)

Services: CASE MANAGEMENT, MEDICATION SUPPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 32 **View: A**

7744 - HATHAWAY SYCAMORES CHILD FAMILY SERVICES
1968 WEST ADAMS BLVD., SUITE 101 & 102
LOS ANGELES 90018

Phone: (626) 395-7100
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth

Language(s): English

Services: FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 33 **View: B**

7750 - HOLLYGROVE
3737 MARTIN LUTHER KING JR BLVD., SUITE 500
LYNWOOD 90262

Phone: (323) 769-7174
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth

Language(s): English

Services: FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 6

Outpatient

Map Location Number - 34 **View: A**

7577 - KEDREN COMMUNITY MENTAL HEALTH CLINIC
2160 WEST ADAMS BLVD.,
LOS ANGELES 90018

Phone: (323) 733-3886
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth
Language(s): English

Services: DAY TREATMENT INTENSIVE, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 35 **View: A**

7265 - LA CHILD GUIDANCE - FAMILIES IN TOUCH
3031 S. VERMONT AVENUE
LOS ANGELES 90007

Phone: (213) 766-2360
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, COMMUNITY SUPPORT, DAY TREATMENT INTENSIVE, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 37 **View: A**

7276 - LA CHILD GUIDANCE
4401 CRENSHAW BLVD.
LOS ANGELES 90043

Phone: (323) 766-2360
Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Walk-ins
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, COMMUNITY OUTREACH, COMMUNITY SUPPORT, MEDICATION SUPPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 36 **View: A**

7733 - LA CHILD GUIDANCE CENTER
3787 S VERMONT AVE
LOS ANGELES 90007

Phone: (323) 221-1746
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 6

Outpatient

Map Location Number - 38 **View: A**

7211 - LAUSD 97TH STREET SCHOOL MENTAL HEALTH CENTER
439 WEST 97TH STREET
LOS ANGELES 90003

Phone: (323) 754-2856
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, COMMUNITY SUPPORT, FIELD CAPABLE CLINICAL SERVICES, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, SCHOOL BASED SERVICES

Map Location Number - 39 **View: A**

7388 - LOS ANGELES CHILD GUIDANCE
1115 W. ADAMS BLVD., #201
LOS ANGELES 90007

Phone: (213) 765-9388
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: COMMUNITY OUTREACH, COMMUNITY SUPPORT, CRISIS INTERVENTION, MEDICATION SUPPPORT, MEDICATION SUPPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 40 **View: A**

6870 - LOS ANGELES CHILD GUIDANCE CLINIC
3787 S VERMONT AVENUE
LOS ANGELES 90007

Phone: (323) 766-2345
Hours of Operation: Mon - Thur 8:00 am - 8:00 pm, Fri 8:00 am - 6:00 pm
Walk-ins: Walk-in intake
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CLIENT RUN WELLNESS CENTER, COMMUNITY OUTREACH, COMMUNITY SUPPORT, CRISIS INTERVENTION, DAY REHABILITATION, DAY TREATMENT INTENSIVE, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING, WELLNESS CENTER

Map Location Number - 41 **View: A**

7145 - MENTAL HEALTH ASSOCIATION IN LA-OASIS HOUSE
5201 S. VERMONT AVENUE
LOS ANGELES 90037

Phone: (213) 415-1130
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 6

Outpatient

Map Location Number - 42 **View: B**

7533 - OLIVE CREST TREATMENT CENTER FOSTER FAMILY
15545 BELLFLOWER BLVD., SUITE F
BELLFLOWER 90706

Phone: (562) 866-8956
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 43 **View: A**

7676 - PACIFIC CLINICS PORTALS CALWORKS
2500 WILSHIRE BLVD., SUITE430
LOS ANGELES 90057

Phone: (213) 639-0251
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CRISIS INTERVENTION, MENTAL HEALTH SERVICES, MEDICATION SUPPORT

Map Location Number - 44 **View: A**

7690 - PACIFIC CLINICS PORTALS COMMUNITY CONNECTIONS
3881 S WESTERN AVENUE
LOS ANGELES 90062

Phone: (323) 290-4379
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: PSYCH TESTING, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 46 **View: A**

7486 - PACIFIC CLINICS PORTALS/COMMUNITY CONNECTION
3875 SOUTH WESTERN AVENUE
LOS ANGELES 90062

Phone: (323) 290-4379
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: COMMUNITY OUTREACH, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES

Service Area 6

Outpatient

Map Location Number - 45 **View: A**

7125 - PACIFIC CLINICS PORTALS-COMMUNITY CONNECTIONS
3881 SOUTH WESTERN AVENUE
LOS ANGELES 90062

Phone: (323) 296-6516
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, CLIENT RUN WELLNESS CENTER, COMMUNITY OUTREACH, COMMUNITY OUTREACH, CRISIS INTERVENTION, MEDICATION SUPPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING, VOCATIONAL SERVICES, WELLNESS CENTER

Map Location Number - 47 **View: B**

7558 - PARTNERS IN INTER CO-OCCURRING
1720 EAST 120TH STREET
LOS ANGELES 90059

Phone: (310) 668-4833
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 48 **View: A**

7542 - PERSONAL INVOLVEMENT CENTER INC
8220 SOUTH SAN PEDRO STREET
LOS ANGELES 90003

Phone: (323) 778-1621
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 49 **View: B**

7303 - SCHARP SIDEKICKS
3221 N. ALAMEDA STREET SUITE G
COMPTON 90222

Phone: (310) 537-9780
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, MEDICATION SUPPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES

Service Area 6

Outpatient

Map Location Number - 50 **View: B**

7264 - SHIELDS FOR FAMILIES
1721 E 120TH STREET TRAILER #6
LOS ANGELES 90059

Phone: (310) 668-8311
Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: No Walk-ins
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, COMMUNITY SUPPORT, COMMUNITY OUTREACH, CRISIS INTERVENTION, DAY TREATMENT INTENSIVE, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, MENTAL HEALTH PROMOTION, PSYCH TESTING,

Map Location Number - 53 **View: B**

7764 - SHIELDS FOR FAMILIES
3209 NORTH ALAMEDA STREET SUITE D
COMPTON 90222

Phone: (323) 242-5000
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING,

Map Location Number - 54 **View: B**

7737 - SHIELDS FOR FAMILIES
1500 E KAY STREET
COMPTON 90221

Phone: (310) 898-2450
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth
Language(s): English

Services: COMMUNITY OUTREACH, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 51 **View: B**

7365 - SHIELDS FOR FAMILIES
12714 S. AVALON BLVD., STE.300
LOS ANGELES 90061

Phone: (323) 242-5000
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, COMMUNITY OUTREACH, COMMUNITY SUPPORT, FIELD CAPABLE CLINICAL SERVICES, MENTAL HEALTH PROMOTION, MEDICATION SUPPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 6

Outpatient

Map Location Number - 52 **View: B**

7573 - SHIELDS FOR FAMILIES
12021 S. WILMINGTON AVENUE .
LOS ANGELES 90059

Phone: (310) 668-8311
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: DAY TREATMENT INTENSIVE, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 56 **View: A**

7409 - SOUTH CENTRAL HEALTH & REHABILITATION PROGRAM
5312 S. VERMONT AVENUE SUITE ABC
LOS ANGELES 90037

Phone: (323) 751-3026
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CRISIS INTERVENTION, COMMUNITY OUTREACH, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES

Map Location Number - 55 **View: A**

7242 - SOUTH CENTRAL HEALTH & REHABILITATION PROGRAM
5201 S. VERMONT AVENUE
LOS ANGELES 90037

Phone: (323) 751-2677
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, CLIENT RUN WELLNESS CENTER, COMMUNITY OUTREACH, CRISIS INTERVENTION, DAY REHABILITATION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, VOCATIONAL SERVICES, WELLNESS CENTER

Map Location Number - 57 **View: A**

7555 - SOUTH CENTRAL HEALTH AND REHABILITATION
7410 S BROADWAY
LOS ANGELES 90003

Phone: (323) 541-9016
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, COMMUNITY OUTREACH, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES,

Service Area 6

Outpatient

Map Location Number - 75 **View: B**

7532 - SOUTH LOS ANGELES FAMILY SERVICES
1720 E 120TH STREET
LOS ANGELES 90059

Phone: (310) 668-4911
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, DAY TREATMENT INTENSIVE

Map Location Number - 59 **View: A**

7681 - SSG-HOPICS FAMILY CENTER
5807 AVALON BOULEVARD
LOS ANGELES 90011

Phone: (310) 619-2222
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 58 **View: A**

7124 - SPECIAL SERVICES FOR GROUPS (SSG)
1665 WEST ADAMS BLVD
LOS ANGELES 90007

Phone: (323) 731-3534
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English, Cantonese, Vietnamese, Korean, Chinese (Mandarin)

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, DAY TREATMENT INTENSIVE, DAY REHABILITATION, FIELD CAPABLE CLINICAL SERVICES, LIFE SUPPORT, MEDICATION SUPPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 60 **View: A**

7510 - SSG-INTEGRATED CARE SYSTEM YOUTH PROJECT
5715 SOUTH BROADWAY
LOS ANGELES 90037

Phone: (213) 621-2800
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: FULL SERVICE PARTNERSHIP, FIELD CAPABLE CLINICAL SERVICES, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 6

Outpatient

Map Location Number - 61 **View: A**

7604 - SSG-SOUTH L.A. FAMILY CENTER
8019 COMPTON AVENUE
LOS ANGELES 90001

Phone: (213) 553-1800
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: DAY TREATMENT INTENSIVE, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 62 **View: A**

7688 - SSG-TESSIE CLEVELAND COMMUNITY SERVICE CORP.
8019 S COMPTON AVENUE SUITE 106
LOS ANGELES 90001

Phone: (323) 586-7333
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English, Spanish, Qanjobal, Armenian, Bengali, Farsu, Igbo, Tagalog

Services: FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 64 **View: B**

7346 - ST FRANCIS MEDICAL CENTER-CHILD CENTER
3630 EAST IMPERIAL HWY
LYNWOOD 90262

Phone: (310) 900-8490
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English/Spanish

Services: MENTAL HEALTH SERVICES, GROUP, MEDICATION SUPPPORT, PSYCH TESTING, MEDICATION SUPPORT, COMMUNITY SUPPORT

Map Location Number - 65 **View: B**

7493 - STAR VIEW COMMUNITY SERVICES
1055 W. VICTORIA STREET
RANCHO DOMINGUEZ 90220

Phone: (310) 373-4556
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: FULL SERVICE PARTNERSHIP, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 6

Outpatient

Map Location Number - 66 **View: B**

7549 - STEP OUT
2010 EAST EL SEGUNDO BLVD.
COMPTON 90222

Phone: (310) 631-8004
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES,

Map Location Number - 67 **View: A**

7747 - TAY PROBATION DAY REPORTING CENTER
5811 S SAN PEDRO STREET
LOS ANGELES 90011

Phone: (213) 351-7737
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 68 **View: A**

7641 - TESSIE CLEVELAND COMMUNITY SERVICES
8019 COMPTON AVENUE
LOS ANGELES 90001

Phone: (323) 586-7333
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English, Farsi, Spanish, Bengali, Armenian, Tagalog, Igbo, Qanjobal

Services: DAY TREATMENT INTENSIVE, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES,

Map Location Number - 69 **View: B**

7279 - THE GUIDANCE CENTER SOCIETY
347 W COMPTON BLVD., SUITE 341
COMPTON 90220

Phone: (310) 669-9510
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English, Korean, Polish, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, COMMUNITY OUTREACH, COMMUNITY SUPPORT, DAY REHABILITATIONILITATION, DAY TREATMENT INTENSIVE, FULL SERVICE PARTNERSHIP, MEDICATION SUPPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 6

Outpatient

Map Location Number - 70 **View: A**

1908 - WEST CENTRAL FAMILY MENTAL HEALTH SERVICES
3751 STOCKER ST
LOS ANGELES 90008

Phone: (323) 298-3680
Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Walk-ins
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English, Spanish, Russian, Tagalog, Arabic, Chinese, Vietnamese, Armenian. Japanese

Services: CASE MANAGEMENT, CLIENT RUN WELLNESS CENTER, COMMUNITY OUTREACH, DAY REHABILITATION, FULL SERVICE PARTNERSHIP, FIELD CAPABLE CLINICAL SERVICES, MEDICATION SUPPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING, SOCIALIZATION, WELLNESS CENTER

Map Location Number - 71 **View: B**

7438 - WESTSIDE CHILDREN'S SOCIETY
11388 OLYMPIC BLVD.
LOS ANGELES 90064

Phone: (310) 966-6559
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES

Map Location Number - 72 **View: A**

7396 - WILSHIRE CHILD SERVICES
5022 SOUTH WESTERN AVENUE
LOS ANGELES 90062

Phone: (323) 338-8582
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: COMMUNITY OUTREACH, CRISIS INTERVENTION, DAY TREATMENT INTENSIVE, MEDICATION SUPPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES

Map Location Number - 74 **View: A**

7715 - WOMEN'S REINTEGRATION SERVICES
8300 S VERMONT AVENUE
LOS ANGELES 90044

Phone: (323) 525-6400
Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 6

Residential

Map Location Number - 76 **View: A**

6871 - COMMUNITY COUNSELING SERVICE COMPASS HOUSE
2335 PORTLAND STREET
LOS ANGELES 90007

Phone: (213) 747-8470
Hours of Operation: N/A
Walk-ins: N/A
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: CASE MANAGMENT, COMMUNITY SUPPORT, CRISIS INTERVENTION, LIFE SUPPORT, MEDICATION SUPPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING,

Map Location Number - 77 **View: B**

7031 - WATTS LABOR COMMUNITY ACTION COMMITTEE
10950 S CENTRAL AVENUE
LOS ANGELES 90059

Phone: (323) 563-5600
Hours of Operation: N/A
Walk-ins: N/A
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, LONG TERM, SUPPORTIVE LIVING

Service Area 6

Specialized Foster Care

Map Location Number - 78 **View: B**

7607 - SPECIALIZED FOSTER CARE-COMPTON
921 E COMPTON BLVD.
COMPTON 90221

Phone: (310) 668-6845
Hours of Operation: Mon - Fri 8:30 am - 5:00 pm
Walk-ins: Walk-ins
Provider: DMH **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 79 **View: A**

7608 - SPECIALIZED FOSTER CARE-FIGUEROA
10421 S FIGUEROA STREET
LOS ANGELES 90003

Phone: (323) 418-4200
Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 80 **View: A**

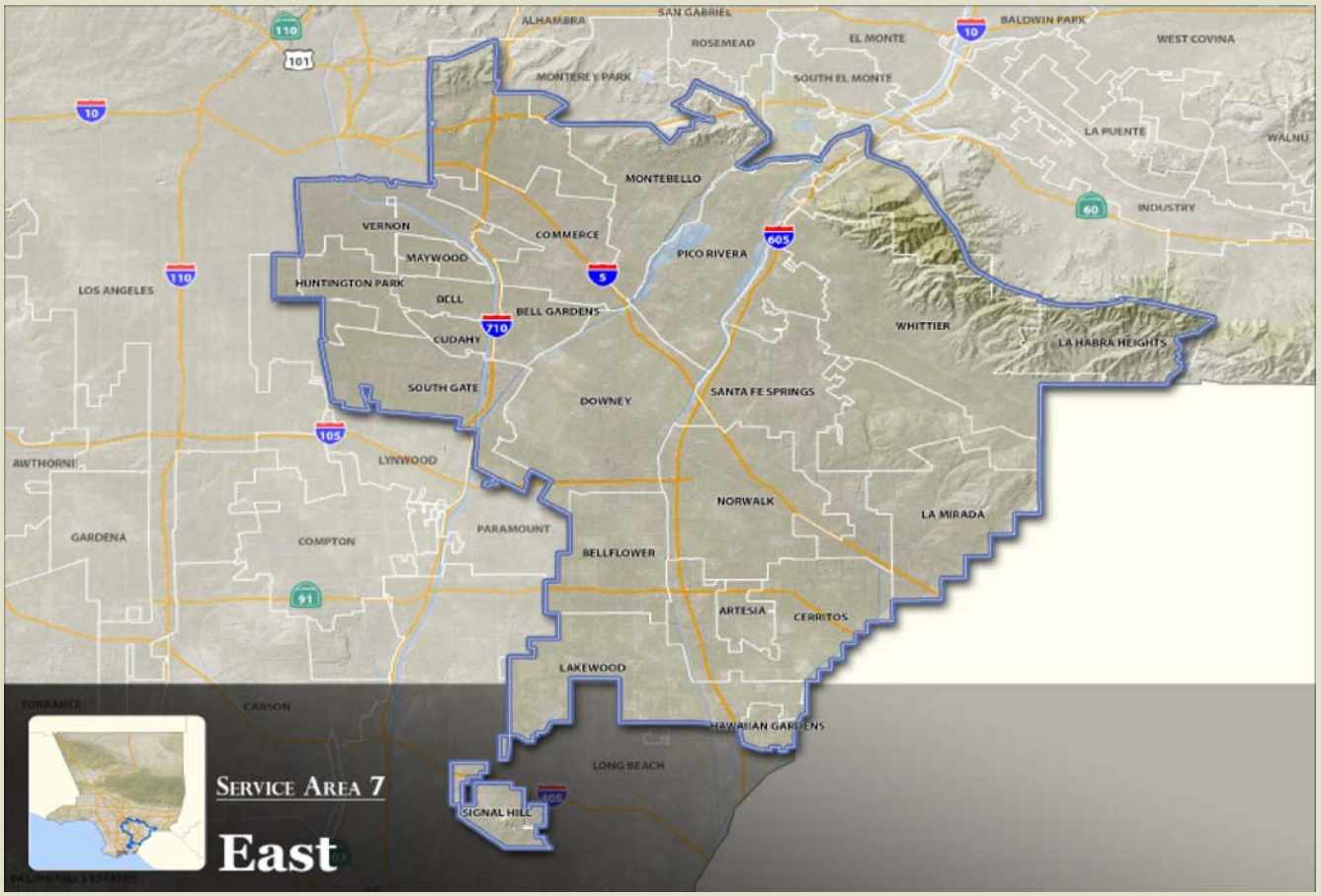
7611 - SPECIALIZED FOSTER CARE-VERMONT
8300 S VERMONT AVENUE 4TH FLOOR
LOS ANGELES 90044

Phone: (323) 965-6176
Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MENTAL HEALTH SERVICES

Provider Directory

Locations of Publicly Funded Mental Health Services in the County of Los Angeles - Service Area 7



Marvin J. Southard, DSW, Director
County of Los Angeles
Department of Mental Health
Program Support Bureau
Quality Improvement Division

Our Mission

Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency.

January 2010

PROVIDER DIRECTORY – LOCATIONS OF PUBLICLY FUNDED MENTAL HEALTH SERVICES IN THE COUNTY OF LOS ANGELES - JANUARY 2010

Welcome to the 2010 **Provider Directory — Locations of Publicly Funded Mental Health Providers in The County of Los Angeles** for Psychiatric Inpatient and Outpatient Short Doyle/Medi-Cal Facilities, Fee-For-Service Psychiatric Inpatient Facilities, Community Outreach, Forensic, Residential and Specialized Foster Care Services. It excludes Fee-For-Service Outpatient Providers.

The Provider Directory includes provider addresses, provider numbers, phone numbers, hours of operation, provider types, age-groups served, languages spoken and Specialty Mental Health Services (SMHS) by provider location.

The Provider Directory also includes provider profiles for each Service Area with map locations for each provider.

Providers are listed alphabetically by name and the primary mode of service. Each provider has a designated provider location number referenced on the Service Area Map titled *Provider Location with Map Location Number*.

Please refer to the Glossary for terms and definitions used in the Provider Directory.

To obtain Mental Health Information and Services confidentially, please call the 24/7 ACCESS Center at 1-800-854-7771.

Additional Resources

The providers in the Provider Directory can also be located on the internet using the Online DMH Provider Locator. Please use the link below to access the website and search for providers in areas nearest to you.

http://gis.lacounty.gov/dmh/

Please accurately type the complete address of your location on the website's address window and hit 'Search'. The online DMH Provider Locator will return the closest locations on a map on the left side of the screen. The Online DMH Provider Locator will also provide the distance from your 'Search' Location as well as driving directions.

Acknowledgements

The Program Support Bureau wishes to thank Service Area District Chiefs and Service Area Liaisons for updating the Provider List. We also wish to thank Hwa Saup Lee and Durga Niraula at Social Services Systems Division-Urban Research/GIS at ISD, County of Los Angeles, for preparing the maps.

Contact Us

Even though every attempt has been made to ensure that the provider and the map information is accurate, provider information may change frequently. Should you have any questions, please contact Vandana Joshi, Ph.D. Program Head, Data-GIS Unit, Quality Improvement Division, at (213) 251-6886 or Sandra Chin at (213) 251-6810. The Provider Directory can be downloaded from the LAC-DMH website at http://psbqi.dmh.lacounty.gov/data.htm

GLOSSARY

Data Sources

Consumers Served: LAC-DMH IS Database. FY 2008-2009.
Population and Poverty Estimates: Prepared by John Hedderson, Walter McDonald and Associates, Sacramento. CY - 2008.
Provider Lists: LAC-DMH IS Database, Patients' Rights Directory, Multilinguistic Provider Directory & Mental Health Services Act (MHSA) Provider Directory. October 2009.

Rates

Prevalence Rate: The California State Department of Mental Health (CDMH) provides the estimated prevalence of Serious Emotional Disturbance (SED) for children and Serious Mental Illness (SMI) for adults for each County. These rates are applied to the estimated population in Los Angeles County to determine the number of people in need of mental health services.

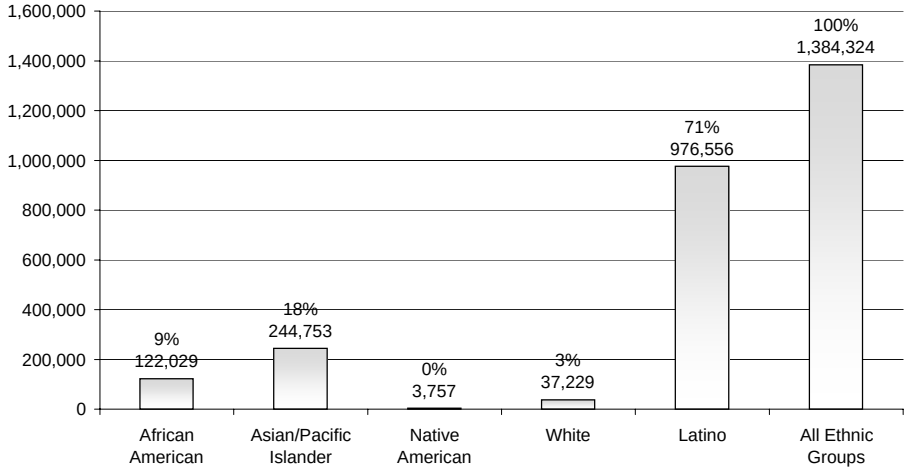
Penetration Rate: This rate estimates the number of persons served by publicly funded mental health services excluding Fee-For-Service Providers. The Penetration Rate is calculated as: The Number of Consumers Served in Outpatient Short Doyle/ Medi-Cal Facilities divided by Number of people estimated with SED and SMI.

Retention Rate: This rate estimates the number of outpatient services/claims received by consumers in Short Doyle/Medi-Cal facilities in FY 2008-2009.

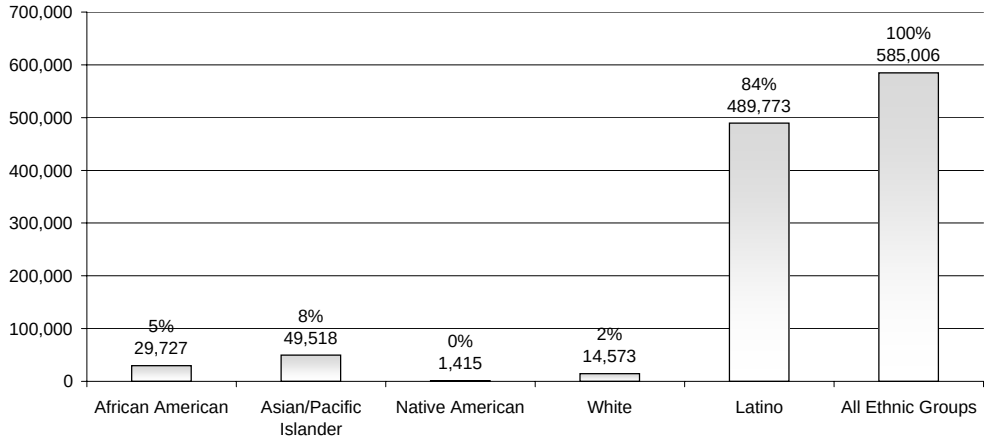
Age-Groups Served by Providers: The age-groups served by providers are: Child/Youth and Adults. Providers serving Child/ Youth serve consumers between the ages of 0 and 17. Providers serving adults serve consumers 18 years of age or older.

Service Area 7
Population Demographic Profile 2008

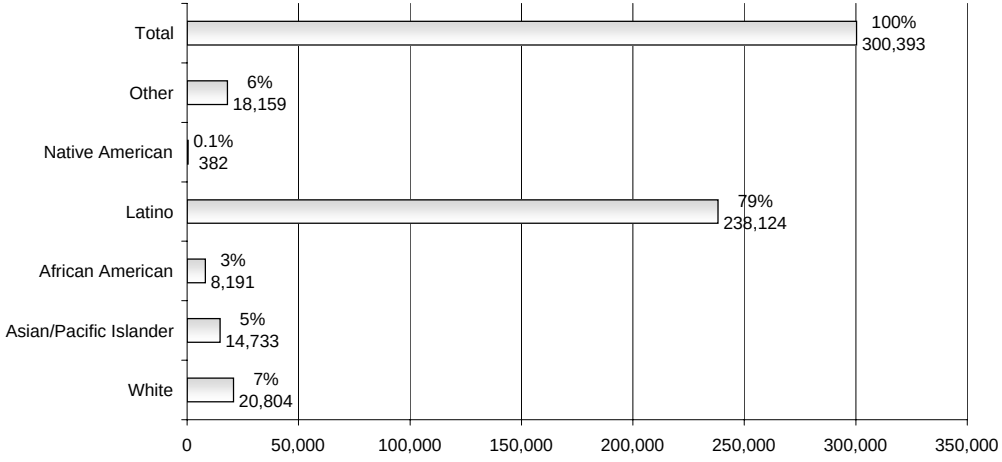
Estimated Population by Ethnicity



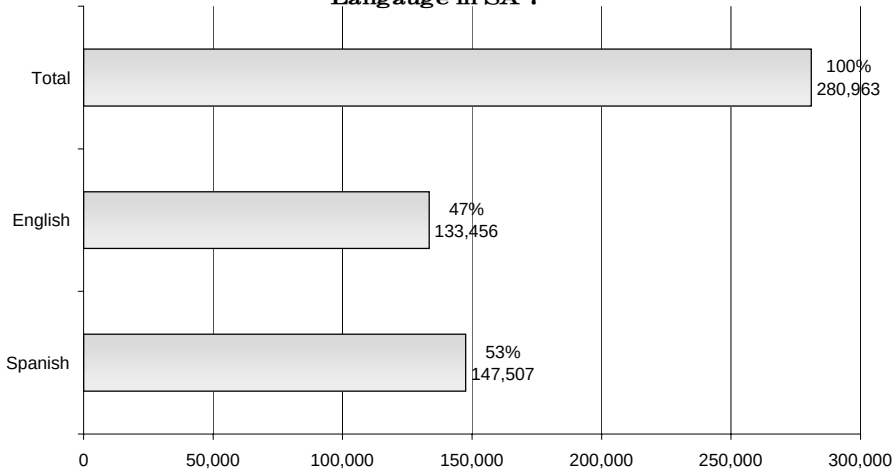
Estimated Population Living at or Below 200% Federal Poverty Level



Medi-Cal Eligble Population by Ethnicity



Number of Medi-Cal Beneficiaries Who Speak The Threshold Langauge in SA 7[1]

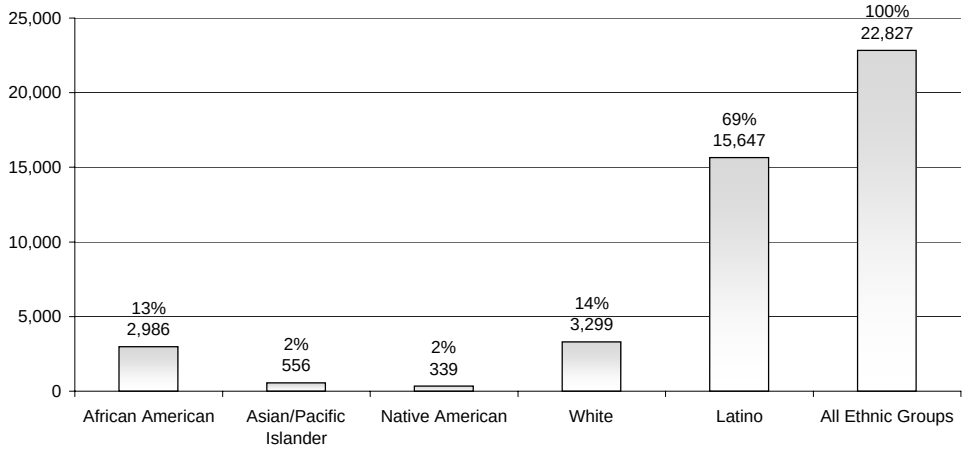


Out of the 13 Countywide Threshold Languages Service Area 7 has 2 Threshold Languages, English and Spanish.

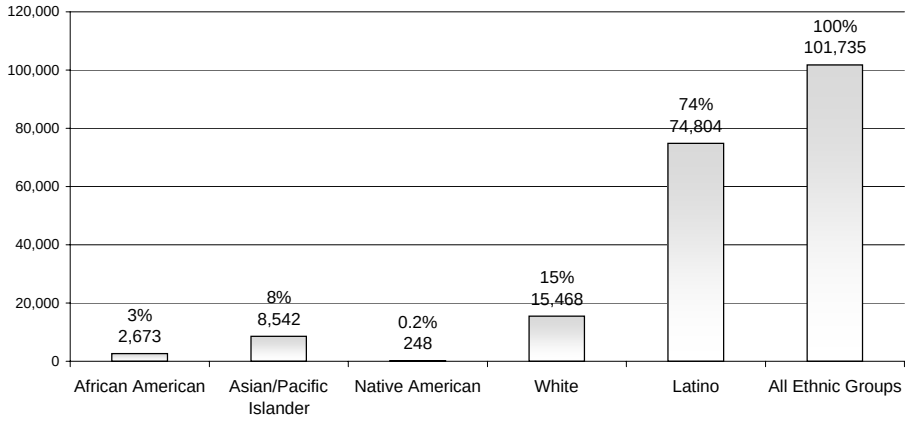
[1]Threshold Language" means a language identified on the Medi-Cal Eligibility Data System (MEDS) as the primary language of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area, per Title 9, CCR, Section 1810.410 (f) (3).

Service Area 7
Consumer Profile 2008

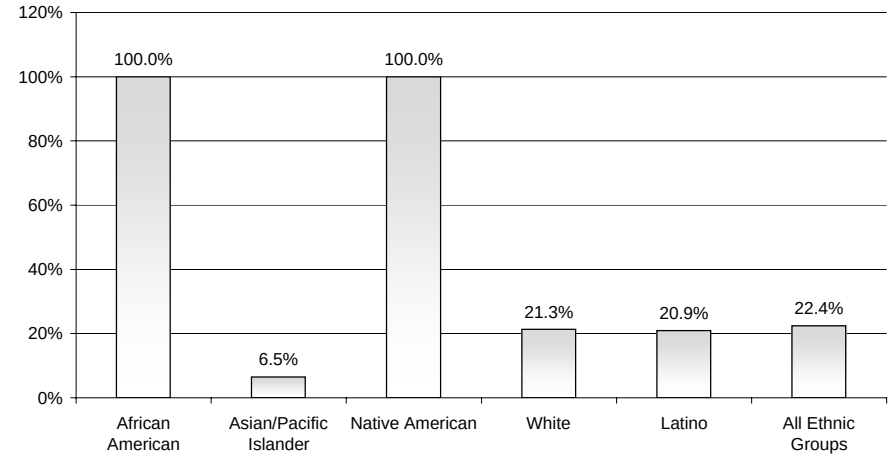
Consumers Served in Short Doyle/Medi-Cal Facilities by Ethnicity



Estimated Population with SED and SMI[1] by Ethnicity



Penetration Rate by Ethnicity[2]



Retention Rate by Ethnicity

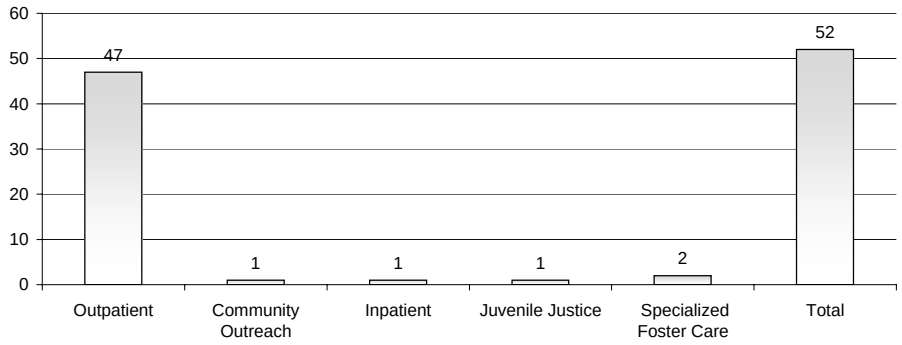
Number of Approved Outpatient Claims							
	1 Claim	2 Claims	3 Claims	4 Claims	5-15 Claims	16 or More Claims	Total
Number of Consumers							
African American	393	98	63	50	386	743	**1733**
Percent	*22.68%*	*5.65%*	*3.64%*	*2.89%*	*22.27%*	*42.87%*	***100%***
Asian	41	15	14	11	118	181	**380**
Percent	*10.79%*	*3.95%*	*3.68%*	*2.89%*	*31.05%*	*47.63%*	***100%***
Native American	31	17	11	11	80	151	**301**
Percent	*10.30%*	*5.65%*	*3.65%*	*3.65%*	*26.58%*	*50.17%*	***100%***
White	254	90	79	62	680	1110	**2275**
Percent	*11.16%*	*3.96%*	*3.47%*	*2.73%*	*29.89%*	*48.79%*	***100%***
Latino	1388	681	520	369	3492	6571	**13021**
Percent	*10.66%*	*5.23%*	*3.99%*	*2.83%*	*26.82%*	*50.46%*	***100%***
Other	80	26	14	6	146	247	**519**
Percent	*15.41%*	*5.01%*	*2.70%*	*1.16%*	*28.13%*	*47.59%*	***100%***
Total	2187	927	701	509	4902	9003	**18229**
Percent	*12.00%*	*5.09%*	*3.85%*	*2.79%*	*26.89%*	*49.39%*	***100%***

[1]SED = Serious Emotional Disturbance (for Children) SMI = Serious Mental Illness (for Adults)

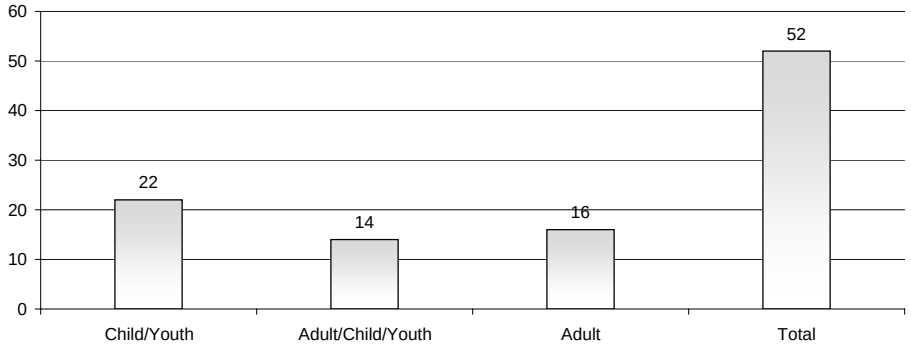
[2]Penetration Rate (PR) = Consumers Served in Short Doyle/Medi-Cal Facilities divided by Estimated Population with SED and SMI (e.g. PR For All Ethnic Groups = 22,827 / 101,735 = 22.4%).

Service Area 7
Provider Profile 2009

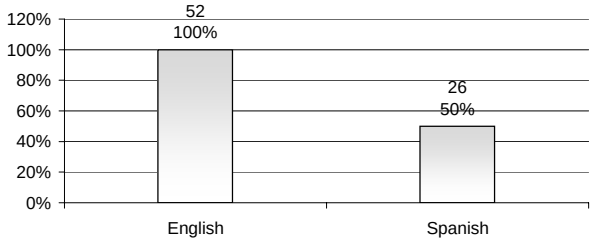
Number and Type of Providers



Age-Group Served by Provider's



Providers with Staff Who Speak The Thrshold Languages in SA 7[1]



[1]Percent = Numbers of Providers with Staff Speaking a Threshold Language/Total Number of Providers.

Other Languages Spoken in Provider Locations

English	Other Chinese	Armenian	Farsi	Korean	Mandarin	Russian	Spanish
52	8	4	4	2	8	3	26
100%	15%	8%	8%	4%	15%	6%	50%

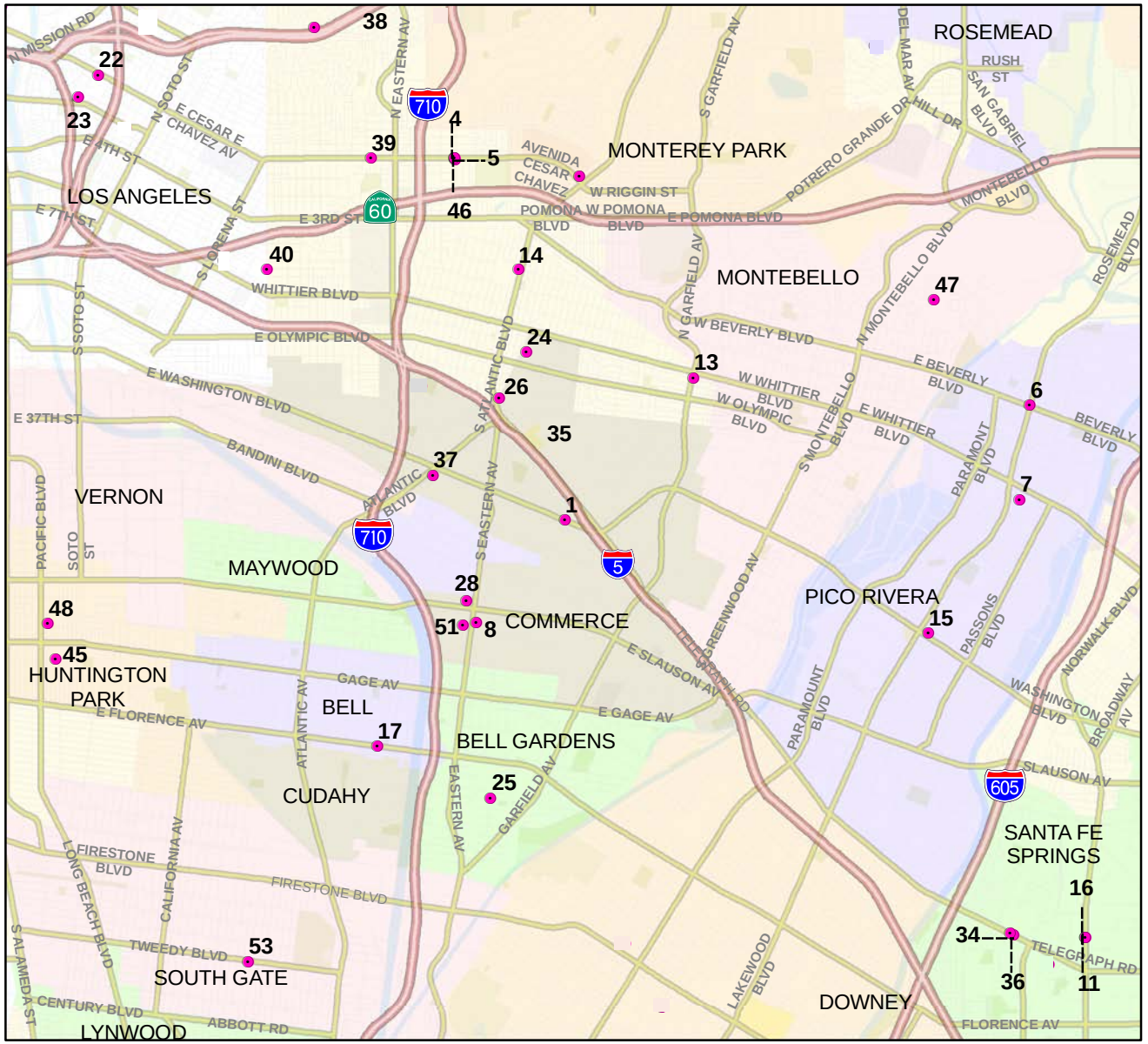
Vietnamese	Hindi	Urdu	Portuguese	Konkani	Italian	Gujarati	Cantonese
2	3	2	2	1	1	3	5
4%	6%	4%	4%	2%	2%	6%	10%

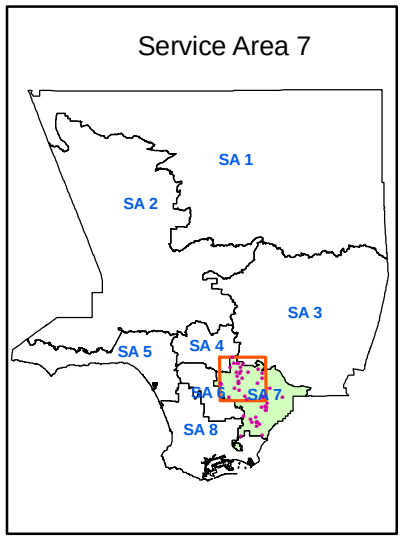
Taiwanese
5
10%

Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

View A
SA 7 Magnified





Provider Location

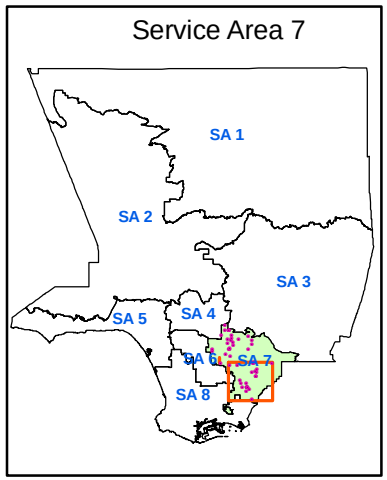
N

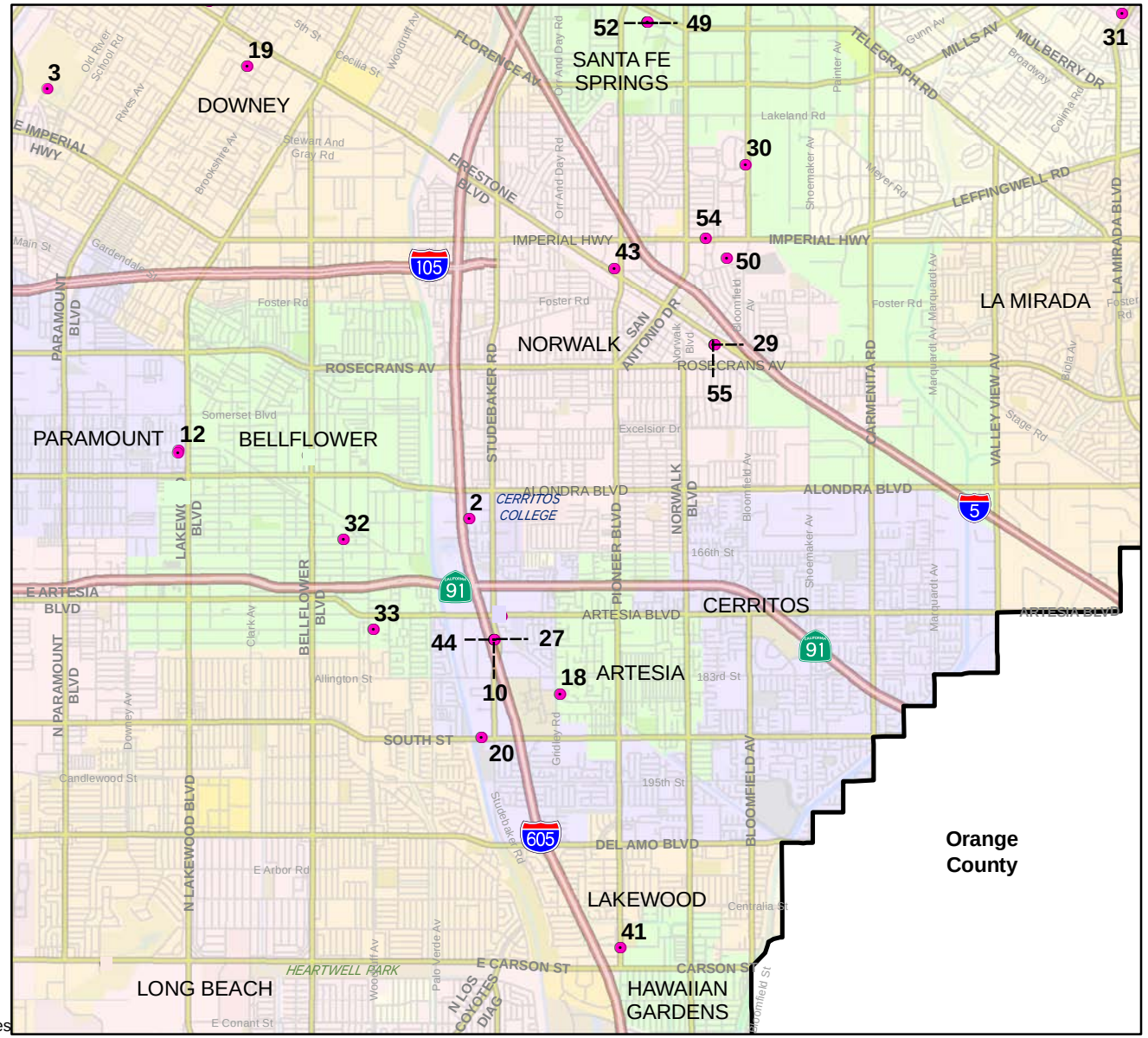
0 0.25 0.5 1 1.5
Miles

Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

View B
SA 7 Magnified





Service Area 7

Community Outreach

Map Location Number - 1 **View: A**

7018 - **MENTAL HEALTH AMERICA**
6055 E. WASHINGTON BLVD. SUITE 900
COMMERCE 90040

Phone: (323) 346-0960

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: COMMUNITY OUTREACH, DROP-IN CENTER, MENTAL HEALTH PROMOTION

Service Area 7

Inpatient

Map Location Number - 2 **View: B**

7299 - COLLEGE HOSPITAL
10802 COLLEGE PLACE
CERRITOS 90703

Phone: (562) 924-9581

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult/Child/Youth
Language(s): English

Services: 24-HR ACUTE, DAY TREATMENT INTENSIVE FULL, MENTAL HEALTH SERVICES

Service Area 7

Juvenile Justice

Map Location Number - 3 **View: B**

7166 - **LOS PADRINOS JUVENILE HALL MENTAL HEALTH UNIT**
7285 EAST QUILL DRIVE
DOWNEY 90242

Phone: (562) 940-6077

Hours of Operation: Not Applicable
Walk-ins: Not Applicable
Provider: DMH **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: MENTAL HEALTH SERVICES

Service Area 7

Outpatient

Map Location Number - 4 **View: A**

7562 - **ALMA FAMILY SERVICE**
4701 E. CESAR CHAVEZ AVENUE
LOS ANGELES 90022

Phone: (323) 881-3799

Hours of Operation: Mon - Fri 8:00 am - 6:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English, Spanish

Services: FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 5 **View: A**

7563 - **ALMA FAMILY SERVICE**
4702 E. CESAR CHAVEZ AVENUE
LOS ANGELES 90023

Phone: (323) 881-3800

Hours of Operation: Mon - Fri 8:00 am - 6:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 6 **View: A**

7709 - **ALMA FAMILY SERVICE**
4400 ROSEMEAD BLVD. SUITE 12
PICO RIVERA 90660

Phone: (562) 692-1517

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English, Spanish

Services: FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 7 **View: A**

7019 - **ALMA FAMILY SERVICES BEHAVIORAL HEALTH PROGRAM**
9140 WHITTIER BLVD.
PICO RIVERA 90660

Phone: (562) 801-4626

Hours of Operation: Mon - Fri 8:00 am - 6:00 pm & Sat 8:00 am - 4:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English, Portugese, Spanish

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 7

Outpatient

Map Location Number - 8 **View: A**

7667 - **ALMANSOR CENTER**
5900 EASTERN AVENUE
COMMERCE 90040

Phone: (323) 662-0715

Hours of Operation: Mon - Fri 8:30 am - 5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): Armenian, English, Chinese, Korean, Spanish, Vietnamese

Services: FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 10 **View: B**

7421 - **AMERICAN INDIAN COUNSELING CENTER**
17707 S. STUDEBAKER ROAD
CERRITOS 90703

Phone: (562) 402-0677

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: WALK-INS
Provider: DMH **Supervisorial District**: 4
Age Group Served: Adult/Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, COLLATERAL, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, LIFE SUPPORT, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERIVCES PSYCH TESTING

Map Location Number - 11 **View: A**

7589 - **ANNE SIPPI CLINIC COMMUNITY SERVICES**
10012 NORWALK BLVD., SUITE 110
SANTA FE SPRING 90670

Phone: (562) 906-1335

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 12 **View: B**

7579 - **ASIAN PACIFIC COUNSELING & TREATMENT CENTER**
11050 E ARTESIA BLVD., SUITE F
CERRITOS 90703

Phone: (562) 860-8838

Hours of Operation: Mon - Fri 10:00 am - 6:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult/Child/Youth
Language(s): English, Chinese, Korean, Spanish

Services: MEDICATION SUPPORT MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 7

Outpatient

Map Location Number - 14 **View: A**

7381 - **BIENVENIDOS - EAST LOS ANGELES**
501 S. ATLANTIC BLVD.
LOS ANGELES 90022

Phone: (323) 268-5442

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**:
Age Group Served: Child/Youth
Language(s): English, Farsi, Korean, Spanish

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 30 **View: B**

7594 - **CEDAR STREET HOMES**
11401 BLOOMFIELD AVENUE SUITE 305 & 307
NORWALK 90650

Phone: (562) 207-9660

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult
Language(s): English, Chinese (Cantonese, Mandarin, Taiwainese), Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, LIFE SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 13 **View: A**

7381 - **BIENVENIDOS - EAST LOS ANGELES**
110 S. GARFIELD AVENUE
MONTEBELL 90640

Phone: (323) 869-9255

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 3
Age Group Served: Child/Youth
Language(s): English, Farsi, Korean, Spanish

Services: DAY TREATMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 17 **View: A**

7767 - **CHCADA**
5101 EAST FLORENCE AVENUE SUITE 9
BELL 90201

Phone: (323) 222-4591

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 7

Outpatient

Map Location Number - 15 **View: A**

7638 - **CHCADA**
9033 WASHINGTON BLVD.
PICO RIVERA 90660

Phone: (323) 222-4591

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 16 **View: A**

7722 - **CHCADA**
10012 NORWALK BLVD
SANTA FE SPRINGS 90670

Phone: (323) 222-4591

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult
Language(s): English

Services: CLIENT RUN WELLNESS CENTERCOMMUNITY OUTREACH, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES

Map Location Number - 18 **View: B**

7230 - **CLONTARF MANOR ARTESIA**
18432 GRIDLEY ROAD
ARTESIA 90701

Phone: (562) 860-2479

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: DAY REHABILITATION, HALF DAY REHABILITATION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 19 **View: B**

7471 - **COMMUNITY FAMILY GUIDANCE CENTER**
8320 IOWA ST. SUITE 201
DOWNEY 90241

Phone: (562) 904-4815

Hours of Operation: Mon - Fri 9:00 am - 5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult/Child/Youth
Language(s): English, Hindi, Spanish, Urdu

Services: FULL SERVICE PARTNERSHIP, MENTAL HEALTH SERVICES

Service Area 7

Outpatient

Map Location Number - 20 **View: B**

7246 - **COMMUNITY FAMILY GUIDANCE CENTER**
10929 SOUTH STREET, SUITE 214-B
CERRITOS 90703

Phone: (562) 865-6444

Hours of Operation: Mon - Th 8:00 am - 8:00 pm Fri 8:00 am - 5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): Armenian, English, Chinese (Cantonese, Mandarin, Taiwainese), Gujarati, Russian

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING,

Map Location Number - 22 **View: A**

1958 - **DOROTHY KIRBY CENTER**
1500 S. MCDONNELL AVENUE
LOS ANGELES 90022

Phone: (323) 981-4318

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: **Supervisorial District**:
Age Group Served: Child/Youth
Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 27 **View: B**

7588 - **CRISIS & HOMELESS**
17707 S STUDEBAKER ROAD
CERRITOS 90703

Phone: (562) 467-0209

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 4
Age Group Served: Adult/Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MENTAL HEALTH SERVICES

Map Location Number - 23 **View: A**

7472 - **ENKI BOYLE HEIGHTS PROGRAM**
109 N. BOYLE STREET
BOYLE HEIGHTS 90033

Phone: (323) 261-4900

Hours of Operation: Mon-Thurs 9:00 am - 6:00 pm Fri 8:00 am - 5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 7

Outpatient

Map Location Number - 25 **View: A**

7254 - **ENKI EAST LOS ANGELES**
6001 CLARA STREET
BELL GARDENS 90201

Phone: (866) 227-1302

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult

Language(s): Armenian, Englsih, Chinese (Cantonese, Mandarin, Taiwainese), Gujarati, Russian, Spanish

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, DAY TREATMENT INTENSIVE FULL, DAY REHABILITATION, FULL DAY REHABILITATION, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING.

Map Location Number - 24 **View: A**

7360 - **ENKI EAST LOS ANGELES YOUTH & FAMILY SERVICES**
1000 GOODRICH BLVD.
COMMERCE 90022

Phone: (323) 832-9765

Hours of Operation: Mon 9 am - 6 pm Tue., Wed., Th 9 am - 7 pm Fri 8 am - 5 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, DAY TREATMENT INTENSIVE FULL, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 26 **View: A**

7253 - **ENKI EAST LOS ANGELES**
1436 GOODRICH BLVD
CITY OF COMMERCE 90022

Phone: (866) 227-1302

Hours of Operation: Mon - Fri 8:00 am -5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult

Language(s): English

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, DAY REHABILITATION, DAY TREATMENT INTENSIVE FULL, FIELD CAPABLE CLINICAL SERVICES, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING,

Map Location Number - 28 **View: A**

7670 - **HATHAWAY SYCAMORES**
5701 S. EASTERN AVENUE
COMMERCE 90040

Phone: (626) 395-7100

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult

Language(s): English

Services: FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 7

Outpatient

Map Location Number - 29 **View: B**

7574 - **HELPLINE YOUTH COUNSELING INC**
12440 FIRESTONE BLVD SUITE 1000
NORWALK 90650

Phone: (562) 864-3722

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 31 **View: B**

1972 - **INTERCOMMUNITY CHILD GUIDANCE CLINIC**
10155 COLIMA ROAD
WHITTIER 90603

Phone: (562) 692-0383

Hours of Operation: Mon - Th 8:00 am - 7:00 pm Fri 8:00 am - 5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: DAY TREATMENT, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 32 **View: B**

7342 - **MASADA HOMES**
10000 FLOWER STREET
BELLFLOWER 90706

Phone: (562) 804-2093

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 33 **View: B**

7534 - **OLIVE CREST TREATMENT CENTERS - WRAPAROUND**
17800 WOODRUFF AVENUE
BELLFLOWER 90706

Phone: (562) 866-8956

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERIVCES, PSYCH TESTING

Service Area 7

Outpatient

Map Location Number - 34 **View: A**

7495 - **PACIFIC CLINICS/LATINA PROGRAM**
11741 TELEGRAPH ROAD
SANTA FE SPRINGS 90670

Phone: (877) 722-2737

Hours of Operation: Mon - Fri 8:30 am - 7:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: CRISIS INTERVENTION, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING.

Map Location Number - 35 **View: A**

7424 - **PACIFIC CLINICS-CONCEPT 7 INTERNATIONAL**
200 CITADEL DRIVE, SUITE 175
COMMERCE 90040

Phone: (877) 722-2737

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 36 **View: A**

7194 - **PACIFIC CLINICS-EL CAMINO MENTAL HEALTH CENTER**
11721 E. TELEGRAPH RD. BLDG. A
SANTA FE SPRINGS 90670

Phone: (877) 722-2737

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English, Chinese (Cantonese, Mandarin, Taiwainese), Spanish

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, DAY TREATMENT, FIELD CAPABLE CLINICAL SERVICES, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, DAY CARE, DAY REHABILITATION FULL DAY, PSYCH TESTING

Map Location Number - 37 **View: A**

7511 - **PENNY LANE**
2450 SOUTH ATLANTIC BLVD
COMMERCE 90040

Phone: (323) 887-1917

Hours of Operation: Mon - Thurs 8:00 am - 7:00 pm Fri 8:00 am - 5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 7

Outpatient

Map Location Number - 38 **View: A**

3200 - **PLAZA COMMUNITY CENTER**
4018 CITY TERRACE
LOS ANGELES 90063

Phone: (323) 268-1041

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT, DAY TREATMENT, MENTAL HEALTH SERVICES

Map Location Number - 39 **View: A**

3201 - **PLAZA COMMUNITY CENTER**
4127 CESAR CHAVEZ AVENUE
LOS ANGELES 90063

Phone: (323) 269-0925

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English

Services: CASE MANAGEMENT, DAY TREATMENT, MENTAL HEALTH SERVICES

Map Location Number - 40 **View: A**

3202 - **PLAZA COMMUNITY CENTER**
3700 PRINCETON STREET
LOS ANGELES 90023

Phone: (323) 268-1107

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English

Services: CASE MANAGEMENT, DAY TREATMENT, MENTAL HEALTH SERVICES

Map Location Number - 41 **View: B**

7572 - **PROVIDENCE COMMUNITY SERVICES**
21520 S. PIONEER BLVD., SUITE 110
HAWAIIAN GARDENS 90716

Phone: (562) 865-3644

Hours of Operation: Mon - Fri 9:00 am - 5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: DAY TREATMENT INTENSIVE FULL DAY, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 7

Outpatient

Map Location Number - 43 **View: B**

7711 - **PROVIDENCE COMMUNITY SERVICES**
11745 FIRESTONE BLVD, SUITE 102
NORWALK 90650

Phone: (562) 207-4272

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English

Services: FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 44 **View: B**

1930 - **RIO HONDO COMMUNITY MENTAL HEALTH CENTER**
17707 S. STUDEBAKER ROAD
CERRITOS 90703

Phone: (562) 402-0688

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: WALK-INS Mon 9:00 am & Wed 9:30 am
Provider: DMH **Supervisorial District**: 4
Age Group Served: Adult
Language(s): English, Korean, Hindi, Chinese (Cantonese, Mandarin, Taiwainese) Spanish, Vietnamese, Urdu

Services: CASE MANAGEMENT, CRISIS INTERVENTION, FIELD CAPABLE CLINICAL SERVICES, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 45 **View: A**

1930 - **RIO HONDO WELLNESS**
2675 E. ZOE AVENUE
HUNTINGTON PARK 90255

Phone: (323) 346-0960

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 1
Age Group Served: Adult
Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 46 **View: A**

6857 - **ROYBAL FAMILY MENTAL HEALTH SERVICE**
4701 CESAR CHAVEZ AVENUE ROOM 222
LOS ANGELES 90022

Phone: (323) 767-6400

Hours of Operation: Mon-Wed 8 am - 6:30 pm Th 8 am -7:30 pm Fri 8 am - 5:30 pm
Walk-ins: WALK-INS Mon - Fri 8:00 am - 12:00 pm
Provider: DMH **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT SUPPORT, COMMUNITY OUTREACH, CRISIS INTERVENTION, DAY TREATMENT, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 7

Outpatient

Map Location Number - 47 **View: A**

7584 - **ROYBAL SCHOOL BASED PROGRAM**
215 E AVENIDA DE LA MERCED 108
MONTEBELL 90640

Phone: (323) 887-7900

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 48 **View: A**

7468 - **SAN ANTONIO MENTAL HEALTH CENTER**
2629 CLARENDON AVENUE
HUNTINGTON PARK 90255

Phone: (323) 584-3700

Hours of Operation: Mon & Th 7:30 am-6 pm Tue & Wed 7:30 am-7 Fri 7:30 am-5 pm
Walk-ins: WALK-INS Mon - Fri 7:30 am - 5:00 pm
Provider: DMH **Supervisorial District**: 1
Age Group Served: Adult/Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 49 **View: B**

1939 - **SAN ANTONIO MHC SOMOS FAMILIA**
10355 SLUSHER DRIVE
SANTA FE SPRINGS 90670

Phone: (562) 903-5085

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**:
Age Group Served: Adult/Child/Youth
Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 50 **View: B**

1939 - **SECTOR II AB3632 PROGRAM**
12440 E. IMPERIAL HIGHWAY SUITE 116
NORWALK 90201

Phone: (562) 806-4921

Hours of Operation: Mon - Fri 8:00 am - 5:00 pm
Walk-ins: WALK-INS
Provider: DMH **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, DAY TREATMENT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 7

Outpatient

Map Location Number - 53 **View: A**

7637 - **ST FRANCIS MEDICAL CENTER-CHILD COUNSELING CENTER**
4390 TWEEDY BLVD.
SOUTH GATE 90280

Phone: (310) 603-6949

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 54 **View: B**

7406 - **TELECARE - LA H.O.P. (HOPE & OPPORTUNITIES PROGRAM)**
12353 IMPERIAL HIGHWAY
NORWALK 90650

Phone: (562) 484-3385

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult
Language(s): English, Farsi, Italian, Spanish

Services: COMMUNITY OUTREACH, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, HOMELESS SERVICES, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES

Map Location Number - 55 **View: B**

7250 - **TELECARE LOS ANGELES**
12440 FIRESTONE BLVD., SUITE 3025
NORWALK 90650

Phone: (562) 929-6688

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult/Older Adult
Language(s): English, Farsi, Hindi, Kokani, Portugese, Spanish

Services: CRISIS INTERVENTION, COMMUNITY OUTREACH, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, MENTAL HEALTH PROMOTION

Service Area 7

Specialized Foster Care

Map Location Number - 51 **View: A**

7616 - **SPECIALIZED FOSTER CARE PROGRAM**
5835 S. EASTERN AVENUE
COMMERCE 90040

Phone: (323) 725-4515

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 1
Age Group Served: Child/Youth
Language(s): English

Services: CRISIS MANAGEMENT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 52 **View: B**

7617 - **SPECIALIZED FOSTER CARE PROGRAM**
10355 SLUSHER DRIVE
SANTA FE SPRINGS 90670

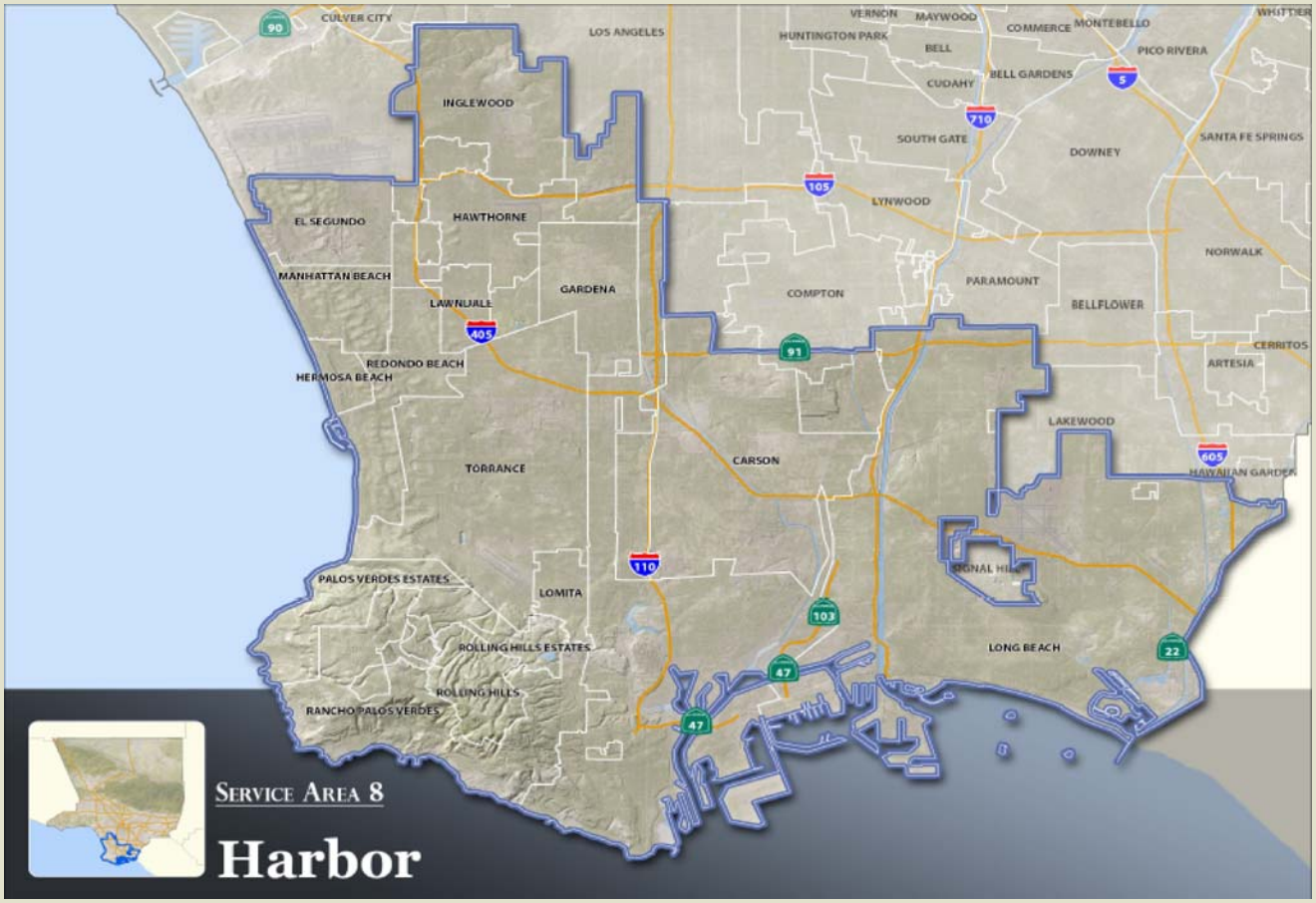
Phone: (323) 903-5102

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Provider Directory

Locations of Publicly Funded Mental Health Services in the County of Los Angeles - Service Area 8



Marvin J. Southard, DSW, Director
County of Los Angeles
Department of Mental Health
Program Support Bureau
Quality Improvement Division

Our Mission

Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency.

January 2010

PROVIDER DIRECTORY – LOCATIONS OF PUBLICLY FUNDED MENTAL HEALTH SERVICES IN THE COUNTY OF LOS ANGELES - JANUARY 2010

Welcome to the 2010 **Provider Directory — Locations of Publicly Funded Mental Health Providers in The County of Los Angeles** for Psychiatric Inpatient and Outpatient Short Doyle/Medi-Cal Facilities, Fee-For-Service Psychiatric Inpatient Facilities, Community Outreach, Forensic, Residential and Specialized Foster Care Services. It excludes Fee-For-Service Outpatient Providers.

The Provider Directory includes provider addresses, provider numbers, phone numbers, hours of operation, provider types, age-groups served, languages spoken and Specialty Mental Health Services (SMHS) by provider location.

The Provider Directory also includes provider profiles for each Service Area with map locations for each provider.

Providers are listed alphabetically by name and the primary mode of service. Each provider has a designated provider location number referenced on the Service Area Map titled *Provider Location with Map Location Number*.

Please refer to the Glossary for terms and definitions used in the Provider Directory.

To obtain Mental Health Information and Services confidentially, please call the 24/7 ACCESS Center at 1-800-854-7771.

Additional Resources

The providers in the Provider Directory can also be located on the internet using the Online DMH Provider Locator. Please use the link below to access the website and search for providers in areas nearest to you.

http://gis.lacounty.gov/dmh/

Please accurately type the complete address of your location on the website's address window and hit 'Search'. The online DMH Provider Locator will return the closest locations on a map on the left side of the screen. The Online DMH Provider Locator will also provide the distance from your 'Search' Location as well as driving directions.

Acknowledgements

The Program Support Bureau wishes to thank Service Area District Chiefs and Service Area Liaisons for updating the Provider List. We also wish to thank Hwa Saup Lee and Durga Niraula at Social Services Systems Division-Urban Research/GIS at ISD, County of Los Angeles, for preparing the maps.

Contact Us

Even though every attempt has been made to ensure that the provider and the map information is accurate, provider information may change frequently. Should you have any questions, please contact Vandana Joshi, Ph.D. Program Head, Data-GIS Unit, Quality Improvement Division, at (213) 251-6886 or Sandra Chin at (213) 251-6810. The Provider Directory can be downloaded from the LAC-DMH website at http://psbqi.dmh.lacounty.gov/data.htm

GLOSSARY

Data Sources

Consumers Served: LAC-DMH IS Database. FY 2008-2009.
Population and Poverty Estimates: Prepared by John Hedderson, Walter McDonald and Associates, Sacramento. CY - 2008.
Provider Lists: LAC-DMH IS Database, Patients' Rights Directory, Multilinguistic Provider Directory & Mental Health Services Act (MHSA) Provider Directory. October 2009.

Rates

Prevalence Rate: The California State Department of Mental Health (CDMH) provides the estimated prevalence of Serious Emotional Disturbance (SED) for children and Serious Mental Illness (SMI) for adults for each County. These rates are applied to the estimated population in Los Angeles County to determine the number of people in need of mental health services.

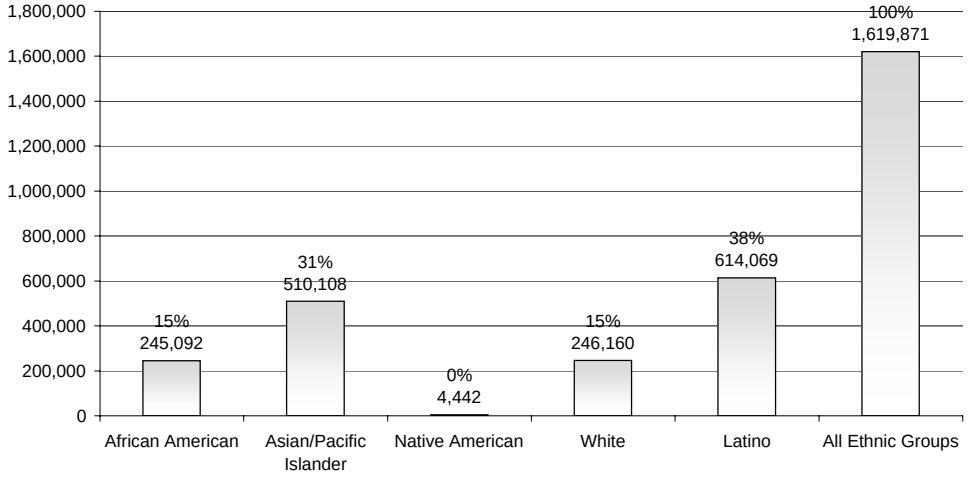
Penetration Rate: This rate estimates the number of persons served by publicly funded mental health services excluding Fee-For-Service Providers. The Penetration Rate is calculated as: The Number of Consumers Served in Outpatient Short Doyle/ Medi-Cal Facilities divided by Number of people estimated with SED and SMI.

Retention Rate: This rate estimates the number of outpatient services/claims received by consumers in Short Doyle/Medi-Cal facilities in FY 2008-2009.

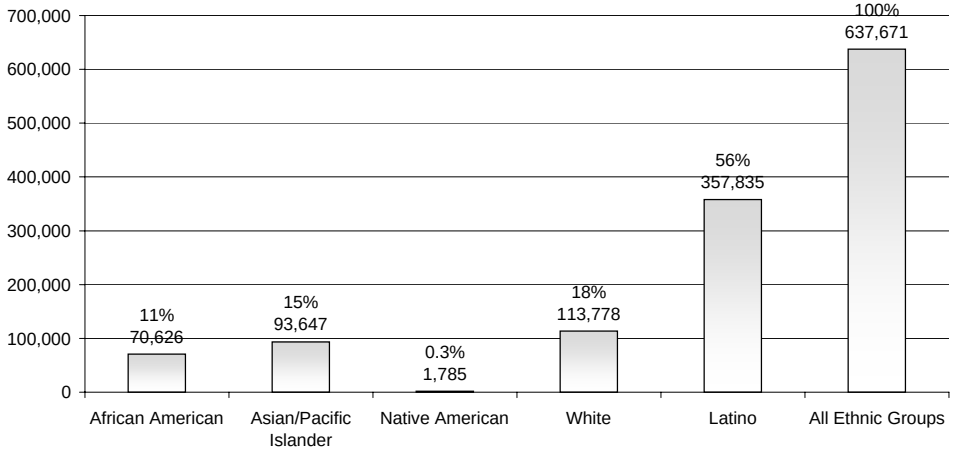
Age-Groups Served by Providers: The age-groups served by providers are: Child/Youth and Adults. Providers serving Child/ Youth serve consumers between the ages of 0 and 17. Providers serving adults serve consumers 18 years of age or older.

Service Area 8
Population Demographic Profile 2008

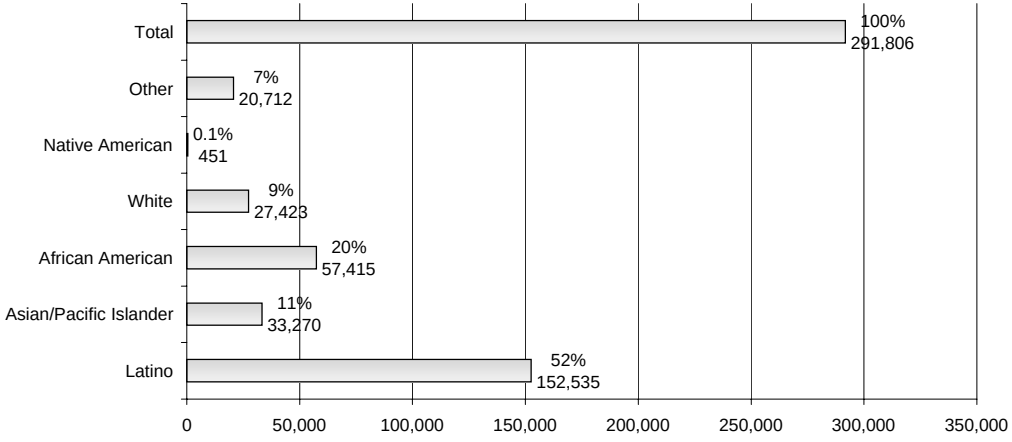
Estimated Population by Ethnicity



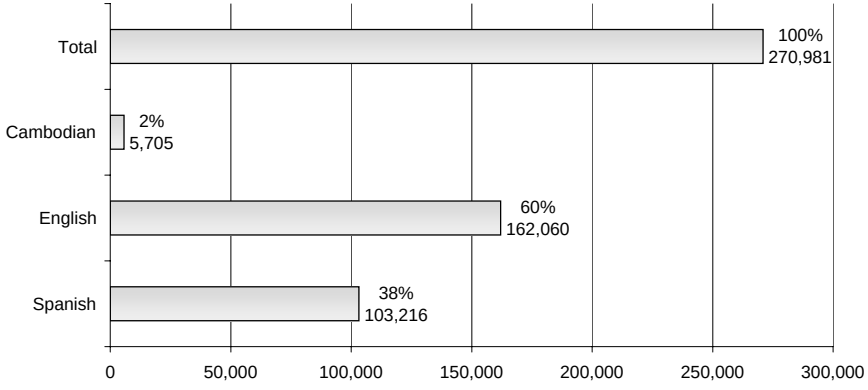
Estimated Population Living at or Below 200% Federal Poverty Level



Medi-Cal Eligible Beneficiaries by Ethnicity



Number of Medi-Cal Beneficiaries Who Speak The Threshold Language in SA 8[1]

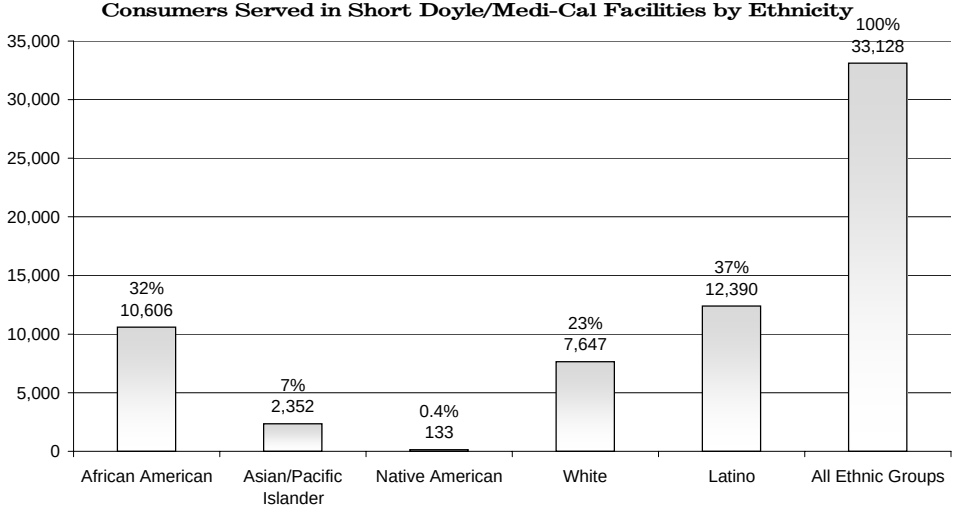


Out of the 13 Countywide Threshold Languages Service Area 8 has 3 Threshold Languages, Cambodian, English and Spanish.

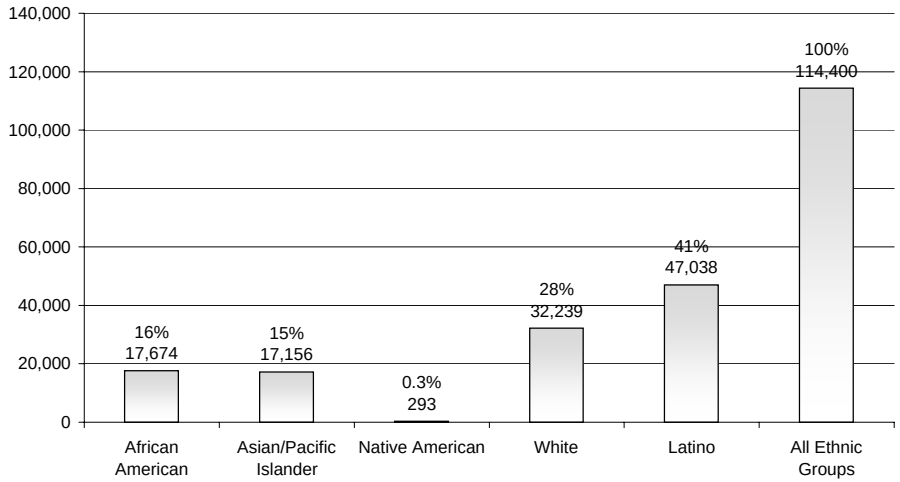
[1]Threshold Language" means a language identified on the Medi-Cal Eligibility Data System (MEDS) as the primary language of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area, per Title 9, CCR, Section 1810.410 (f) (3).

Service Area 8
Consumer Profile 2008

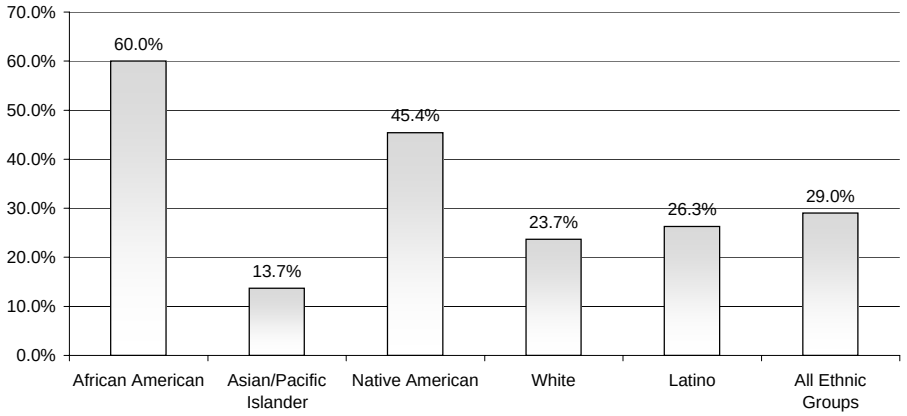
Consumers Served in Short Doyle/Medi-Cal Facilities by Ethnicity



Estimated Population with SED and SMI[1] by Ethnicity



Penetration Rate by Ethnicity[2]



[1]SED = Serious Emotional Disturbance (for Children) SMI = Serious Mental Illness (for Adults)

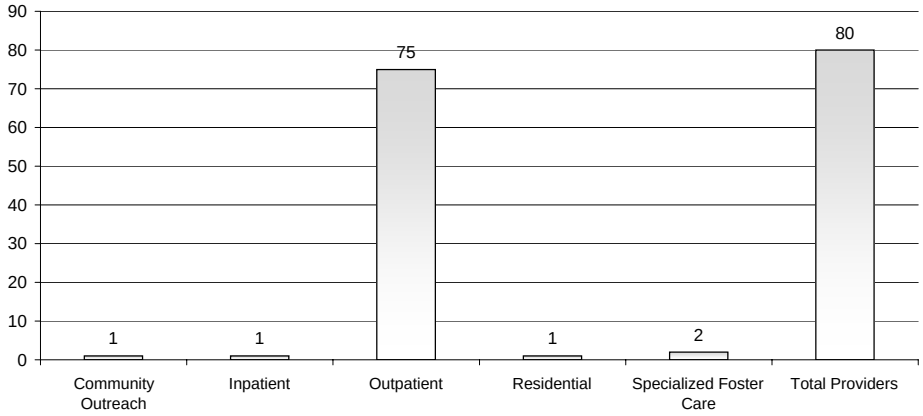
[2]Penetration Rate (PR) = Consumers Served in Short Doyle/Medi-Cal Facilities divided by Estimated Population with SED and SMI (e.g. PR For All Ethnic Groups = 33,128 / 114,400 = 29.0%).

Retention Rate by Ethnicity

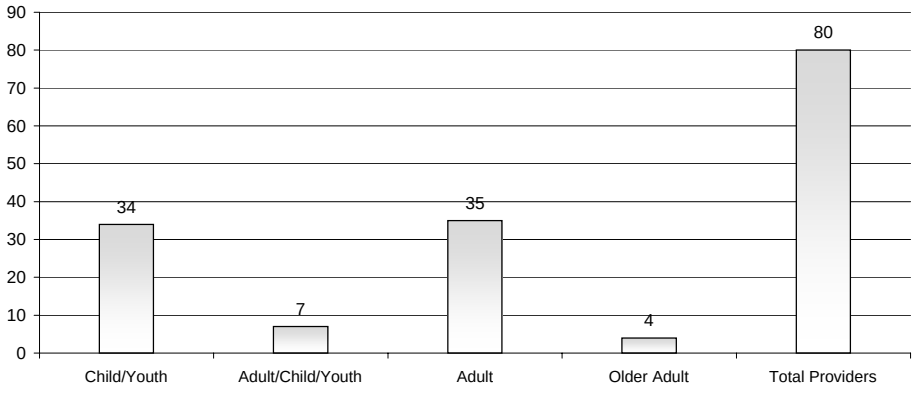
Number of Approved Outpatient Claims							
	1 Claim	2 Claims	3 Claims	4 Claims	5-15 Claims	16 or More Claims	Total
Number of Consumers							
African American	570	366	479	323	2314	3446	**7498**
Percent	*7.60%*	*4.88%*	*6.39%*	*4.31%*	*30.86%*	*45.96%*	***100%***
Asian	126	61	58	43	517	870	**1675**
Percent	*7.52%*	*3.64%*	*3.46%*	*2.57%*	*30.87%*	*51.94%*	***100%***
Native American	3	3	13	2	26	42	**89**
Percent	*3.37%*	*3.37%*	*14.61%*	*2.25%*	*29.21%*	*47.19%*	***100%***
White	622	341	475	275	1830	1987	**5530**
Percent	*11.25%*	*6.17%*	*8.59%*	*4.97%*	*33.09%*	*35.93%*	***100%***
Latino	739	424	570	395	2923	4972	**10023**
Percent	*7.37%*	*4.23%*	*5.69%*	*3.94%*	*29.16%*	*49.61%*	***100%***
Other	119	59	72	53	522	571	**1396**
Percent	*8.52%*	*4.23%*	*5.16%*	*3.80%*	*37.39%*	*40.90%*	***100%***
Total	2179	1254	1667	1091	8132	11888	**26211**
Percent	*8.31%*	*4.78%*	*6.36%*	*4.16%*	*31.03%*	*45.36%*	***100%***

Service Area 8
Provider Profile 2009

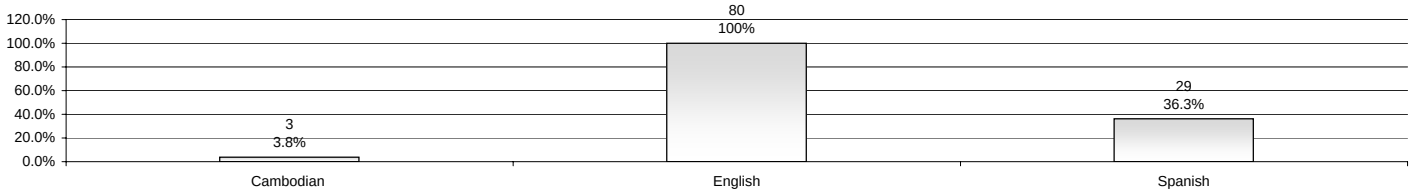
Number and Type of Providers



Age-Group Served by Provider's



Provider with Staff Who Peak The Threshold Languages in SA 8[1]



[1]Percent = Numbers of Providers with Staff Speaking a Threshold Language/Total Number of Providers.

Other Languages Spoken in Provider Locations

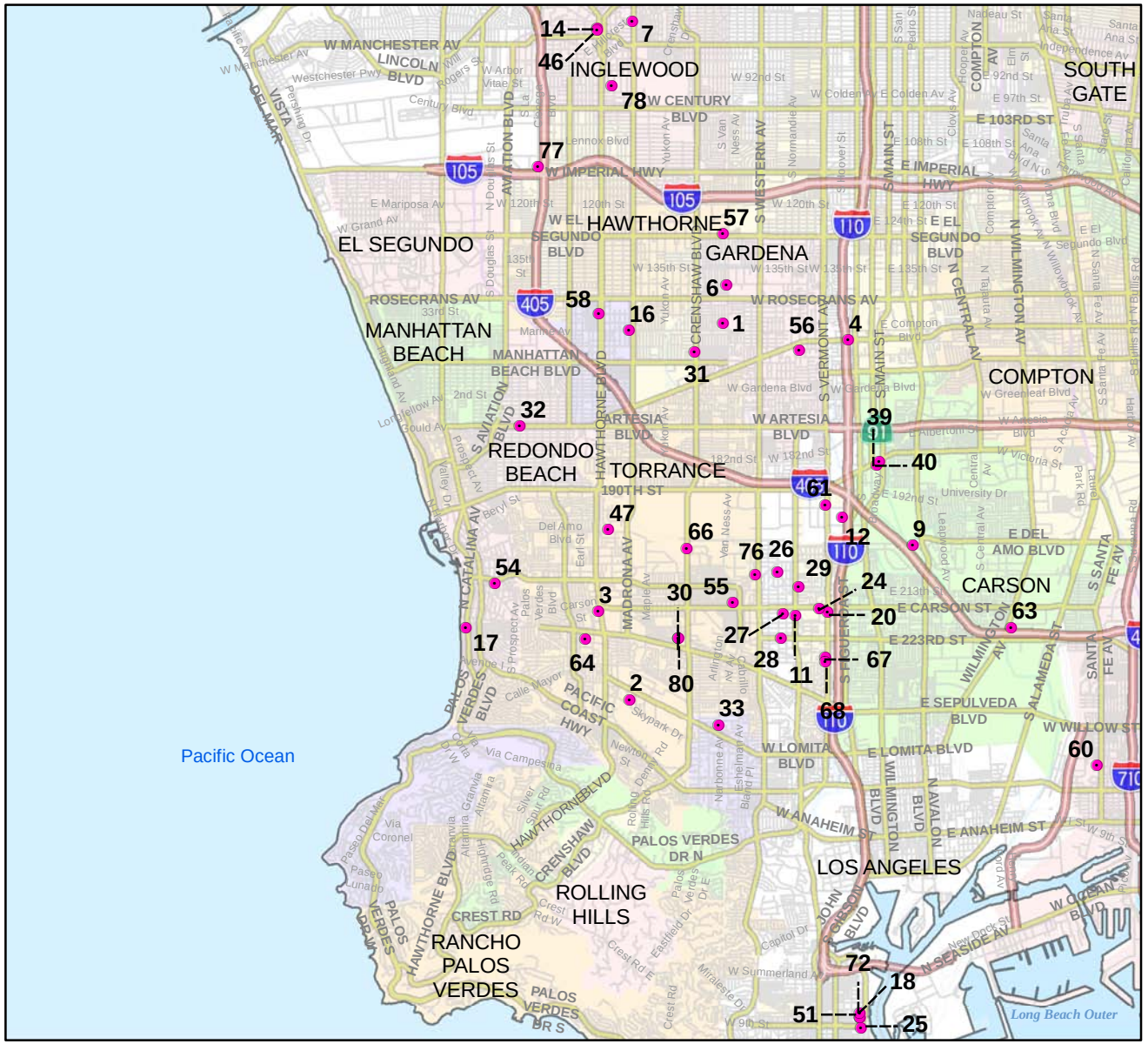
English	Spanish	German	Japanese	French	Russian	Arabic	Hindi	Indian	Farsi	Urdn	Khmer	Turkish
80	29	3	2	2	2	1	3	1	2	2	1	1
100%	36%	4%	3%	3%	3%	1%	4%	1%	3%	2%	1%	1%

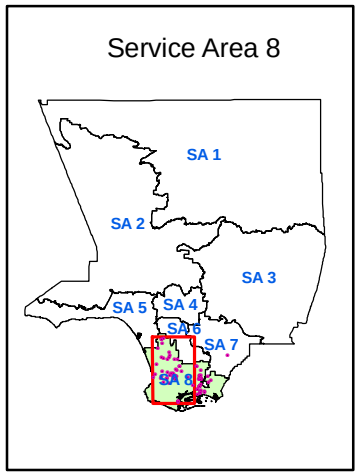
Cambodian	Vietnamese	Tagalog	Cebuano	Cantonese	Mandarin	Other Chinese	Korean	Kannada	Kokani	Bengali	Toi San
3	2	5	1	4	3	3	3	1	1	1	1
4%	3%	6%	1%	5%	4%	4%	4%	1%	1%	1%	1%

County of Los Angeles
Department of Mental Health

View A
SA 8 Magnified

Provider Location with Map Location Number





Provider Location

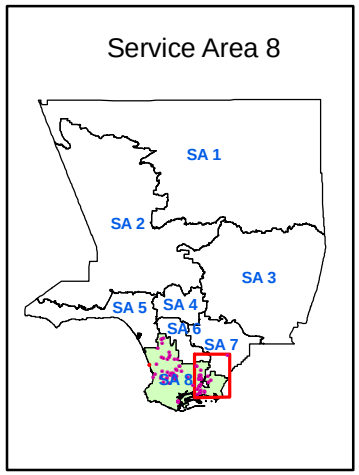
N

0 0.5 1 2 3
Miles

Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

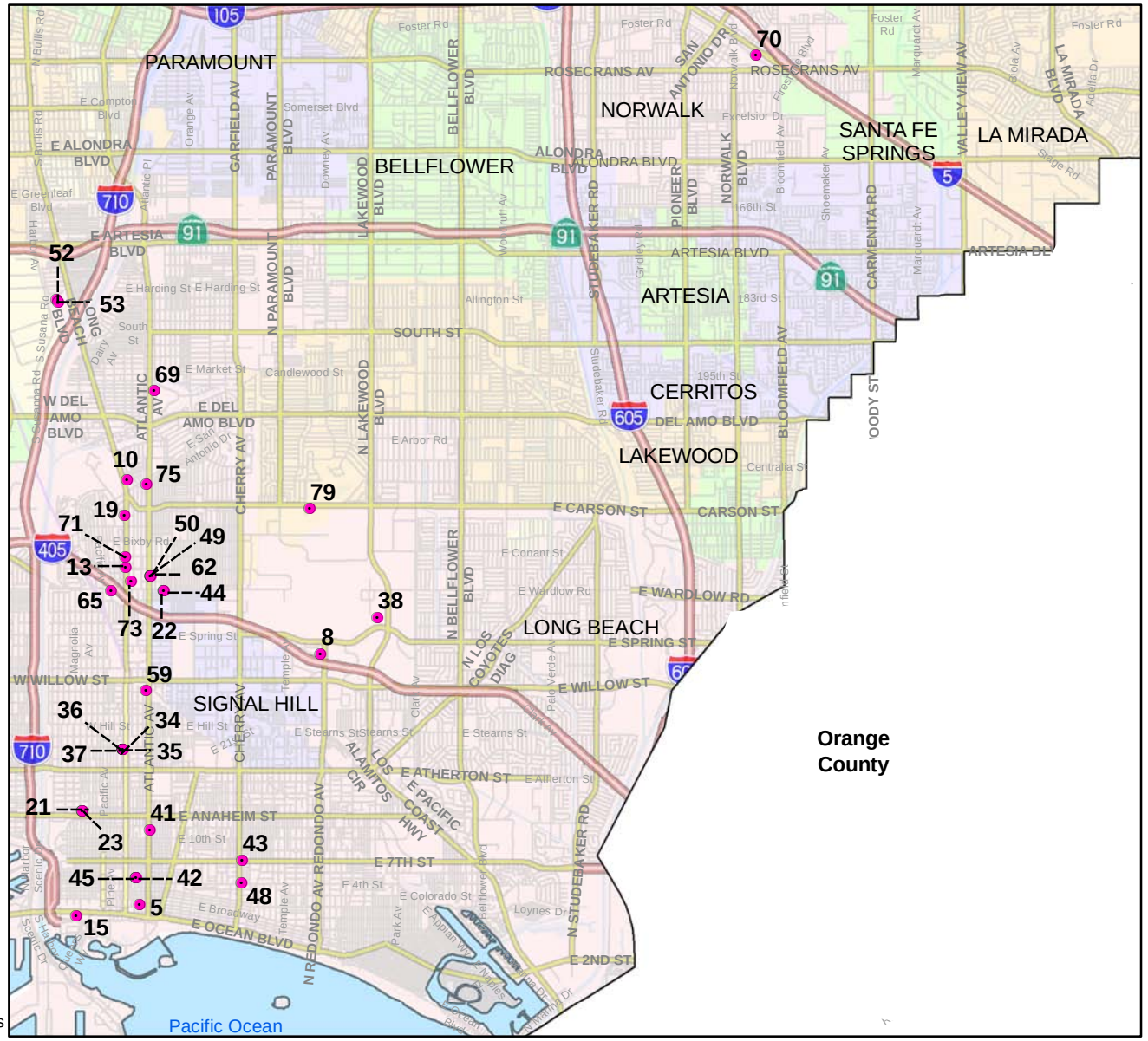
View B
SA 8 Magnified



Provider Location

N

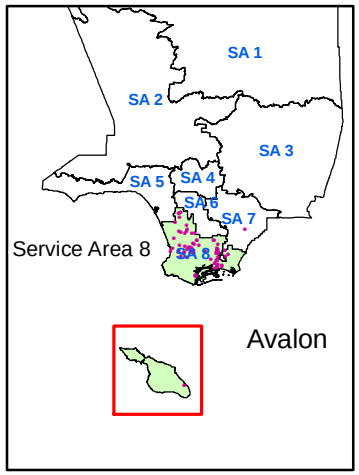
0 0.4 0.8 1.6 2.4
Miles



Provider Location with Map Location Number

County of Los Angeles
Department of Mental Health

View C
SA 8 Magnified



Provider Location

N

0 0.5 1 2 3
Miles

Service Area 8

Community Outreach

Map Location Number - 1 **View: A**

7020 - GARDENA SOCIAL & ACTIVITY CENTER
2320 WEST 149TH STREET
GARDENA 90247

Phone: (310) 217-9578

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: COMMUNITY OUTREACH, MENTAL HEALTH PROMOTION, SOCIALIZATION

Service Area 8

Inpatient

Map Location Number - 2 **View: A**

5009 - DEL AMO HOSPITAL
23700 CAMINO DEL SOL
TORRANCE 90505

Phone: (310) 530-1151

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: FFS **Supervisorial District**: 4
Age Group Served: Adult/Child/Youth

Language(s): English

Services: MENTAL HEALTH SERVICES

Service Area 8

Outpatient

Map Location Number - 3 **View: A**

7111 - 1736 FAMILY CRISIS CENTER
21707 HAWTHORNE BLVD. SUITE 200
TORRANCE 90503

Phone: (310) 543-9900

Hours of Operation: Mon-Fri 8:00 am - 5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English, Spanish

Services: CASE MANAGEMENT, GAIN/CALWORK, MENTAL HEALTH SERVICES

Map Location Number - 4 **View: A**

7540 - ALAFIA MENTAL HEALTH CENTER
555 WEST REDONDO BEACH BLVD.
GARDENA 90248

Phone: (310) 645-5227

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 5 **View: B**

7019 - ALMA FAMILY SERVICES - LONG BEACH
121 LINDEN AVENUE, SUITE B101, B112
LONG BEACH 90802

Phone: (323) 526-4016

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult/Older Adult

Language(s): English, Spanish

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 6 **View: A**

7528 - ASIAN AMERICAN DRUG ABUSE PROGRAM (AADAP)
13931 SOUTH VAN NESS AVENUE, SUITE 202
GARDENA 90249

Phone: (310) 768-8018

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth

Language(s): English, Spanish

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 8

Outpatient

Map Location Number - 7 **View: A**

7648 - CENTER FOR AGING RESOURCES-HERITAGE CLINIC - SENIORS
301 N PRAIRE AVENUE, SUITE 612
INGLEWOOD 90301
Phone: (626) 577-8480

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Older Adult

Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, FULL SERVICE PARTNERSHIP, PSYCH TESTING

Map Location Number - 8 **View: B**

7469 - CHILDNET YOUTH & FAMILY SERVICES
2931 REDONDO AVENUE
LONG BEACH 90806
Phone: (562) 490-7600

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English, Spanish, German, Japanese

Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 9 **View: A**

7570 - CHILDRENS BUREAU
460 E CARSON PLAZA DRIVE SUITE 103
CARSON 90746
Phone: (310) 523-9500

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES

Map Location Number - 10 **View: B**

7625 - CHILDREN'S INSTITUTE
4300 LONG BEACH BLVD, SUITE 700
LONG BEACH 90807
Phone: (310) 783-4677

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 8

Outpatient

Map Location Number - 11 **View: A**

7275 - CHILDREN'S INSTITUTE INC.
21810 AND 21840 NORMANDIE AVENUE, SUITE 350
TORRANCE 90502

Phone: (310) 783-4677

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth

Language(s): English

Services: DAY CARE, DAY TREATMENT INTENSIVE, CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 12 **View: A**

7516 - COUNSELING 4 KIDS - TORRANCE
19701 HAMILTON AVENUE, SUITE 160
TORRANCE 90502

Phone: (310) 817-2177

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English, Spanish, German, French, Russian

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 13 **View: B**

7605 - CRITTENTON FAMILY CENTER
3605 LONG BEACH BLVD, #110
LONG BEACH 90807

Phone: (562) 421-7220

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 14 **View: A**

7209 - DIDI HIRSCH MENTAL HEALTH
111 N. LA BREA AVE, SUITE 500 & 700
INGLEWOOD 90301

Phone: (310) 677-7808

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth

Language(s): English, Spanish

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 8

Outpatient

Map Location Number - 15 **View: B**

7635 - DMH NAVIGATION TEAM
100 OCEANGATE SUITE 550
LONG BEACH 90802
Phone: (562) 435-3037

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 4
Age Group Served: Adult/Child/Youth

Language(s): English

Services: COMMUNITY CLIENT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERIVCES

Map Location Number - 16 **View: A**

7313 - EL DORADO - LAWNDALE
4023 MARINE AVENUE
LAWNDALE 90260
Phone: (310) 675-9555

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 17 **View: A**

7248 - EXODUS RECOVERY
923 SOUTH CATALINA AVENUE
REDONDO BEACH 90277
Phone: (310) 792-5454

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult

Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 18 **View: A**

7770 - FACTS PPROGRAM
150 W. 7th STREET 2nd FLOOR
SAN PEDRO 90731
Phone: (310) 519-6222

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 4
Age Group Served: Older Adult

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MENTAL HEALTH SERVICES

Service Area 8

Outpatient

Map Location Number - 19 **View: B**

7121 - FOR THE CHILD
4001 LONG BEACH BLVD.
LONG BEACH 90807
Phone: (562) 427-7671

Hours of Operation: Mon-Thur 8:00 am -7:00 pm Fri 8:00 am -5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES

Map Location Number - 20 **View: A**

7738 - HARBOR UCLA WELLNESS CENTER
21730 S. VERMONT AVENUE, SUITE 210
TORRANCE 90502
Phone: (310) 781-3400

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 21 **View: B**

0054 - HARBOR VIEW ADOLESCENT CENTER - IMD RESIDENTIAL
490 WEST 14th STREET
LONG BEACH 90813
Phone: (562) 591-8701

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES

Map Location Number - 22 **View: B**

7270 - HARBOR VIEW COMMUNITY SERVICES CENTER
850 E. WARDLOW ROAD
LONG BEACH 90807
Phone: (562) 981-9392

Hours of Operation: Mon-Fri 8:00 am - 5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: FULL SERVICE PARTNERSHIP, MEDICATION SERVICES, MENTAL HEALTH SERVICES, SCHOOL BASED SERVICES, THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Service Area 8

Outpatient

Map Location Number - 23 **View: B**

7180 - HARBOR VIEW REHAB CENTER
490 WEST 14th STREET
LONG BEACH 90813
Phone: (562) 591-8701

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English, Arabic, Spanish, Hindi, Cambodian, Vietnamese, Tagalog, Cebuano
Services: CASE MANAGEMENT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING, SNF INTENSIVE

Map Location Number - 24 **View: A**

6859 - HARBOR-UCLA MEDICAL CENTER/ADULT OUTPATIENT
1000 W CARSON ST, BLDG. D-5
TORRANCE 90502
Phone: (310) 222-7942

Hours of Operation: Mon-Fri 8:00 am - 5:00 pm
Walk-ins: Mon-Fri 8:00 am - 5:00 pm
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth

Language(s): Chinese (Cantonese, Mandarin), English, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, VOCATIONAL SERVICES, COMMUNITY OUTREACH, CRISIS HIV, FULL SERVICE PARTNERSHIP, LIFE SUPPORT, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, DAY CARE, PSYCH TESTING

Map Location Number - 25 **View: A**

7092 - HEALTH VIEW BEHAVIORIAL SERVICES CENTER
921 S BEACON STREET
SAN PEDRO 90731
Phone: (310) 547-3341

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult

Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 26 **View: A**

7245 - HOMES FOR LIFE FOUNDATION
20902 DENKER AVENUE
TORRANCE 90501
Phone: (310) 337-7417

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult

Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 8

Outpatient

Map Location Number - 27 **View: A**

7245 - HOMES FOR LIFE FOUNDATION - 218TH STREET
1418 W 218th STREET
TORRANCE 90501
Phone: (310) 337-7417

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 28 **View: A**

7245 - HOMES FOR LIFE FOUNDATION - 223R
1435 W 223rd STREET
TORRANCE 90501
Phone: (310) 337-7417

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 29 **View: A**

7245 - HOMES FOR LIFE FOUNDATION - MARIPOSA
21218 MARIPOSA AVENUE
TORRANCE 90502
Phone: (310) 337-7417

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult
Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 30 **View: A**

7492 - IDPP SOUTH TORRANCE
2325 CRENSHAW BLVD.
TORRANCE 90501
Phone: (310) 972-3207

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES

Service Area 8

Outpatient

Map Location Number - 31 **View: A**

7728 - JFSLA BHS
15519 CRENSHAW BLVD.
GARDENA 90249
Phone: (323) 754-2816

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 32 **View: A**

7725 - JFSLA SOUTH BAY FAMILY HEALTH CARE CENTER
2114 ARTESIA BLVD
REDONDO BEACH 90276
Phone: (626) 577-8480

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Older Adult

Language(s): English

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 33 **View: A**

7740 - LAC EOB CRISIS & HOMELESS LONG BEACH
24330 NARBONNE AVENUE. SUITE 2
LOMITA 90717
Phone: (310) 534-1083

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 4
Age Group Served: Adult/Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 34 **View: B**

7207 - LONG BEACH ASIAN PACIFIC MENTAL HEALTH PROGRAM
1975 LONG BEACH BLVD.
LONG BEACH 90806
Phone: (562) 599-9401

Hours of Operation: Mon-Fri 8:00 am - 5:00 pm
Walk-ins: Mon-Fri 8:00 am - 4:00 pm
Provider: DMH **Supervisorial District**: 4
Age Group Served: Adult/Child/Youth

Language(s): Cambodian, Chinese, English, Spanish, Tagalog, Vietnamese

Services: CASE MANAGEMENT, DUAL DIAGNOSIS, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, MONEY MANAGEMENT

Service Area 8

Outpatient

Map Location Number - 35 **View: B**

1926 - LONG BEACH CHILD & ADOLESCENT PROGRAM
240 E. 20TH STREET
LONG BEACH 90806
Phone: (562) 599-9274

Hours of Operation: Mon, Tu, Th 8 am-6 pm, Wed 8 am-7 pm, Fri 8 am-7 pm
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English, Spanish

Services: BRIEF SHORT TERM THERAPY, MENTAL HEALTH SERVICES

Map Location Number - 36 **View: B**

1927 - LONG BEACH MENTAL HEALTH SERVICES (MHS)
1975 LONG BEACH BLVD.
LONG BEACH 90806
Phone: (562) 599-9280

Hours of Operation: Mon-Fri 8 am - 5:00 pm
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 4
Age Group Served: Adult

Language(s): English, Spanish, Korean, Tagalog, Indian, German

Services: CASE MANAGEMENT, COMMUNITY CLIENT, CRISIS INTERVENTION, DAY REHABILITATION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 37 **View: B**

1927 - LONG BEACH MENTAL HEALTH SERVICES (MHS) ADULT CLINIC
1975 LONG BEACH BLVD.
LONG BEACH 90806
Phone: (562) 599-9280

Hours of Operation: Mon-Fri 8:00 am - 5:00 pm
Walk-ins: Mon - Fri 8:00 am - 4:00 pm
Provider: DMH **Supervisorial District**: 4
Age Group Served: Adult

Language(s): Cambodian, Chinese, English, Japanese, Korean, Spanish, Tagalog
Services: CO-OCCURRING DISORDERS, FULL SERVICE PARTNERSHIP, MEDICATION SERVICES, MENTAL HEALTH SERVICES

Map Location Number - 38 **View: B**

7259 - LONG BEACH MET
3205 LAKEWOOD BLVD.
LONG BEACH 90808
Phone: (562) 496-8273

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 4
Age Group Served: Adult

Language(s): English

Services: CASE MANAGEMENT SUPPORT, COMMUNITY CLIENT, MENTAL HEALTH SERVICES

Service Area 8

Outpatient

Map Location Number - 39 **View: A**

7342 - MASADA HOMES
130 W. VICTORIA STREET
GARDENA 90248
Phone: (310) 715-2020

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): Chinese (Cantonese, Mandarin) Spanish

Services: CASE MANAGEMENT, DAY REHABILITATION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 40 **View: A**

7432 - MASADA HOMES
108 WEST VICTORIA STREET
GARDENA 90248
Phone: (310) 715-2020

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English, Farsi, Spanish

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 41 **View: B**

7576 - MENTAL HEALTH AMERICA (MHA)
1078 ATLANTIC AVENUE
LONG BEACH 90813
Phone: (562) 285-0149

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 4
Age Group Served: Adult
Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 42 **View: B**

7065 - MHA HAP LONG BEACH - COS
456 ELM AVENUE
LONG BEACH 90802
Phone: (562) 437-6717

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult
Language(s): English

Services: COMMUNITY CLIENT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES

Service Area 8

Outpatient

Map Location Number - 43 **View: B**

7643 - MHA TAY ACADEMY
2025 E 7th STREET
LONG BEACH 90804
Phone: (562) 284-0108

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICAITON SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 44 **View: B**

7717 - MHA TAY ACADEMY - SUNBRIDGE HCSC
850 E WARDLOW ROAD
LONG BEACH 90807
Phone: (562) 981-9392

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 45 **View: B**

7212 - MHA VILLAGE INTEGRATED SERVICES
456 ELM AVENUE
LONG BEACH 90802
Phone: (562) 437-6714

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult
Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 46 **View: A**

7326 - MULTISERVICE FAMILY CENTER
101 N. LA BREA AVENUE SUITE 301
INGLEWOOD 90305
Phone: (310) 412-0202

Hours of Operation: Mon-Fri 1:00 am - 7:00 pm
Walk-ins: NO WALK-INS
Provider: FFS **Supervisorial District**: 2
Age Group Served: Adult/Child/Youth
Language(s): English, Russian, Spanish

Services: DUAL DIAGNOSIS, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 8

Outpatient

Map Location Number - 47 **View: A**

7534 - OLIVE CREST TREATMENT CENTER - TORRANCE
3625 DEL AMO BLVD, SUITE 170
TORRANCE 90502
Phone: (562) 866-8956

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 48 **View: B**

7377 - ONE - CLIENT RUN CENTER
2017 E 4th STREET
LONG BEACH 90814
Phone: (562) 433-6428

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult
Language(s): English

Services: COMMUNITY CLIENT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES

Map Location Number - 49 **View: B**

7426 - PACIFIC ASIAN COUNSELING SERVICES
3530 ATLANTIC AVENUE, SUITE 210
LONG BEACH 90807
Phone: (562) 424-1886

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 50 **View: B**

7700 - PACIFIC CLINICS - LONG BEACH
3530 ATLANTIC AVENUE, SUITE 210
LONG BEACH 90807
Phone: (562) 436-5915

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult/Older Adult
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 8

Outpatient

Map Location Number - 51 **View: A**

1928 - SAN PEDRO MENTAL HEALTH CLINIC (MHC)
150 WEST 7TH STREET
SAN PEDRO 90731
Phone: (310) 519-6100

Hours of Operation: Mon-Fri 8:00 am - 5:00 pm
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 4
Age Group Served: Adult

Language(s): Chinese (Cantonese, Mandarin), English, Spanish, Tagalog

Services: DUAL DIAGNOSIS, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 52 **View: B**

7465 - SHIELDS FOR FAMILIES
121 W. VICTORIA STREET
LONG BEACH 90805
Phone: (310) 603-1050

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult

Language(s): English

Services: CASE MANAGEMENT, COMMUNITY CLIENT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES

Map Location Number - 53 **View: B**

7536 - SHIELDS FOR FAMILIES - SCHOOL BASED
105 W VICTORIA STREET SUITE 105
LONG BEACH 90805
Phone: (323) 242-5000

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 54 **View: A**

7220 - SOUTH BAY CHILD HEALTH CENTER
410 S CAMINO REAL
REDONDO BEACH 90277
Phone: (310) 316-1212

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Service Area 8

Outpatient

Map Location Number - 55 **View: A**

1969 - SOUTH BAY CHILDRENS
1617 CRAVENS AVENUE
TORRANCE 90501

Phone: (310) 328-0855

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English, Spanish

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 56 **View: A**

7758 - SOUTH BAY MENTAL HEALTH SERVICES WELLNESS CENTER
1300 W. 155TH STREET SUITE 103
GARDENA 90247

Phone: (310) 512-8100

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 58 **View: A**

7672 - SOUTH BAY MENTAL HEALTH SERVICES FSP PROGRAM
14623 HAWTHORNE BLVD., SUITE 400
LAWNDALE 90250

Phone: (310) 970-5000

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 57 **View: A**

1935 - SOUTH BAY MENTAL HEALTH SERVICES (MHS)
2311 WEST EL SEGUNDO BLVD.
HAWTHORNE 90250

Phone: (323) 241-6730

Hours of Operation: Mon-Fri 8:30 am - 7:00 pm
Walk-ins: 8:00 am-3:30 pm
Provider: DMH **Supervisorial District**: 2
Age Group Served: Adult

Language(s): Chinese, English, Korean, Spanish, Urdu

Services: CASE MANAGEMENT, COMMUNITY OUTREACH, CRISIS INTERVENTION, FULL SERVICE PARTNERSHIP, LIFE SUPPORT, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES, DAY CARE, DAY REHABILITATION, PSYCHIATRIC MOBILE RESPONSE, PSYCH TESTING

Service Area 8

Outpatient

Map Location Number - 59 **View: B**

7683 - SSG - CAMBODIAN ASSOCIATION OF AMERICA
2501 ATLANTIC AVENUE
LONG BEACH 90806
Phone: (562) 988-1863

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult/Older Adult
Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES

Map Location Number - 60 **View: A**

7684 - SSG - FEDERATION OF PHILIPINO AMERICANS
2125 SANTA FE AVENUE
LONG BEACH 90810
Phone: (562) 570-4489

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult/Older Adult
Language(s): English

Services: COMMUNITY CLIENT, MENTAL HEALTH PROMOTION

Map Location Number - 61 **View: A**

7329 - SSG - OTTP
19401 S VERMONT AVENUE A201
TORRANCE 90502
Phone: (310) 323-6887

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult/Older Adult
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 62 **View: B**

7686 - SSG - PACS - LONG BEACH
3530 ATLANTIC AVENUE, SUITE 210
LONG BEACH 90807
Phone: (310) 337-1550

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult/Older Adult
Language(s): English

Services: CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 8

Outpatient

Map Location Number - 63 **View: A**

7682 - SSG-SAMOAN NATIONAL NURSES ASSOCIATION
22010 S. WILLMINGTON AVENUE SUITE 301
CARSON 90746
Phone: (310) 952-1115

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES

Map Location Number - 64 **View: A**

7257 - STAR VIEW ADOLSCENT CENTER
4025 WEST 226th STREET
TORRANCE 90505
Phone: (310) 373-4556

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English

Services: CASE MANAGEMENT, CRISIS INTERVENTION, DAY TREATMENT INTENSIVE, LIFE SUPPORT, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Map Location Number - 65 **View: B**

7367 - STAR VIEW COMMUNITY SERVICES
100 E. WARDLOW ROAD
LONG BEACH 90807
Phone: (562) 427-6818

Hours of Operation: Mon-Fri 8:00 am - 5:00 pm
Walk-ins: NO WALK-INS
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English, Spanish

Services: MENTAL HEALTH SERVICES, FULL SERVICE PARTNERSHIP, SCHOOL BASED SERVICES

Map Location Number - 66 **View: A**

7335 - STAR VIEW COMMUNITY SERVICES
370 S CRENSHAW BLVD SUITE E100
TORRANCE 90503
Phone: (310) 787-1500

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English, Spanish, French, Khmer

Services: CASE MANAGEMENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH SERVICES

Service Area 8

Outpatient

Map Location Number - 67 **View: A**

7448 - SUNNYSIDE REHAB & NURSING CENTER
22617 S. VERMONT AVENUE
TORRANCE 90502
Phone: (310) 320-4130

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: MENTAL HEALTH SERVICES

Map Location Number - 68 **View: A**

7484 - SUNNYSIDE RETIREMENT CENTER
22711 VERMONT AVENUE
TORRANCE 90502
Phone: (310) 320-4130

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): English

Services: CRISIS INTERVENTION, DAY REHABILITATION, DAY TREATMENT, MENTAL HEALTH SERVICES

Map Location Number - 69 **View: B**

7650 - TARZANA TREATMENT CENTER INC.
5190 ATLANTIC AVENUE
LONG BEACH 90805
Phone: (562) 428-4111

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult

Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 70 **View: B**

7250 - TELECARE LA. ACT
12440 FIRESTONE BLVD. SUITE 3025
NORWALK 90650
Phone: (562) 929-6688

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Older Adult

Language(s): English, Farsi, Hindi, Kannada, Kokani, Spanish, Portuguese, Turkish
Services: CASE MANAGEMENT, COMMUNITY CLIENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES

Service Area 8

Outpatient

Map Location Number - 73 **View: B**

7263 - THE GUIDANCE CENTER
3491 ELM AVENUE
LONG BEACH 90806
Phone: (562) 427-4864

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 72 **View: A**

7249 - THE GUIDANCE CENTER
160 W 6th STREET
SAN PEDRO 90731
Phone: (310) 833-3135

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Adult
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 71 **View: B**

7433 - THE GUIDANCE CENTER
3711 LONG BEACH BLVD., SUITE. 600
LONG BEACH 90807
Phone: (562) 595-1159

Hours of Operation: Mon-Wed 8 am - 8 pm Th 8 am - 7:30 pm Fri 8 am - 6 pm
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: FAMILY COUNSELING, MENTAL HEALTH SERVICES

Map Location Number - 74 **View: C**

7464 - THE GUIDANCE CENTER - AVALON
125 METROPOLE AVENUE
AVALON 90704
Phone: (310) 510-7500

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English, Spanish

Services: CASE MANAGEMENT, COMMUNITY CLIENT, CRISIS INTERVENTION, MEDICATION SUPPORT, MENTAL HEALTH PROMOTION, MENTAL HEALTH SERVICES

Service Area 8

Outpatient

Map Location Number - 75 **View: B**

7280 - THE GUIDANCE CENTER - NORTH LONG BEACH
4343 ATLANTIC AVENUE
LONG BEACH 90807
Phone: (562) 427-6860

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): Bengali, English, Hindi, Spanish, Urdu

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 76 **View: A**

7702 - TIES FOR FAMILIES
21081 S. WESTERN AVENUE SUITE 295
TORRANCE 90501
Phone: (310) 533-6600

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 4
Age Group Served: Child/Youth
Language(s): English

Services: MEDICATION SUPPORT, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 77 **View: A**

7714 - VISTA DEL MAR WRAPAROUND
11222 S. LA CIENEGA BLVD., SUITE 116
INGLEWOOD 90304
Phone: (310) 836-1223

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Child/Youth
Language(s): English

Services: CASE MANAGEMENT, MENTAL HEALTH SERVICES

Service Area 8

Residential

Map Location Number - 78 **View: A**

7046 - DIDI HIRSCH EXCELSIOR HOUSE
1007 MYRTLE AVENUE
INGLEWOOD 90301

Phone: (310) 412-4191

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: NGA **Supervisorial District**: 2
Age Group Served: Adult

Language(s): Chinese (Cantonese), English, Spanish, Toi San

Services: CRISIS INTERVENTION, LIFE SUPPORT, MEDICATION SUPPORT

Specialized Foster Care

Map Location Number - 79 **View: B**

7752 - SPECIALIZED FOSTER CARE - SOUTH COUNTY
4060 WATSON PLAZA DRIVE
LAKEWOOD 90712
Phone: (213) 739-5474

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English

Services: CRISIS INTERVENTION, MENTAL HEALTH SERVICES, PSYCH TESTING

Map Location Number - 80 **View: A**

7509 - SPECIALIZED FOSTER CARE- TORRANCE
2325 CRENSHAW BLVD.
TORRANCE 90501
Phone: (213) 739-5475

Hours of Operation: Contact Provider
Walk-ins: Contact Provider
Provider: DMH **Supervisorial District**: 4
Age Group Served: Child/Youth

Language(s): English

Services: CRISIS INTERVENTION, MENTAL HEALTH SERVICES, PSYCH TESTING

CRITERION 8

QI Work Plan Evaluation for CY 2009

(Attachment 9)

QUALITY IMPROVEMENT WORK PLAN EVALUATION FOR CALENDAR YEAR 2008
And
QUALITY IMPROVEMENT WORK PLAN FOR CALENDAR YEAR 2009

County of Los Angeles
Department of Mental Health
Quality Improvement Division

Marvin J Southard, D.S.W
Director

January 2009

COUNTY OF LOS ANGELES –DEPARTMENT OF MENTAL HEALTH
LOCAL MENTAL HEALTH PLAN
Calendar Years 2008 and 2009

Table Of Contents

COUNTY OF LOS ANGELES –DEPARTMENT OF MENTAL HEALTH
LOCAL MENTAL HEALTH PLAN

QUALITY IMPROVEMENT WORK PLAN EVALUATION FOR CALENDAR YEAR 2008
QUALITY IMPROVEMENT WORK PLAN FOR CALENDAR YEAR 2009

Introduction

Los Angeles County Department of Mental Health since its inception has put forth the task of improving the quality of life for all who seek its services. In these times of increasing populations and rapidly morphing demographics, there exists the need to seek out those who may benefit from the myriad of expanded and enhanced services now available through LAC-DMH and its many community partners.

In order to maintain the focus of expanded and appropriate service delivery LAC-DMH has created the vision of: “Partnering with clients, families and communities to create hope, wellness, and recovery”.

This vision brings to light the development of the LAC-DMH mission: “Enriching lives through partnerships designed to strengthen the community’s capacity to support recovery and resiliency”.

As with any structure the true strength and longevity rest upon the quality of its foundation. LAC-DMH has laid out seven foundational values: “Integrity, Respect, Accountability, Collaboration, Dedication, Transparency, Quality and Excellence”.

Contents of This Report

LAC-DMH uses a calendar year for planning and management of its Quality Improvement (QI) Program.

Section 1 contains a description of the LAC-DMH Quality Improvement Program Structure and Processes.

Section 2 contains the Demographics, Persons Served, and Service Array of Los Angeles County.

Section 3 contains information on LAC-DMH new and expanded programs as adopted by LAC-DMH in 2008

Section 4 contains QI Work Plan and QI Work Plan Evaluation for 2008.

Section 5 contains Quality Work Plan goals and descriptions as adopted by LAC-DMH for 2009.

Section 1: LAC-DMH QUALITY IMPROVEMENT PROGRAM

QI Program Structure

The Quality Improvement (QI) Division is under the direction of the Deputy Director for the Program Support Bureau (PSB). The QI Division is responsible for coordinating and managing the Quality Improvement Program, which plans, designs, organizes, directs, and sustains the quality improvement activities and initiatives of the County of Los Angeles, Department of Mental Health (LAC-DMH). The structure and processes of the QI Program are defined to ensure that the quality and appropriateness of mental health services meets and exceeds local, State and Federal established standards. The QI Program is also designed to support QI oversight functions for both directly operated and contracted providers for the County's public mental health system, with a focus on a culture of continuous quality improvement processes.

The QI Division includes the Data Unit, which is specifically responsible for data collection, analyses and reporting for planning and measuring progress towards goal attainment including outcome measures for improved service capacity, accessibility, quality, cultural competency, penetration and retention rates, continuity and coordination of care, clinical care and consumer/family satisfaction. The QI Division and Data Unit staff coordinate with the Department's Standards and Quality Assurance Division and those Bureaus and Units directly responsible for conducting performance management activities throughout the Department that included but are not limited to: client and system outcomes, beneficiary grievances, fair hearings, clinical issues, clinical records and reviews, appeals on behalf of consumers and providers, accessibility and timeliness of services, and Performance Improvement Projects(PIPs). The analyses and management of data is used as a key tool for performance management and decision making, paying particular attention to data for use in monitoring the system for improved services and quality of care.

The LAC-DMH Quality Improvement structure is formally integrated within several key levels of the service delivery system. The Department's Countywide Quality Improvement Council (QIC) meets monthly and consists of representation from stakeholders from each of the eight (8) Services Areas of the County, including consumers and/or family members, practitioners for directly operated and contracted agencies, Cultural Competency Committee representatives, and other QI stakeholders. At the Service Area level, all Service Areas have their own regular Service Area Quality Improvement Committee (SA QIC) meetings and the SA QIC Chairpersons are standing members of the Departmental Countywide QIC. There is also a Countywide Children's QIC. At the service provider level, all directly operated and contracted organizational providers, maintain their own Organizational QIC. In order to ensure that the QI communication feedback loop is complete, all Service Area organizational providers are required to participate in their local SA QIC. This constitutes a structure supportive of effective performance of the QI Providers, to the

Service Areas, to the Quality Improvement Council, to the intended management structure and back through the system. Lastly, there is a communication loop between the SA QIC and the respective Service Area Advisory Committee (SAAC). The SAACs provide valuable information for program planning and opportunities for program and service improvement. It is used as an excellent venue for improved consumer/family member participation at the SA QIC level.

The Departmental Countywide QIC is chaired by the Program Support Bureau, District Chief, for the Quality Improvement and Training Divisions. It is Co-Chaired by the Regional Medical Director from the Office of the Medical Director. The District Chief for the Quality Improvement Division also participates on the Southern California QIC, the Statewide QIC, and the LAC-DMH STATS.

The LAC-DMH Cultural Competency Coordinator is under the Program Support Bureau, Planning Division, and is also the Chairperson for the Departmental Countywide QIC, Cultural Competency Committee. This structure facilitates system wide communication and collaboration for attaining the goals set for the provision of improved culturally competent services.

Quality Improvement Processes

The Quality Improvement Program works in collaboration with Bureaus and Units, responsible for performance management activities, to develop the Annual QI Work Plan and monitor the established measurable goals, for the system as a whole. The Quality Improvement Program consists of dynamic processes that occur continuously throughout the year and requires that interventions be applied based upon collected and analyzed information and data. This also requires collaboration with IS staff and resources whenever possible. The QI Program processes can be categorized into seven (7) main categories, which include: Service Delivery Capacity, Service Accessibility, Beneficiary Satisfaction, Clinical Issues, Continuity of Care and Provider Appeals.

The Quality Improvement Division is also responsible for the formal reporting on the effectiveness of QI processes through the development and completion of the Annual QI Work Plan Evaluation Report and the State and County Performance Outcomes Report that is completed twice a year. The State and County Outcome measures are new and were initiated in January 2008. These measures include access and timeliness of services with a focus on persons discharged from acute psychiatric inpatient hospitals. The ultimate goal of these QI measures and evaluation processes is to ensure a culture and system of continuous self-monitoring and self-correcting quality improvement strategies and best practices, at all levels of the system.

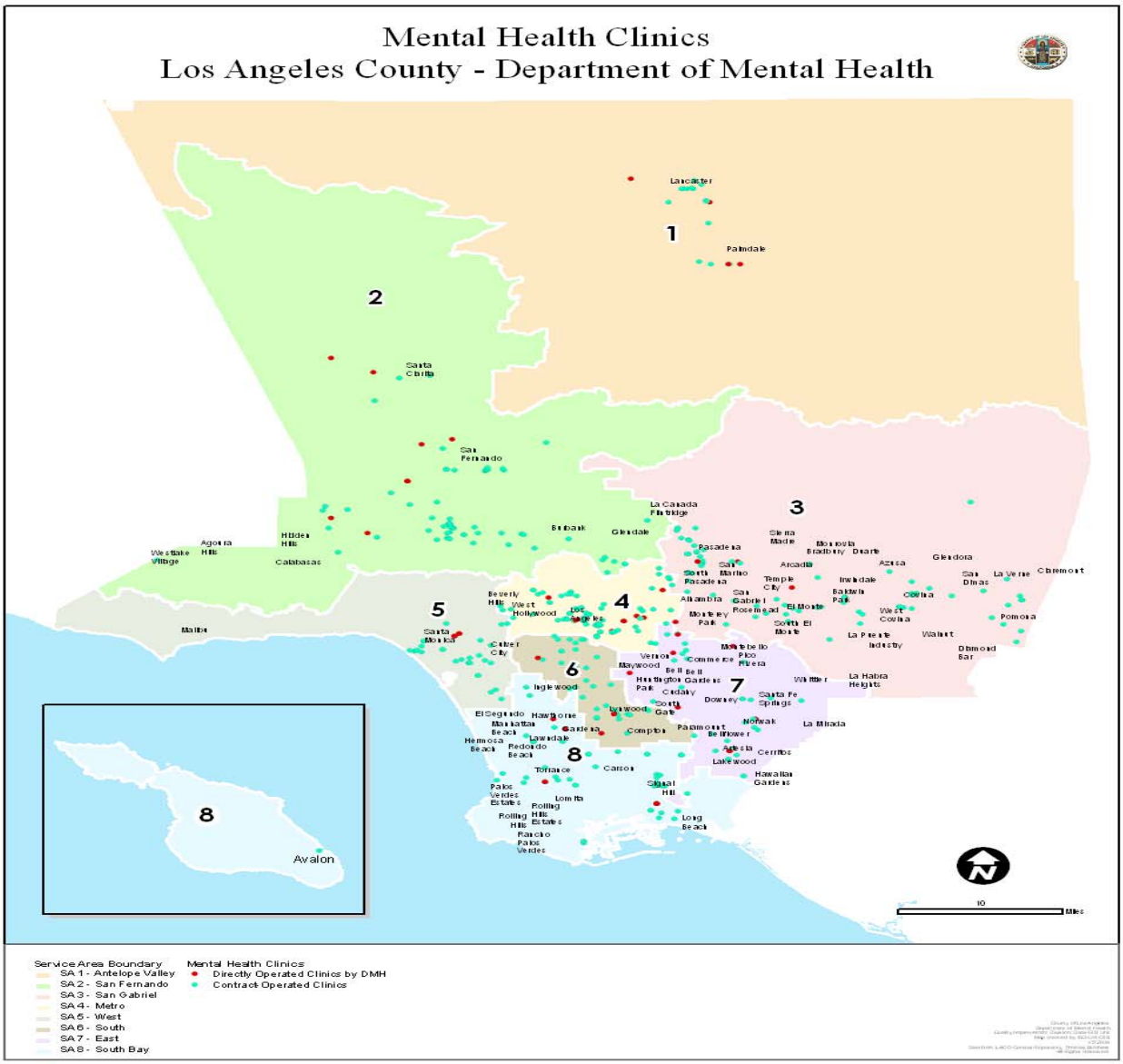
The Departmental Countywide QIC systematically and formally exchanges quality improvement information, data, and performance updates on QI goals and performance improvement projects. The Departmental QI Program also engages

and supports the SA QICs in QI processes related to the Work Plan, specific PIPs, and other QI projects at the SA level. In turn, SA QICs provide a structured forum for the identification of QI opportunities and action designed specifically to address the challenges and barriers encountered at the SA level and that may exist as a priority in a SA. SA QICs also engage and support Organizational QICs that are focused on their internal Organizational QI Program and activities. The Organizational QICs also monitor internally to ensure performance standards are met for: accessibility, consumer/family satisfaction, clinical care, coordination of care, complaints and grievances and other QI matters as needed.

Section 2: LOS ANGELES COUNTY DEMOGRAPHICS

Los Angeles County Demographics

Los Angeles County is the most populous County in the United States. According to a 2006 estimated census, 10,332,412 people reside in the County. Of these, 25% are children between the ages of 0 and 15; transitional age youth 16-25 represent 14%; 48% are adults between the ages of 26 and 59; and 14% are over 60 years old. Due to the size of the County, the service delivery system utilizes 8 geographic Service Areas as shown in the map below.



Ethnicity Distribution By Service Area

The population of each Service Area varies in number and in sub-groups. Table 1 shows the county population ethnicity distribution by Service Area. The population in Los Angeles is one of the most diverse in the nation. Latinos comprise 47% of the population; Whites 30%; Asians/Pacific Islanders 13%; African Americans 9.1%; Native American and Native Alaskans .2%. In addition to English, the threshold languages for Los Angeles County include: Arabic, Korean, Armenian, Mandarin, Farsi, Cantonese, Russian, Vietnamese, Cambodian, Spanish, Tagalog, and Other Chinese.

Table 1: Population Ethnicity Distribution by Service Area

	SA 1	SA 2	SA 3	SA 4	SA 5	SA 6	SA 7	SA 8	Total	Per Cent
White	173,193	1,017,586	471,206	263,544	403,904	24,318	246,856	508,198	3,108,805	30%
African American	48,598	74,940	84,810	70,763	41,613	338,672	36,671	246,902	942,969	9%
Native American	2,425	6,640	5,036	3,916	1,488	1,751	4,122	5,341	30,719	0.2%
Asian	12,350	225,339	457,494	208,995	80,017	15,039	117,880	230,177	1,347,291	13%
Latino	120,929	832,125	854,846	713,801	112,675	662,473	971,362	607,078	4,875,289	47%
Pacific Islander	829	2,393	1,821	1,010	1,001	2,648	2,821	14,816	27,339	0.2%
Total	358,324	2,159,023	1,875,213	1,262,029	640,698	1,044,901	1,379,712	1,612,512	10,332,412	100%

LAC-DMH Population Served

During 2008, LAC-DMH served approximately 220,000 consumers with Severe and Persistent Mental Illness (SPMI) including Severely Emotionally Disturbed (SED) children and adolescents. LAC-DMH provides a full range of outpatient, inpatient, and day-treatment services. In addition to community-based therapeutic and supportive services, the Department and its partners deliver medication, medication support, targeted case management, crisis services, and numerous other mental health care services.

Mental Health Services Delivery System

Along with the more than 50 directly operated program sites throughout the County, LAC-DMH also, contracts with over 1,100 community providers, including non-governmental agencies and individual practitioners. The growth and development of the LAC-DMH Community Services and Support Plan (CSS) is monitored through ongoing updates and evaluations of the different components of the CSS plan. In essence each program and initiative within the LAC-DMH mental health service delivery system and related CSS plans have in their design evaluative and quality management components. Table 2 below summarizes the LAC-DMH public mental health service system.

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Table 2: Summary of LAC-DMH Public Mental Health Service System

Type of Facility or Program	Number
Clinical Facilities	
Community Mental Health Centers (CMHCs)	450
Contracted fee-for-service Medi-Cal network practitioners	586
Fee-for-service Medi-Cal group providers	25
Fee-for-service Medi-Cal organizational providers	4
Psychiatric Inpatient Hospitals	95
Client Run/Wellness Centers	31
Retail Pharmacies	105
Inpatient Facilities	
State Hospitals	4
County hospitals with Inpatient Psychiatric Units	4
Contracted Medi-Cal Hospitals	44
Short-Doyle Medi-Cal free-standing hospitals	2
Psychiatric Health Facility (PHF)	1
Mental Health Rehabilitation Center	1
Child-adolescent sub-acute Skilled Nursing Facility	1
Geriatric sub-acute Skilled Nursing Facilities	1
General sub-acute Skilled Nursing Facilities (other)	2
IMDs with special programs	7
Residential Facilities	
Crisis residential with homeless beds	3
Transitional residential with homeless beds	5
Long-term residential	3
Semi-independent living	2
RCL Group Home beds **	2,357
Community Treatment Facility (CTF) beds **	61
Law Enforcement Facilities	
County-operated custody facilities	7
City-operated custody facilities	1
Juvenile Probation Camp locations	19
Juvenile Halls	3

** equals # of beds

Section 3: LAC-DMH SERVICE ARRAY

SERVICE DELIVERY CAPACITY

Strategic Initiatives

LAC-DMH fulfills the need of Service Delivery Capacity through the *Strategic Initiatives* for CY2008. DMH remains consistent with MHSA intent and funding by bringing forth Strategic Initiatives that expand and enhance the service delivery capacity. The existing Strategic Initiatives include:

1. Psychiatric Urgent Care Centers and linkage to hospital beds.
2. Increase enrollment of Latinos and Asians into FSP programs.
3. Field Capable Older Adult Services.
4. Client Run / Wellness Centers.
5. Project 50 and Skid Row Programs.
6. Enhanced Specialized Foster Care.
7. Co-Occurring Disorder (COD) Training Projects including Evidence Based Practices for COD.
8. Workforce Education and Training (WET)
9. Prevention and Early Intervention Plan (PEI)
10. STATS

Below are summaries of these Strategic Initiatives.

Psychiatric Urgent Care Centers (UCC)

Urgent Care Centers reduce unnecessary and lengthy involuntary inpatient treatment, as well as promote care in voluntary treatment settings that are recovery-oriented. The centers provide 23 hours of immediate care and linkage to hospitals, community-based solutions and crisis intervention services, including integrated services for co-occurring substance abuse disorders. LAC-DMH implemented two directly operated UCCs and two contracted UCCs during this reporting period. These include Augustus F. Hawkins UCC; Olive View Urgent Community Services Program (UCSP), Westside UCC, and Los Angeles County + University of Southern California Medical Center (LAC+USC) UCC.

To date the UCCs have served approximately 77% (8,285) of the targeted number of clients to be served in 2008 (10,800). During December 2008 the number of persons served may potentially increase.

Latino and Asian Increased Enrollment in Field Service Partnerships

This initiative focuses on the enhancement of culturally competent outreach and engagement strategies to increase access for Latino and Asian families with mental illness into the FSP programs.

The Planning Division's Cultural Competency Unit is responsible for completing the Departments Cultural Competency Plan and is committed to providing the

technical assistance, education, and the training necessary to integrate cultural competency in all Departmental operations. The Cultural Competency Unit maintains representation in the LAC-DMH Quality Improvement Council and works collaboratively with the membership to address disparities, especially at the service area level.

In 2008 the Unit re-administered the Organizational Assessment Tool that was originally administered in 2003 and again in 2005. The tool assesses changes in the capability of the system of providers to address the cultural and linguistic requirements of its diverse populations. It will produce specific recommendations for action based upon survey findings and comparison with the previous 2003 and 2005 assessments.

In 2008 the LAC-DMH sponsored and co-sponsors several ethnic conferences:

- 6th Annual African-American Conference, February 28th
- 10th Annual Multicultural Conference, May 15th
- 14th Annual Latino Behavioral Health Institute Conference, September 16-18th
- 14th Annual Asian American mental Health Training Conference, October 17th

In addition, the Department maintains the Multi-Linguistic Service Directory by Service Area and provider.

Field Capable Clinical Services (FCCS)

The Field Capable Clinical Services, also known as (FCCS), are the first system-wide DMH programs focused exclusively on Older Adults and designed to improve access to needed mental health services for this traditionally underserved population. Older Adult FSPs 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.

Wellness Centers and Client-Run Centers

The CSS Plan is committed to the development of client operated and managed Wellness Centers. This element of the CSS Plan speaks to LAC-DMH vision of "Partnering with clients, families and communities to create hope, wellness, and recovery". Wellness/Client-Run Centers provide opportunities for consumers to develop noninstitutional support mechanisms, reduce stigma, and decrease reliance on mental health and other related systems as they strengthen their self-reliance. Wellness/Client-Run Centers offer a variety of self-help, education and social/recreational activities. There are 14 directly operated Client Run and Wellness Centers and 17 contracted Centers to date. Wellness/Client-Run Centers served approximately 3,575 clients which exceeded the estimated 2,400

anticipated clients to be served. Currently, planning and implementation of 8 additional contracted Centers is underway.

Project 50 and Skid Row Programs
Outreach and Engagement Services to Homeless Persons: The Emergency Outreach Bureau (EOB), Homeless Outreach and Mobile Engagement Team (HOME) provide Countywide outreach and emergency services to the homeless population in Los Angeles County.

Crisis Resolution Services at the Downtown Mental Health Center provides crisis intervention and stabilization for new Skid Row consumers for up to 60 days. As of March 2008, 397 consumers had been served provided linkage to housing to 90% of homeless consumers on the day of intake, engaged 80% of all consumers with COD to consider or enroll in treatment, and reduced the average wait time to see a psychiatrist from 20 days to 5 days.

Project 50, a County demonstration project that began in December 2007, will transition 50 of the most medically vulnerable chronically homeless persons from Skid Row to permanent supportive housing. The Project provides housing with integrated supportive services on-site, including medical and mental health services, substance abuse treatment, and benefits establishment for Project participants. As of October 2008, the Project is providing housing and services to 43 individuals including those with co-occurring mental health and substance abuse disorders.

The CalWORKs Homeless Families Project and Skid Row Assessment Team, a multi-agency collaborative to address the needs of homeless families in the downtown area, expanded services in the past year and served over 100 families. Beyond Shelter was contracted to provide transitional and permanent housing, and case management services.

Enhanced Specialized Foster Care
The Los Angeles County Departments of Children and Family Services (DCFS) and Mental Health (DMH) developed a Strategic Plan to provide a single comprehensive vision for the delivery of mental health services to children under the supervision and care of Child Welfare, as well as for those at-risk of entering the Child Welfare system.

The Strategic Plan is a detailed road map for the implementation/delivery of mental health services Countywide, in fulfillment of the objectives identified in the Katie A. Settlement Agreement. The Strategic Plan includes reference to several systems-level enhancements, which are broad in scope and speak to the larger systems reform efforts that are underway countywide in both Departments.

A set of organizing principles centered around cultural competencies, implementing a strengths/child needs-based team approach to planning/service

delivery, integrated screening/assessment/service delivery processes, timeliness of response, etc. are informing the service delivery model for the provision of mental health services.

Co-Occurring Disorders

DMH continues its goals to further integrated recovery based Co-occurring Mental Health and Substance Services throughout our system of care. One of many goals DMH has set this fiscal year for COD integrated services is to incorporate the use of a Clinical COD Services Review Process into the provision of COD Services within our directly operated adult clinics and programs. To this end the Department's Nine Point COD Module's screening, assessment, and treatment forms have undergone updating and revision. In association with UCLA's Integrated Substance Abuse Program (ISAP), the Department currently is training directly operated clinic staff to ensure their core competencies in COD treatment provision through the effective use of these revised clinical tools, evidenced based interventions, and recovery based treatment approaches. The effectiveness of the current trainings and tools will be reflected in the Clinical COD Services Review Process.

Workforce Education and Training Plan

In August 2008, the Workforce Education and Training (WET) ten year plan was completed and approved by the Stakeholders. The Plan strongly utilizes recent stakeholder input and builds upon the initial community planning processes which began in 2005. There are 22 action plans and all funding categories include at least one action plan. Each action in the Plan addresses one or more of the gaps identified in the Workforce Needs Assessment including expanding a culturally and linguistically competent workforce. The overarching goal of this plan will be to further MHSA essential elements throughout the workforce and to expand capacity to implement all other components of MHSA.

LAC-DMH continues to increase its service delivery capacity with the implementation of more programs during 2008 in addition to the *Strategic Initiatives*. Below is a description of programs that have been developed and implemented to meet community needs.

Prevention and Early Intervention Plan

The LAC-DMH PEI Plan is poised to embody the five key community mental health needs and six priority population of the California Department of Mental Health PEI Guidelines. Priority Populations include: 1. Underserved cultural populations. 2. Individuals experiencing onset of serious psychiatric illness. 3. Children/youth in stressed families, 4. Trauma-exposed individuals, 5. Children/youth at risk for school failure and 6. Children and youth at risk of juvenile justice involvement.

STATS

The STATS Performance Outcome measures were initiated in 2007 and remain in effect. The three initial indicators are: Percent of Direct Services Provided, Timeliness of Claims Processing, and Benefits Establishment for consumers. The percent of Direct Services Provided Target is 65%. Interventions for sustained improvement have included, as examples, use of a model for staffing patterns (HR) and managing facilities renovations/readiness. The claims lag target is for percent of claims entered within 14 days of service delivery. Interventions for sustained improvement have included, as examples, use of careful monitoring of Medi-cal approval levels, filling vacant positions, and analyzing methods used to achieve successful claims lag targets such as careful completion of billing forms for cost center and other identifying information. The Benefits Establishment for consumers target has included improving staff knowledge for benefits establishment and analysis of unfunded consumers to determine process flow of benefits establishment charts.

Innovative Programs for 2008/2009

Countywide Housing, Employment and Education Resource Development (CHEERD)

CHEERD provides administrative oversight, management and technical support for:

- Housing Development which includes adult housing components of the Mental Health Services Act (MHSA) CSS Plan.
- Employment and Education Services (includes DMH's Cooperative Agreement with Dept. of Rehabilitation and employment website for consumers).
- Federal Housing Subsidies Program (Section 8 Housing Choice Vouchers and Shelter Plus Care grants).
- Rental Assistance/Eviction Prevention Programs; and, Specialized Shelter Bed Programs.

Training and advocacy is also provided through CHEERD, as well as development of new housing, employment and education resources for the mental health system and the community. In 2008, there were 682 consumers housed through DMH housing contracts. Most recently, the Federal Housing Subsidies Unit (FHSU), which is under CHEERD, submitted proposals in response to five RFP's issued by the Housing Authority of the City of Los Angeles (HACLA) and the Housing Authority of the County of Los Angeles (HACoLA), for 575 additional Homeless Section 8 vouchers and Shelter Plus Care certificates. The estimated number of clients to be serviced by TAY and Adult Housing Specialists is over 4,000.

Working Well Together-Technical Assistance Center (WWT TAC)
LAC-DMH has launched Working Well Together: The California Client and Family Employment Technical Assistance Center (WWT TAC). The training and technical assistance center is a statewide initiative funded by the MHSA through a grant with State department of Mental Health (DMH). Communities that are implementing the MHSA envision a multicultural, recovery and resilience oriented public mental health system that can improve clients' outcomes. A key contributor to an effective system that improves the outcomes of those it serves is the employment of multicultural clients, family members & parent/caregivers.

The key responsibility of the WWT TAC is to ensure the existing public mental health workforce is prepared to recruit, hire, and retain multicultural clients and family members as employees. WWT TAC is being developed and operated by a newly formed collaborative consisting of the California Network of Mental Health Clients (CNMHC), National Alliance on Mental Health (NAMI), United advocates for Children and Families (UACF), and the California Institute of Mental Health (CiMH). The contract between WWT and DMH was signed on June 30, 2008.

Adult Jail Transition and Linkage Services
The Adult Jail Linkage Program is fully operational and has received approximately 900 referrals during 2008 from various sources including the Jail Mental Health Services staff, Public Defenders, the Department of Mental Health Court Program and family members. The Jail Linkage team works in close collaboration with the Jail Mental Health Services team to complete thorough client assessments and to develop comprehensive discharge plans. The Jail Linkage staff is also working extensively with the FSP providers to provide consultations and support, and to ensure the client's release from the jail is well coordinated.

Evidence-Based Practices (EBP's) Implementation
The Intensive In-Home Mental Health Service Program (IIMHSP) was developed by the LAC-DM and DCFS to provide comprehensive therapy to children and youth in the child welfare systems.

The types of therapies that are available through the Intensive In-Home Mental Health Services Program are evidence-based. EBPs are interventions and treatment approaches proven effective through a rigorous scientific process. They provide the ability to evaluate practices to ensure they meet the Federal and State targets for the outcomes of safety, permanency and child/family well-being. The EBPs selected for the IIHMHSP are Comprehensive Children's Services Program (CCSP), (Incredible Years, Trauma Focused Cognitive Behavioral Therapy, and Functional Family Therapy), Multisystemic Therapy and Multidimensional Treatment Foster Care. The providers are using OMA as well as outcome measures for each model.

Assertive Community Treatment (ACT) is an Adult EBP used by the LAC-DMH. It is a team-based approach to the provision of treatment, rehabilitation, and support

services. LAC-DMH EBPs are reported in the State Client and Services Information Database also submitted to SAMSHA/CMHS.

Incubation Training Academy
In 2008, LAC-DMH initiated a program to "incubate" new providers. The Department has identified three potential groups of nonprofit agencies that could benefit from this program: 1) nonprofit agencies that could offer mental health services under MHSA but who have failed to meet the minimum requirements for contracting with the Department; 2) nonprofit organization that do not currently offer traditional mental health services but have an expressed interest in doing so; and 3) nonprofit organizations that are interested in offering nontraditional service, such as prevention, outreach, and stigma reduction. CY 2008 was devoted to planning and designing the curriculum as well as organizing expert presenters and working on the necessary logistics of rolling out this new training program for the development of potential new providers and capacity building.

SERVICE ACCESSIBILTIY

Community Outreach
Community outreach has from the outset been an endeavor of LAC-DMH. There are many of those that are Medi-Cal eligible and otherwise in need of services that do not have access either due to location or cultural barriers. LAC-DMH funds and staffs outreach efforts through the Community Services and Supports Plan of the MHSA to address disparities in accessibility to services and capacity building.

LAC-DMH directly-operated programs and many contract providers deliver community outreach services, education, information, community organization and community client engagement. The Department also operates programs specifically devoted to Outreach and Engagement (O&E), including the Planning Division O&E units. The main objective of O&E initiatives is to effectively carry out transformation by increasing MHSA awareness and services to unserved, underserved, and Under-Represented Ethnic Populations (UREP), across all eight service areas. The planning Division maintains O&E data and reports regularly on related goals and outcomes.

The System Leadership Team (SLT) introduced "Strategies for Increasing FSP Authorizations for Unserved Ethnic Populations" in September 2008. The focus of this initiative is to address the challenges and barriers to FSP authorization for the Latino and Asian/Pacific Islander populations. Strategies include: .1 Service Area Impact Units and Navigator Teams provide presentations and educational material to CBOs; 2. Collaboration with FSP providers; 3. Cultural Competent Outreach and Engagement Efforts and distribution of informational materials.

Access for Consumers
In keeping in step with the ongoing population growth and diversification LAC-DMH and its community partners focus on access for persons with language-specific

needs and location-specific needs. This is accomplished by requiring service provider agencies to locate service sites in proximity to the target population. Also, for those persons requiring needs that cannot be met in their immediate area, DMH staff utilizes web-based searches to assist the person in locating a service provider specific to their needs including interpreter service. The Quality Improvement Council has worked to assist in improving interpreter services and identifying Service Area prevalence, penetration and retention data. This is discussed in more detail in the Evaluation Section of this report.

The Empowerment and Advocacy Division

The goal of the Empowerment and Advocacy Division is to develop, promote and sustain recovery-based practices and policies to achieve its vision to enhance advocacy, support system change, expand peer support and foster consumer and family empowerment. This goal is realized through: programming, policy and systems transformation, empowerment, education and training, eliminating stigma and discrimination, outreach and engagement of under serviced /underrepresented communities. This newly formed Division is uniquely positioned in the LAC-DMH, and the Division Chief reports directly to the LAC-DMH Director. The Division is staffed primarily by consumers who are integrated vertically and horizontally throughout the organization to ensure consumer input into the planning, designing, implementing and evaluating of services. EAD is represented on the Quality Improvement Council and collaborates on improving consumer representation on Service Area Advisory Committees (SAAC) and Organizational QICs.

BENEFICIARY SATISFACTION

Patients Rights Performance Improvement Project (PIP)

LAC-DMH Patient's Rights Office has the responsibility for monitoring the Requests for Change of Provider for the MHP. The LAC-DMH Quality Improvement Division is working with the Patient's Rights Office to implement this PIP.

The Patient's Rights Office is also collaborating with the LAC-DMH Empowerment and Advocacy Division to use consumer Focus Groups to improve the Request for a Change of Provider Form. The Quality Improvement Program continues to coordinate and collaborate efforts with Patient's Rights Office, the Service Area District Chiefs, and Outpatient Service Providers Clinics (both directly operated and contracted agencies), to improve participation in the Requests for Change of Provider Log submission and related processes and to effectively increase consumer satisfaction of culturally competent clinical care.

LAC-DMH responds effectively and in a timely manner to beneficiary grievances. The Office of Patients Rights manages grievances and reports to the Quality Improvement Council. Reports are submitted bi-annually for further analysis and policy recommendations. Consumer requests to change service providers are

monitored and action taken on a timely basis when warranted and as documented in the reports submitted to the State.

Performance Based Outcomes

This year LAC-DMH introduced the first integrated report for State Performance Outcomes and County Performance Outcomes in compliance with the mandated State Performance Outcomes System, the Federal Block Grant, and the County of Los Angeles Board of Supervisors instructions for all Departments to convert to performance standards and measures for performance outcomes to improve the quality and effectiveness of services. Calendar year 2008 is dedicated to baseline data collection for selected survey items for consumers/family perception of care.

Service delivery as experienced first hand by the consumer and families is a measurement of consumer satisfaction. To measure consumer and family satisfaction, twice annually a survey is conducted to gather data for the California Performance Outcomes. Effective in 2008 surveys were conducted in outpatient and field bases settings.

The Performance Based Contracting (PBC) initiative was implemented in January 2008. The initiative currently includes directly-operated and contracted service providers. It holds providers accountable for twelve (12) performance outcomes within three domains. The domains are: Access to Services, Client Satisfaction and Clinical Effectiveness. The Quality Improvement Program is responsible for completing survey and performance outcome activities including collection and analysis of data and preparation of the twice annual Performance Outcomes reports. The last report was issued in November of 2008 (See Attachment A).

CLINICAL CARE

EPSDT PIP

LAC-DMH is participating in the Statewide EPSDT PIP. Studies identified by the State Department of Mental Health suggest of other pediatric health care system highest-cost-of-service cohorts suggest that the cost and complexity of these EPSDT services could indicate a need for improved coordination, enhanced capacity, and other improvements to ensure that each client is receiving services that are appropriate, effective and efficient. The EPSDT PIP Goal is new in the QI Work Plan goals for 2009.

LAC-DMH in collaboration with EPSDT Service providers, is responsible for the identification and collection of relevant data such as clinical data derived from chart reviews, billing/reporting data, and treatment service factors. Continuing data exchange and reporting including the State Department of Mental Health and APS to inform, measure and continuously improve services to children and their families is essential to this process. (See Attachment E)

Program Integrity
The LAC-DMH Compliance Officer promotes ethical behavior within the LAC-DMH system of care and enforces its Code of Ethics and applicable law. The mission of the Compliance Program is to ensure compliance with applicable Federal, State, and County statutes, rules, regulations, policies and procedures; and to combat waste, fraud, and abuse. This mission is met through various training programs, audits, investigations and inspections; instructions and priorities identified by the Compliance Program Steering Committee, County Counsel and the Auditor-Controller. The Compliance Program Office has developed a mandatory ethics training program for all DMH employees which must be completed annually. Also, the Auditor-Controller has implemented the DMH Contract Compliance Training for contract providers. This training educates the provider about the criteria for common findings and expectations for billed services.

Best Practices/Parameters
As part of the Department's QI efforts, the Office of the Medical Director (OMD) has established a set of practice parameters that are developed, reviewed and/or updated through workgroups composed of multi-disciplinary academic experts and clinical leaders from within and outside the Department. The parameters address assessment, medication, psychotherapy, dual diagnosis, clinic environments, and other treatment and mental health support practices. They are available on the Department's website and are a focus of QI activities at clinician meetings and clinical risk management meetings;
(http://www.dmh.co.la.ca.us/directors/corner.htm).

In addition the OMD has developed a Peer Review system for physician mental health practices. To further enhance the quality control of medication practices LAC-DMH has instituted new revised Medication Support Services Forms (Reference: Clinical Records Bulletin 2008-04). (See Attachment B)

CONTINUITY OF CARE

The primary importance of continuity of care is to maintain a transparent service delivery system for consumers navigating through multiple service providers which occurs in many situations. This scenario requires collaboration and coordination amongst the providers. LAC-DMH is currently revising the Single Fixed Point of Responsibility (SFPR) policy to ensure proper collaboration of services and coordination of care. This is particularly important in the area of intensive programs, such as Children's System of Care and FSPs. This SFPR activity is being carefully tracked by the QI/QA Programs and in collaboration with responsible staff and providers, especially as related to the RC2 PIP.

RC2PIP
LAC-DMH is participating in the Statewide Re-Hospitalization Cohort 2 (RC2) PIP. The RC2 Roadmap to a PIP is a descriptive document that contains the relevant

components and data to develop this PIP. The QI Program submitted this document to the APS and to CIMH a the end of December 2008, for review and approval. The RC2 PIP Goal has been added to the Work Plan goals.

PROVIDER APPEALS

This is the last of the six areas and through this process DMH contracted providers have access to a two-tiered informal and formal review process for resolving authorization disputes. All disputes are assigned to a provider's relation specialist to track and coordinate resolution in an efficient and timely manner. The provider's relation specialist documents all disputes in a log and tracks and coordinates dispute resolution. The QI Work Plan Evaluation for CY 2008 contains specific information on the tracking and evaluation of this indicator.

Section 4: EVALUATION REPORT FOR CY 2008

Table 3. WORK PLAN GOALS FOR CY 2008

MONITORING SERVICE DELIVERY CAPACITY 1. *Utilize data to measure improvement in penetration and retention rates of populations with low penetration and retention rates.* 2. *Design effective services for identified underserved ethnic populations.* 3. *Initiate the "Next Steps" of the interpreter training outcomes developed as a result of the completed 2-year Latino Access Study (Cross-Cultural).*
MONITORING ACCESSIBILITY OF SERVICES 1. *Improve access to after-hours care to 75% of PMRT response time of one hour between PMRT acknowledgements of the call to PMRT arrival on the scene. (Source: Access Center)* 2. *Improve the rate of abandoned calls (responsiveness of the 24-hour toll free number) to an overall annual rate of 10% (Source: Access Center)* 3. *Improve the rate of clients able to receive services at convenient times and locations [Source: Performance Outcomes Measures].*
MONITORING BENEFICIARY SATISFACTION 1. *Increase the total number of surveys submitted by 1.5% from the November 2007 survey period to the May 2008 survey period. Implement a pilot project for the participation of peers/volunteers in assisting with Performance Outcome Survey completion in Wellness Centers and Community sites through the use of computers and staff assistance.* 2. *Increase to 80% or more of responding clients reporting that staff were sensitive to the client's cultural/ethnic background [Source: Performance Outcomes Measures].* 3. *Monitor and ensure that satisfaction rates in the biannual 2008 survey periods are about the same level as the previous survey periods.* 4. *90% or more of survey respondents agree that written materials are available in their preferred language.* 5. *Analyze the State's Performance Outcome Survey findings to identify areas for improvement for Service Area QICs for use in quality improvement activities.* 6. *Continue to respond to beneficiary grievances and fair hearings and to report the results bi-annually for policy recommendations.* 7. *Continue to monitor and improve the response rate of providers reporting Beneficiary Change of Provider Requests. Monitor and report on the reasons given by consumers for their request to change service provider.*
MONITORING CLINICAL GOALS 1. *Improve protocols for reviewing medication practices.*
MONITORING CONTINUITY OF CARE *Utilize baseline data collection for Performance Based Outcomes Measurement to monitor continuity of care in 2 areas:* • *Clients receiving continuity of care by being seen within 7 calendar days of discharge from an acute psychiatric hospital.* • *Clients seen and receiving timely on-going care within 30 calendar days time of discharge from mental health residential treatment program/institutional setting (excluding an acute psychiatric hospital).*
MONITORING OF PROVIDER APPEALS 1. *Evaluate trends in the informal and formal two-tiered review for any authorization disputes submitted to LMHP for a three year period.*

I. MONITORING SERVICE DELIVERY CAPACITY – EVALUATION OF GOALS FOR 2008

1. Utilize data to measure improvement in penetration and retention rates of ethnic populations with low penetration and retention rates.

EVALUATION

LAC-DMH achieved this goal.

LAC-DMH calculated penetration rates for Serious Mental Illness (SMI) and Serious Emotional Disorder (SED) SED based on estimated rates of prevalence among the total County population. Penetration Rates were also calculated based on estimated prevalence of SMI and SED living at or below 200% Federal Poverty Threshold. These rates were calculated for FY 06-07 and FY 07-08.

Table 4 shows that between FY 06-07 and FY 07-08 the greatest increase in penetration rates was among Latinos by 2.1%. Asians and Pacific Islanders had a very slight increase in penetration rates by approximately .02%. Penetration and retention rates have been lower than expected for Latinos and Asian/Pacific Islanders, in the past.

Table 4: Percent Change in Penetration Rates from FY 06-07 to FY 07-08

Ethnicity	Penetration Rates		Percent Change
	FY 06-07	FY 07-08	
White	16.6%	17.4%	+ .08%
African American	61.8%	62.1%	+ .03%
Latino	18.9%	21.0%	+ 2.10%
American Indian	45.7%	30.4%	-15.30%
Asian/Pacific Islander	7.2%	7.4%	+ .02%
Countywide	20.9%	23.2%	+ 2.30%

Note: Penetration Rate = Number of consumers served/Estimated prevalence of SMI and SED among total County population.

In FY 06-07 the penetration rate for Latino and Asian populations was 18.9% and 7.2% respectively. Among the population living at or below 200% poverty level, penetration rate for Latinos was 39.5% and 23.6% for Asian and Pacific Islanders.

Tables 5 and 6 show that in FY 07-08 the penetration rate for Latino and Asian populations was 21% and 7.4% respectively. Among the population living at or below 200% poverty level, penetration rates for Latinos was 41.1% and 27.6% among Asian and Pacific Islanders.

Table 5: Penetration Rates for Serious Mental Illness (SMI) and Serious Emotional Disorder (SED) By Ethnicity – FY 07/08

Ethnicity	Numbers Served	Total Population Estimated with SMI and SED	Penetration Rates Among Population Estimated with SMI and SED	Estimated Prevalence of SMI & SED Among Population Living At or Below 200% FPT	Penetration Rate Among Population Living at or Below 200% FPT
White	34,196	196,476	17.4%	42,022	81.4%
African-American	42,032	67,705	62.1%	27,580	152.4%
Latino	78,559	373,447	21.0%	191,083	41.1%
American Indian	615	2,024	30.4%	720	85.4%
Asian/pacific Islander	7,115	96,224	7.4%	25,825	27.6%
Total	162,517	700,538	23.2%	290,727	55.9%

Note: Numbers Served represent consumers served by LAC-DMH in Short Doyle/Medi-Cal Facilities only. The count does not include consumers served in Fee-For Service Outpatient facilities, institutional facilities such as jails and probation camps as well as Inpatient facilities including Fee-For-Service Inpatient Hospitals.

Table 6: Penetration Rates for Serious Mental Illness (SMI) and Serious Emotional Disorder (SED) By Ethnicity– FY 06/07

Ethnicity	Numbers Served	Total Population Estimated with SMI and SED	Penetration Rates Among Population Estimated with SMI and SED	Estimated Prevalence of SMI & SED Among Population Living At or Below 200% FPT	Penetration Rate Among Population Living at or Below 200% FPT
White	32,414	195,365	16.6%	36,903	87.8%
African-American	41,445	67,063	61.8%	27,650	149.9%
Latino	70,630	372,931	18.9%	178,775	39.5%
American Indian	934	2,046	45.7%	576	162.2%
Asian/pacific Islander	6,302	87,320	7.2%	26,754	23.6%
Total	151,725	724,725	20.9%	270,658	56.1%

Note: Numbers Served represent consumers served by LAC-DMH in Short Doyle/Medi-Cal Facilities only. The count does not include consumers served in Fee-For Service Outpatient facilities, institutional facilities such as jails and probation camps as well as Inpatient facilities including Fee-For-Service Inpatient Hospitals.

Table 7: Retention Rates- Percent Change in Number of Approved Outpatient Services (Retention Rates) from FY 06-07 to FY 07-08

Number Approved Outpatient Services	Fiscal Year 06-07		Fiscal Year 07-08		Percent Change
	Number	Percent	Number	Percent	
1	18,395	12.77%	16,602	10.99%	-1.78%
2	8,983	6.23%	8,447	5.59%	-0.64%
3	6,995	4.85%	6,949	4.60%	-0.25%
4	6,356	4.41%	6,429	4.26%	-0.15%
5-15	44,079	30.59%	46,604	30.86%	+.27%
16+	59,291	41.15%	65,973	43.69%	+ 2.54%
Total	144,099	100%	151,004	100%	

Tables 7 shows the percent change in number of approved outpatient services between FY 06-07 and FY 07-08. In FY 2007-08 there were 6,905 additional services rendered in outpatient facilities compared with the previous FY 2006-07. Consumers receiving one, two, three or four outpatient services declined and consumers receiving 5-15 or 16 or more services increased between the two years. Consumers that received 16 or more services increased by 2.54%, and consumers receiving between 5 and 15 services increased slightly by 0.27%.

Table 8: Retention Rates – Number of Approved Outpatient Services by Ethnicity – FY 07-08

Retention Rates – Number of Approved Outpatient Services by Ethnicity – FY 07-08														
Number of Services														
Ethnicity	1		2		3		4		5-15		16 or More		Totals	
	No of Consumers	Percent	No of Consumers	Percent	No of Consumers	Percent	No of Consumers	Percent	No of Consumers	Percent	No of Consumers	Percent	No of Consumers	Percent
White	3,457	20.82%	1,741	20.61%	1,469	21.14%	1,294	20.13%	9,800	21.03%	12,532	19.00%	30,293	20.06%
African American	4,260	25.66%	2,205	26.10%	1,835	26.41%	1,823	28.36%	11,829	25.38%	14,970	22.69%	36,922	24.45%
Latino	7,412	44.65%	3,821	45.23%	3,075	44.25%	2,754	42.84%	19,988	42.89%	32,013	48.52%	69,063	45.74%
American Indian	70	0.42%	38	0.45%	41	0.59%	39	0.61%	280	0.60%	407	0.62%	875	0.58%
Asian	506	3.05%	245	2.90%	219	3.15%	195	3.03%	1,990	4.27%	3,112	4.72%	6,267	4.15%
Other	897	5.40%	397	4.70%	310	4.46%	324	5.04%	2,717	5.83%	2,939	4.45%	7,584	5.02%
Total	16,602	100.00%	8,447	100.00%	6,949	100.00%	6,429	100.00%	46,604	100.00%	65,973	100.00%	151,004	100.00%

Table 8 shows that in FY 07-08, although penetration rates among Latinos and Asians are the lowest, these two ethnic groups show higher rates of retention compared with other ethnic groups. In FY 07-08 Latinos represent 44.6% and Asians represent 3.0% of the DMH population approved for one service. However, Latinos represent 48.5% and Asians represent 4.7% of the population approved for 16 or more services. See Table 8.

Table 9: Retention Rates – Number of Approved Outpatient Services by Ethnicity FY 06-07

Number of Approved Outpatient Services by Ethnicity – Fiscal Year 06-07														
	Number of Services													
Ethnicity	1		2		3		4		5-15		16 or More		Totals	
	No of Consumers	Percent	No of Consumers	Percent	No of Consumers	Percent	No of Consumers	Percent	No of Consumers	Percent	No of Consumers	Percent	No of Consumers	Percent
White	4,030	21.91%	1,817	20.23%	1,519	21.72%	1,354	21.30%	9,466	21.48%	11,477	19.36%	29,663	20.59%
African American	4,743	25.78%	2,375	26.44%	1,962	28.05%	1,823	28.68%	11,379	25.82%	14,107	23.79%	36,389	25.25%
Latino	7,947	43.20%	3,989	44.41%	2,878	41.14%	2,545	40.04%	18,123	41.11%	27,728	46.77%	63,210	43.87%
American Indian	114	0.62%	60	0.67%	53	0.76%	35	0.55%	292	0.66%	370	0.62%	924	0.64%
Asian	558	3.03%	296	3.30%	195	2.79%	247	3.89%	2,015	4.57%	2,679	4.52%	5,990	4.16%
Other	1003	5.45%	446	4.96%	388	5.55%	352	5.54%	2,804	6.36%	2,930	4.94%	7,923	5.50%
Total	18,395	100.00%	8,983	100.00%	6,995	100.00%	6,356	100.00%	44,079	100.00%	59,291	100.00%	144,099	100.00%

Table 9 shows that in FY 06-07 Latinos represent 43.2% and Asians represent 3.0% of the DMH population approved for one service. However, Latinos represent 46.7% and Asians represent 4.5% of the population approved for 16 or more services.

2. Design effective services for identified underserved ethnic populations.

EVALUATION
LAC-DMH achieved this goal.

The Department's strategy is to address disparities in access and quality of care among the populations targeted in the CSS Plan through outreach and engagement to individuals and communities that traditionally have been unserved, underserved and/or inappropriately served in the existing mental health system. These communities include a sub-target known as Under-Represented Ethnic Populations (UREP). During this reporting period, UREP committees representing specific groups had convened to discuss principles and recommendations to DMH for MHSA services to address disparities in UREP populations. The UREP committees include the African/ African-American; American Indian; Asian Pacific Islander; Eastern-European / Middle-Eastern; and Latino populations. A number of strategies were developed and planning and implementation began during this reporting period. These strategies include:

1. The implementation of ascribed FSP slot allocations by UREP/ethnic targets, including African Americans, Asians, Latinos, Native Americans, and Whites based on specific Service Area demographics, and other indicators, including poverty, prevalence and penetration rates.

2. The development of specific UREP Workgroups to address appropriate outreach strategies to specific underrepresented ethnic groups.

3. The allocation of funding to UREP Workgroups to develop specialized projects to increase capacity for participation in MHSA planning and services.

   • Development of capacity building training and support program for non-traditional Asian Pacific Islander community based agencies.

   • Development of culturally competent MHSA outreach and engagement materials in Arabic, Armenian, Farsi, Russian, and African languages.

   • Enhancement of culturally competent outreach and engagement strategies to increase access for Latino individuals and families with mental illness via the training and integration of "Promotoras de Salud" into the FSP service teams.

   • Develop an MHSA website for the dispersed American Indian community

   • Update Multi Linguistic Services Directory for use as resource.

4. Complete Cultural Competency Organizational Assessment 2009.

Table 10 shows that according to the MHSA Implementation Report (August 15, 2007 update), slots allocated for consumers in all age groups identified as Asian and Latino were less than Sixty percent (62%) authorized.

To address under enrollment challenges LAC-DMH selected key individuals (e.g. FSP Program Managers, Outreach and Engagement Staff, MHSA Age Group Leads) to participate on an FSP Study Team. The FSP Study Team convened in early 2008 to identify the causes of under enrollment and make recommendations to resolve this challenge and increase authorizations.

Table 10 also shows that authorized slots for all ages as of December 31, 2007, as compared to authorized slots as of June 30, 2008, significantly increased for TAY, Adult and Older Adult programs. In addition, LAC-DMH in 2008 expanded slot allocations to ensure that adults and older adults with special needs were accommodated.

Table 10: Authorized FSP Slots by Age Group- CY 2007 and CY 2008

Age Group	Slots as of Dec 31,2007	Auth as of Dec 31, 2007	% Auth as of Dec. 31, 2007	Slots as of June 30, 2008	Auth as of June 30,2008	% Auth as of June 30, 2008
Child	*1,733*	*903*	*52%*	*1,733*	*1,677*	*97%*
TAY	*1,122*	*704*	*62%*	*1,112*	*976*	*87%*
Adult	*2,611*	*1,599*	*61%*	*2,611*	*2,368*	*91%*
Older Adult	*266*	*198*	*74%*	*289*	*225*	*78%*
Total	*5,732*	*3,404*	*59%*	*5,755*	*5,246*	*91%*

- **Initiate the "Next Steps" of the interpreter training outcomes developed as a result of the completed 2-year Latino Access Study.**

EVALUATION
LAC-DMH achieved this goal

The Cultural Competency Unit, in conjunction with the Training Division planned, designed and implemented curriculum for courses recommended as "Next Steps" of interpreter training outcomes. These Continuing Education Unit (6) trainings have been offered multiple dates within the 06/07 and 07/08 FY. These trainings are part of the on-going trainings offered by the LAC-DMH Training Decision.

They are as follows:
1. HOW TO USE INTERPRETER SERVICES: Lost in Translation?

The workshop is designed for clinicians and case managers to gain knowledge and skills in how to successfully use interpreter services in the therapeutic relationship.

2. HOW TO BE AN INTERPRETER: Encounters of the Three-Way-Kind

The workshop is designed for bilingual clerical and clinical staff who serve as interpreters in mental health settings. The training provides knowledge and skills in how to be an interpreter in the therapeutic triad. Culturally and linguistically appropriate services increase retention of clients in the service delivery system. In order to address the major barriers to retention, effective communication and management of the cultural dynamics between the provider, client and interpreter are addressed. Familiarity with variant beliefs concerning mental health in different cultures is covered. Similarly the Spanish WRAP trainings are provided to consumers and family members to support recovering and wellness in Spanish speaking recipients of care.

II. MONITORING ACCESSIBILITY OF SERVICES – EVALUATION OF GOALS FOR 2008

1. Improve access to after-hours care to 75% of PMRT response time of one hour between PMRT acknowledgement of the call to PMRT arrival on the scene.

EVALUATION

The goal was partially achieved.

The Department's ACCESS Center operates a 24-hour Statewide, toll-free number (1-800-854-7771) helping callers to access mental health services by linking them to resources close to either where they work or live. Center staff also provides after-hours emergency services and coordinates daytime emergency services. The staff assists callers including problem identification and referrals to appropriate resources. Triage operators speak a number of languages. For languages not available directly from Center operators, LAC-DMH contracts with the AT&T Language Line and provides telecommunications devices for the deaf (TDD). The ACCESS Center responds to approximately 285,000 calls annually.

ACCESS continues to strive to meet the DMH standard of a one-hour response time to a safe location for Psychiatric Mobile Response Teams (PMRT). The ACCESS Center logs for each call: the time the call is received, the time PMRT is contacted, as well as PMRT arrival and end times. ACCESS staff is able to incorporate a reporting component for managers that provides information related to duration of calls. This information is reported to the Quality Improvement Division and is tracked on a quarterly basis.

Table 11 shows that the annual average percent of after-hour calls responded to within one hour for January through December 2008 was 73% compared to the annual average percent of 74% in CY 2007. The slight drop from last year's rate and the slight disparity from the goal set for 75% appear to be attributed to the

lack of psychiatric inpatient bed availability. Nevertheless, there was definite improvement shown from 2005 and 2006 as compared with 2007 and 2008. PMRT secures inpatient psychiatric beds prior to responding to acute psychiatric crises in the field. Delay in PMRT response time has occurred due to the direct lack of psychiatric inpatient beds at hospitals such as Augustus Hawkins/MLK. These service needs are now met through services provided by the Psychiatric Urgent Care Centers (See page 11).

Table 11: PMRT After-Hour Response Rates of One Hour or Less

	2005	2006	2007	2008
January	69%	71%	76%	78%
February	74%	69%	71%	75%
March	73%	70%	72%	74%
April	74%	74%	74%	76%
May	73%	74%	75%	71%
June	74%	70%	75%	71%
July	74%	67%	72%	71%
August	70%	63%	75%	73%
September	71%	67%	73%	72%
October	70%	68%	71%	71%
November	66%	64%	77%	70%
December	68%	66%	73%	72%
Annual Average %	**71%**	**69%**	**74%**	**73%**

2. Improve the rate of abandoned calls (responsiveness of the 24-hour toll free number) to an overall annual rate of 10%.

EVALUATION

This goal was partially achieved.

The ACCESS 800 is available 24-hours a day, 7 days a week. All after-hours, as well as many daytime calls for (PMRT) services, are routed through this 800 number. Logs are kept for all calls that come through the ACCESS 800 number. Information recorded includes: dates, times, name of caller, type of request, referrals made for culturally appropriate services. Reports are prepared monthly. In addition, Test Calls or "Secret Shopper Calls" are to the ACCESS managers and the Departmental Quality Improvement Council. (See Attachment C)

During 2008, the ACCESS 800 number responded to 254,579 general calls. Table 12 shows that of the calls received, 3,983 or 1.6% were non-English requests for services. These languages include: Armenian, Cambodian,

Cantonese, Farsi, Hungarian, Italian, Japanese, Korean, Mandarin, Russian, Spanish, Tagalog, Thai, and Vietnamese.

Table 12: Language of Calls Received (Other Than English) CY 2008

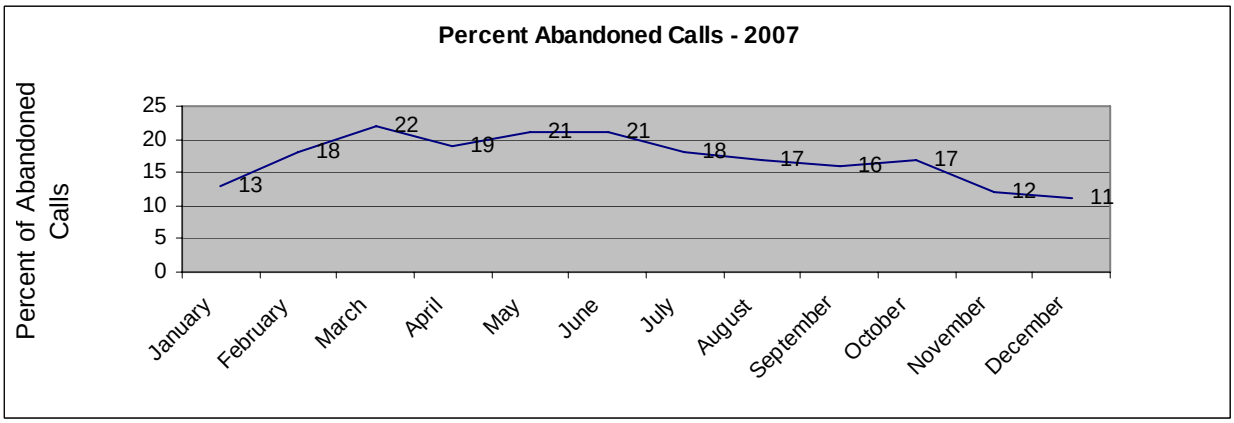
LANGUAGE	Jan 2008	Feb 2008	Mar 2008	Apr 2008	May 2008	June 2008	July 2008	Aug 2008	Sept 2008	Total
ARAB			1	1	2					4
ARMENIAN		**3**	**2**	**1**	**3**	**5**	**1**	**7**	**2**	**24**
CAMBODIAN		**2**	**1**			**1**				**4**
CANTONESE	**4**	**2**			**1**	**5**	**9**	**2**	**4**	**27**
FARSI	**2**			**2**	**1**	**1**		**2**	**3**	**11**
JAPANESE		**1**		**1**		**1**	**2**			**5**
KOREAN	**9**	**10**	**6**	**4**	**9**	**2**	**5**	**7**	**11**	**63**
LAOIAN					1					1
MANDARIN	**2**	**2**	**3**	**1**	**2**	**4**	**4**	**6**	**2**	**26**
POLISH							1	4		5
PORTUGUESE				1			1			2
ROMANIAN			1	2	1					4
RUSSIAN		**1**	**2**		**6**	**2**	**1**			**12**
SPANISH	**100**	**72**	**97**	**94**	**180**	**245**	**289**	**265**	**243**	**1585**
SPANISH ACCESS CTR*	**246**	**196**	**239**	**240**	**225**	**246**	**265**	**259**	**240**	**2156**
TAGALOG	**2**	**2**		**2**	**11**	**4**	**5**	**13**		**39**
THAI	**1**						**1**			**2**
URDU					1					1
VIETNAMESE	**1**	**3**	**3**	**3**	**1**		**1**			**12**
TOTAL	367	294	355	352	444	516	585	565	505	3,983

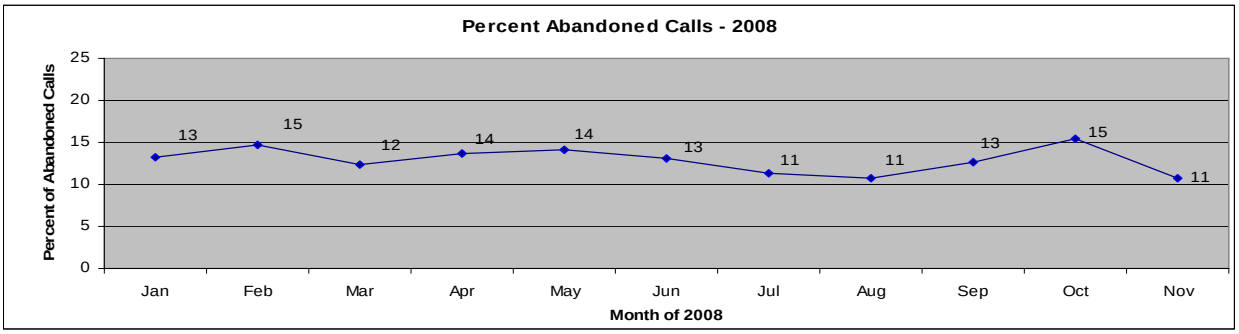
Note: The table shows data for non-English Calls received. Threshold languages for LAC-DMH is in bold. Data available through September 2008 excluding October to December.

Table 13 and graphs show that the average abandoned call rate from January through November 2008 was 13%. This shows a significant improvement from the annual average of 18% for the CY 2007. In anticipation of the telephone system upgrades for 2008, the goal set at 10% could not be fully met due to delays in implementing this upgrade. The Chief Executive Office (CEO) of Los Angeles County became aware of space issues related to the implementation of the telephone upgrade and the telephone upgrade has now been delayed tentatively to 2010. The Work Plan goals for 2009 are revised to reflect this delay and to target increased improvement for this goal. Secret Shopper calls will continue to occur in 2009.

Table 13: ABANDONED CALLS BY NUMBER AND PERCENT FOR CY 2007-2008

	2007			2008		
Month	Total Calls	Number Abandoned	Percent Abandoned	Total Calls	Number Abandoned	Percent Abandoned
January	25,553	3,444	13%	22,428	2,962	13%
February	23,753	4,327	18%	23,549	3,470	15%
March	27,084	6,027	22%	22,304	2,763	12%
April	24,959	4,826	19%	24,119	3,286	14%
May	25,836	5,532	21%	23,359	3,302	14%
June	23,393	4,934	21%	23,003	3,015	13%
July	23,094	4,232	18%	22,532	2,551	11%
August	23,097	3,829	17%	22,002	2,366	11%
September	21,334	3,514	16%	22,606	2,855	13%
October	27,242	4,740	17%	27,029	4,183	15%
November	21,818	2,688	12%	21,648	2,332	11%
December	17,793	1,940	11%			
Totals/Annual Average %	284,956	50,033	17 %	254,579	33,085	13%





Total calls received include all 800 number and direct number calls. Abandoned calls are included in the total calls received. *Effective January 1, 2006 the national Committee on Quality Assurance (NCQA) methodology and criteria are applied to measure the abandoned call rate for LAC-DMH. The *abandoned call rate* is determined by using the number of callers who hang up after 30 seconds divided by total calls.

3. Improve rate of clients able to receive services at convenient times and locations [Source: Performance Based Outcomes].

EVALUATION

This was not a goal in CY 2007. A year-to-year comparison cannot be made. Therefore, this is baseline data for CY 2008. Table 14 shows the percent totals for the May 2008 surveys in CY 2008 for the survey questions "Location of services was convenient " and "Services were available at times that were convenient." The May 2008 Survey results will be combined with the November CY 2008 results to establish the annual aggregate baseline for CY 2008 and for CY 2009 comparisons for Consumer and Family Perception of Convenient Time/ Location. The November CY 2008 findings will be available in March 2009. The QI Work Plan for CY 2009 establishes the new target goals.

Table 14: Percent Responses for "Services Received in Convenient Location/Time" By Age Group CY 2008 Baseline

May 2008				
	Survey Item #	Location by Percent	Survey Item #	Time by Percent
YSS-F	8	91%	9	92%
YSS	8	75%	9	76%
Adult	4	83%	7	88%
Older Adult	4	86%	7	91%
Average Percent		83.75%		86.75%

Source: *County of Los Angeles, State Performance Outcomes Survey Data*, May 2008

III. MONITORING BENEFICIARY SATISFACTION –EVALUATION OF GOALS FOR 2008

1. Increase the total number of surveys submitted by 1.5% from the November 2007 survey period to the May 2008 survey period.

Implement a pilot project for the participation of peers/volunteers in assisting with Performance Outcome Survey completion in Wellness Centers and Community sites through the use of computers and staff assistance.

EVALUATION

DMH significantly exceeded this goal.

LAC-DMH participates in the California Performance Outcomes process to monitor beneficiary satisfaction in outpatient and field based settings. A total of 20,405 State Performance Outcome surveys were submitted by the agencies to the Department in May 2008. In CY 2008 LAC-DMH initiated Performance Outcomes which expanded survey distribution to field and school based settings.

This additional component increased the surveys submitted by 5,386 surveys for a total of 25,791. The November 2008 survey results are currently being completed and will be used to arrive at annual aggregate totals for CY 2008. Table 15 shows the total surveys submitted for CYs 2005, 2006 and 2007. Additionally, the surveys submitted for May CY 2008 for clinic and field-based services are shown. The November CY 2008 findings will be available in March CY 2009, and will be used to compute the annual aggregate totals for CY 2008.

Table 15: Consumer Surveys Submitted from CY 2005 to May 2008

Calendar Year	Adult	Older Adult	YSS	YSS-F	Totals
2005	15,988	1,119	6,104	9,443	32,654
2006	15,172	1,073	6,475	10,410	33,130
2007	13,117	988	6,327	9,572	30,004
May 2008					
Clinic	8,669	772	4,174	6,790	20,405
Field-Based	790	7	2,096	2,493	5,386
Total for May 2008	9,459	779	6,270	9,283	25,791

Note: November 2008 survey findings will be available in March 2009.

It should be noted that in order to increase the utility of the results of the surveys for individual provider use, the survey comment section is intended for providers to gather information from open ended comments on the last page of the survey forms during each survey period.

The pilot project goal was completed in November 2007 when additional "consumer kiosks" were added to selected sites in the County. This was determined to be an effective way to increase consumer participation and these consumer kiosks will continue to be utilized during survey periods. However, no new kiosks are anticipated in CY 2009.

2. Increase to 80% or more of responding clients reporting that staff were sensitive to their cultural/ethnic background [Source: Performance Outcomes, May 2008].

EVALUATION
This goal was exceeded.

Table 16 contains the results for the survey question, "Staff were sensitive to my cultural/ethnic background." The total survey response average for all surveys was 88% in May CY 2008. The November CY 2008 findings will be available in March 2009, and will be used to compute the annual aggregate totals for CY 2008 for comparison purposes.

Table 16: Percent Responses for "Staff Sensitive to Cultural and Ethnic Background."

Age Group	Survey Item #	Percent
YSS-F	15	95%
YSS	15	83%
Adult	18	85%
Older Adult	18	90%
Average Total		88%

Source: *County of Los Angeles, State Performance Outcomes Survey Data*, May 2008

3. Monitor and ensure that overall satisfaction rates remain about the same.

EVALUATION
DMH achieved this goal.

Table 17 below contains the Average Mean Score for the Overall Satisfaction scale by the four age-groups. In CY 2005 to CY 2007, the Average Mean Score for all age-groups was between 4.2 and 4.3. In May CY 2008 the Average Mean Score was a bit lower at 4.1. However, this only reflects the Average Mean Score for one survey period, May CY 2008. The November CY 2008 survey findings will be available in March CY 2009 and will be used to compute the annual aggregate totals for CY 2008. Again it is important to note that the LAC-DMH is focusing on identifying accurate baseline data for CY 2008 and focusing on those data which indicate reliable and significant differences.

Table 17: Comparison of Overall Satisfaction Average Mean Scores by Survey Periods CY 2005, 2006, 2007, and May 2008.

Age Group	2005	2006	2007	2008 (May)
Adult	4.4	4.3	4.4	4.1
Older Adult	4.5	4.5	4.5	4.1
YSS	4.0	3.9	4.1	3.9
YSS-F	4.3	4.3	4.1	4.2
Average Mean	4.3	4.2	4.3	4.1

Source: County of Los Angeles, *State Performance Outcomes Survey Data*, May 2005 thru May 2008

4. 90% or more of survey respondents agree that written materials are available in their preferred language.

EVALUATION
DMH exceeded this goal.

The Department participated in the State mandated Performance Outcome survey in May 2008. Surveys were distributed in four languages – English, Chinese, Spanish, and Russian. Table 18 contains the results for the survey question "Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?" The total survey response average percent was 97% in May 2008.

Table 18: Percent Responses for "Time DMH Provides Language-Appropriate Materials."

Survey Age Group	Survey Item #	Percent
Adult	13	96%
Older Adult	13	98%
YSS	23	95%
YSS-F	24	97%
Average Total		97%

Source: *County of Los Angeles, State Performance Outcomes Survey Data*, May 2008

5. Analyze the State's Performance Outcome Survey findings to identify areas for improvement for Service Area QICs for use in quality improvement activities.

EVALUATION

LAC-DMH met this goal

The results of the State Performance Outcomes are widely distributed through the Service Area QICs. The Service Area selects data and information as relevant to their service delivery system. The data is reviewed and analyzed at Service Area meetings such as the QIC, SAAC and provider meeting.

Quality Improvement staff documents four types of findings of the State Surveys and sends them to appropriate LAC-DMH personnel for action.

1. A General Summary of the Countywide and Service Area findings sent to the Executive Management Team (EMT), District Chiefs, Program Heads, Departmental QIC, Local Service Area QICs, and Providers (both directly operated and contractors).
2. A Summary of results for individual provider and age group reports in each Service Area.
3. Summary and detail reports for District Chiefs to monitor provider compliance to survey participation expectations in their Service Area.

4. Results of individual survey items that can assist the Service Areas in developing Quality Improvement Projects.

QI staff conducts training meetings with SA Survey Liaisons, QIC members, and other survey participants to discuss problems in the survey implementation process, and brainstorm ways to improve the response rates during future survey periods. Service Areas may select specific quality improvement projects for their Service Area. Through Performance Outcome initiatives including statewide and countywide PIPs, data will be integrated by the QI Program staff for continuous quality improvement processes and activities.

6. Continue to respond to beneficiary grievances and fair hearings and to report the results bi-annually for policy recommendations.

EVALUATION

LAC-DMH achieved this goal.

The Department responds effectively and timely to consumer grievances and fair practice hearings. During 2008, consumers or family members requested 35 hearings. Table 19 shows the distribution of beneficiary grievances and fair hearings.

The LAC-DMH Patients' Rights Office (PRO) reporting to the state evidences the receipt of 711 beneficiary grievances in the categories of: Access, Termination of Services, Denial of Services, Request for Change of Provider, Quality of Care, Confidentiality and Other. LAC-DMH has received and resolved a total of 669 grievances/appeals/SFHs, including 42 cases that were referred out to the appropriate agency or jurisdiction, on a timely basis. The LAC-DMH identifies Beneficiary Change of Provider Requests for QI activities.

It is important to note that the category "Denial of Services" is per the "NOA-A" type. This type is determined by the provider, but not always at the time of the initial assessment. It may be determined at a later time during the period in which services are being provided.

The 500 "Quality of Care" events are a composite of sub-categories. The PRO maintains an internal report that lists the sub-categories and associated numbers. The report to the State has historically only included the total number for the "Quality of Care" category. The focus of the Request for Change of Provider is to obtain specific reasons attached to these requests, complaints, and/or grievances. Of the 15 grievances filed for Change of Provider Request, all 15 or 100% were satisfactorily resolved. The PRO office continues to focus on their PIP for improved services to consumers/families, especially for culturally competent services. Table 19 also shows that for all categories there are no remaining "Still Pending."

Table 19: Disposition of Beneficiary Grievances

CATEGORY	NUMBER BY CATEGORY	CATEGORIES					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	10	8	2	0	0	0	0	10	0
Termination of Services	10	0	9	0	1	0	0	10	0
DENIED SERVICES (NOA-A Assessment)	18	0	11	0	7	0	0	18	0
CHANGE OF PROVIDER	15	15		0	0	0	0	15	0
QUALITY OF CARE:	500	480	7	0	13	0	17	483	0
CONFIDENTIALITY	30	30		0	0	0	6	24	0
OTHER:	128	114		0	14	0	19	109	0
TOTALS	*711*	*647*	*29*	*0*	*35*	*0*	*42*	*669*	*0*

Source: Date of Report/September 30, 2008, Prepared by: Mandy Viso -Department of Mental Health - Patient's Right's Office

7. Continue to monitor and improve the response rate of providers reporting Change of Provider Requests. Monitor and report on the reasons given by consumers for their request to change service provider.

EVALUATION

LAC-DMH achieved this goal.

The Patients' Rights Office (PRO) is responsible for collecting the Request to Change Provider Logs submitted by directly-operated and contract providers in LAC-DMH. The information is analyzed based on the Reporting Unit number listed by the provider.

During the second quarter of 2008, PRO received logs for 150 Reporting Units within Los Angeles County. The Total Reporting Units were: SA1= 6; SA2:= 29; SA3= 23; SA4= 16; SA5= 22; SA6= 8; SA7= 14; SA8= 31.

The total number of Change of Provider Requests submitted through November 2008 was 323. The requests were analyzed based on the categories and information that the Reporting Units provided. Additionally categories were developed to capture consumer needs in the following areas: *Culture; Time/Schedule; Service Concerns (treating family member, treatment concerns,*

medication concerns, lack of assistance); 2nd Opinion Request; Other; None Provider.

Of the logs received some contained multiple reasons for the request given by the consumer. The following is a breakdown of how the requests were categorized: None Provided=14; Culture=20; Time/Schedule=14; Service Concerns=15; Personal Experience/Perception=35; 2nd Opinion=3; Other=18.

Change of Provider Requests due to Personal Experience/Perception had the highest response rate with 29% and Culture at 17% had the second highest response rate. The percent of the remaining reasons are: Service Concerns= 12.6%; Time=11.7%; 2nd Opinion=2.5% Other=15.1%; Not Provided=11.7%
The PRO Roadmap to a PIP details the activities and interventions related to this project.

IV. MONITORING CLINICAL CARE – EVALUATION OF GOALS FOR 2008

1. Improve current protocols for reviewing medication practices.

EVALUATION
LAC-DMH achieved this goal.

This goal was addressed by reassessing and restructuring the documentation protocols and forms. Newly revised forms allow for an improved and uniform method of documenting Medication Support Services as described in Clinical Records Bulletin 2008-04 (Attachment B). The newly revised forms were created in order to clarify the documentation elements needed for medication support services to ensure reimbursement. Similarly, they support the appropriate usage of Procedure Codes. Furthermore, as the Department moves towards an Electronic Health Record (EHR), these forms will provide the basis to which prompts will be developed in the new EHR. The new and revised forms include:

- MH 657 – Initial Medication Support Service
- MH 653 – Complex Medication Support Service
- MH 655 – Brief Follow-up medications Support Service
- MH 654A – Medication Support Service Addendum
- MH 519 – Medication Log

In May CY 2008, the LAC-DMH initiated the tracking of survey responses from the YSS–F and the YSS. These new items introduced by the State are summarized below.

Tables 20 - 25 provide the results for the survey questions that address health care and/or medication management protocols. Each table represents a survey question and the percent response by service area and service delivery site.

Tables 20 and 23 show some disparity with families reporting that “In the last year, did you child see a medical doctor or nurse for a health check up sick?” at 66% for “seen at

a clinic" site as compared with the youth responding to the same question at 53%. This discrepancy may be related to families taking younger children to clinics than youth is taken to clinics or going to the clinics by themselves. Simultaneously, families responded to the same question at 6% for "seen at an Emergency Room," while youth responded to the same question at 10% for "seen at an Emergency Room." This appears to indicate that youth may be requiring more Emergency Room care with crisis conditions as compared with younger children. More data is needed concerning these findings.

Tables 21 and 24 show that there is some disparity between youth reporting that they are "on medication for behavioral/emotional problems" at 34% for "Yes" as compared with their family responding to the same question at a somewhat higher 38% for "Yes."

Tables 22 and 25 show that there is more of a disparity between youth reporting "did the doctor or nurse tell you of medication side effects to watch for" at 54% for "Yes" as compared with their families responding to the same question at a much higher 69% for "Yes." It is unclear if youth were not present when the families were provided with this information or if other variables are lending to this discrepancy. Further analyses needs to occur for these findings.

Table 20: YSS-F – Percent Responses for "In the last year, did your child see a medical doctor or nurse for a health check-up or because he/she was sick?"

Service Area	May 2008 Survey Period (N=6,050)				
	Clinic	Emergency Room	No	Don't Remember	Unknown
SA 1	70.3%	4.4%	19.2%	3.3%	2.9%
SA 2	64.6%	6.7%	18.1%	4.0%	6.5%
SA 3	66.1%	6.6%	18.1%	3.5%	5.6%
SA 4	64.4%	6.4%	17.3%	4.4%	7.4%
SA 5	65.6%	4.5%	21.9%	2.0%	6.1%
SA 6	66.3%	5.8%	18.9%	3.1%	5.9%
SA 7	67.0%	4.2%	21.5%	3.6%	3.6%
SA 8	67.5%	5.9%	19.0%	2.6%	5.1%
Percent within Service Area	66.3%	5.7%	19.0%	3.5%	5.5%

Source: *County of Los Angeles, State Performance Outcomes Survey Data*, May 2008

Table 21: YSS-F- Percent Responses for "Is your child on medication for emotional / behavioral problems?"

Service Area	May 2008 Survey Period (N=6,050)		
	Yes	No	Unknown
SA 1	50.8%	44.8%	4.4%
SA 2	37.0%	54.3%	8.7%
SA 3	40.2%	50.9%	8.9%
SA 4	29.9%	58.1%	12.0%
SA 5	35.6%	55.1%	9.3%
SA 6	36.6%	51.8%	11.6%
SA 7	32.5%	60.8%	6.7%
SA 8	43.8%	48.9%	7.3%
All Service Areas	37.9%	53.4%	8.7%

Source: *County of Los Angeles, State Performance Outcomes Survey Data*, May 2008

Table 22: YSS-F – Percent Responses for "Did the doctor or nurse tell you and/or your child about medication side effects to watch for?"

Service Area	May 2008 Survey Period (N=2,710)	
	Yes	No
SA 1	77.8%	22.2%
SA 2	69.8%	30.2%
SA 3	68.8%	31.2%
SA 4	52.8%	47.2%
SA 5	75.0%	25.0%
SA 6	65.3%	34.7%
SA 7	66.9%	33.1%
SA 8	78.0%	22.0%
All Service Areas	68.7%	31.3%

Source: *County of Los Angeles, State Performance Outcomes Survey Data*, May 2008

* Smaller N represents the number of family members that answered "Yes" to the question "Is your child on medication for emotional / behavioral problems?"

Table 23: YSS – Percent Responses for "In the last year, did you see a medical doctor or nurse for a health check-up or because you were sick?"

Service Area	May 2008 Survey Period (N=3,780)				
	Clinic	Emergency Room	No	Don't Remember	Unknown
SA 1	53.0%	11.1%	16.6%	16.2%	3.2%
SA 2	48.4%	12.3%	14.9%	18.7%	5.7%
SA 3	60.0%	8.7%	13.9%	13.8%	3.6%
SA 4	54.4%	9.3%	16.9%	14.8%	4.4%
SA 5	51.7%	10.7%	13.5%	16.9%	7.3%
SA 6	55.5%	8.6%	13.4%	18.6%	3.9%
SA 7	53.1%	8.4%	18.8%	15.5%	4.1%
SA 8	50.7%	12.1%	15.4%	16.4%	5.5%
Percent within Service Area	53.3%	10.3%	15.3%	16.4%	4.7%

Source: *County of Los Angeles, State Performance Outcomes Survey Data*, May 2008

Table 24: YSS – Percent Responses for "Are you on medication for emotional behavioral problems?"

Service Area	May 2008 Survey Period (N=3,780)		
	Yes	No	Unknown
SA 1	41.2%	48.7%	10.1%
SA 2	35.6%	43.0%	21.4%
SA 3	41.2%	48.4%	10.4%
SA 4	26.0%	63.4%	10.6%
SA 5	41.7%	44.3%	14.1%
SA 6	30.9%	58.1%	11.0%
SA 7	26.8%	57.2%	15.9%
SA 8	33.4%	51.0%	15.6%
All Service Areas	34.2%	51.1%	14.6%

Source: *County of Los Angeles, State Performance Outcomes Survey Data*, May 2008

Table 25: YSS – Percent Responses for "Did the doctor or nurse tell you of medication side effects to watch for?"

Service Area	May 2008 Survey Period (N=1,919)	
	Yes	No
SA 1	57.4%	42.6%
SA 2	69.6%	30.4%
SA 3	50.7%	49.3%
SA 4	46.6%	53.4%
SA 5	59.2%	40.8%
SA 6	49.1%	50.9%
SA 7	54.4%	45.6%
SA 8	58.1%	41.9%
All Service Areas	53.9%	46.1%

Source: *County of Los Angeles, State Performance Outcomes Survey Data*, May 2008

* Smaller N represents the number of youth that answered "Yes" to the question "Are you on medication for emotional / behavioral problems?"

V. MONITORING CONTINUITY OF CARE

Utilize baseline data collection for Performance Outcomes to monitor continuity of care and timeliness of services in 2 areas:

1. Clients receiving continuity of care by being seen within 7 calendar days of discharge from an acute psychiatric hospital.

2. Clients seen and receiving timely on-going care within 30 calendar days time of discharge from mental health residential treatment program/institutional setting (excluding an acute psychiatric hospital).

EVALUATION
LAC-DMH achieved this goal

Goal #1: A Re-Hospitalization (Cohort 2) Performance Improvement Project (RC2PIP) has been developed by LAC-DMH, including the assembly of a Multi-Functional Team, to specifically address high utilization patterns, coordination of care issues, and other barriers to timely access, as identified in the data reviewed for the study group. This RC2PIP serves to initiate appropriate quality improvement interventions directed at identified factors contributing to the problem of re-hospitalizations. This also includes participation in PIP statewide teleconferences, technical assistance, and consultation available throughout the life of this PIP. This PIP is a multi-year process of continuous quality improvement with on-going data collection and reporting.

Goal #2: The criterion was selected consistent with the measure: *"timely access for Residential treatment/Institutional post-discharge care"*, with the overall goals of: improved quality of life, productive tenure in the community in least restrictive settings, and improved service provision. Likewise, the systems capacity to capture relevant data for this measure exists through the IS data system. Similar to the above described measure, this measure would capture fiscal year data for date of the first service/activity billed to the IS after the date of discharge from a 24-hour facility (excluding acute psychiatric hospitalizations).

LAC-DMH has a multi-disciplined group preparing for the implementation of this measure, which will be formally reviewed and evaluated in semi-annual and annual intervals. Continuous quality improvement activities will be on-going.

VI. MONITORING OF PROVIDER APPEALS – EVALUATION OF GOALS FOR 2008

1. Evaluate trends in the informal and formal two-tiered review for any authorization disputes submitted to LMHP for a three year period.

EVALUATION

LAC-DMH achieved this goal.

LAC-DMH has successfully controlled the level of provider appeals. Contractors have filed fewer appeals for Day Treatment and TBS authorization over the past four calendar years, from a total of 2 in 2006, 3 in 2007 and zero year-to-date in 2008. For 2008 there were no informal or second level appeals. No network provider had filed an appeal of LAC-DMH psychological testing. As providers gain knowledge and skills in the authorization process including correct documentation and billing activities, the LAC-DMH has had fewer problems in this area.

Table 26 summarizes the levels and disposition of appeals during a three year period.

Table 26: First and Second Level Provider Appeals

Level	Day Treatment	TBS Authorization	Network	Total Appeals
2006				
First Level	1	1	0	2
Second	0	0	0	0
2007				
First Level	1	2	0	3
Second	0	0	0	0
2008				
First Level	0	0	0	0
Second	0	0	0	0
Totals	2	3	0	5

Section 5:
ATTACHMENT A: QUALITY IMPROVEMENT WORK PLAN GOALS FOR 2009

MONITORING SERVICE DELIVERY CAPACITY

1. *Utilize data to set percentage of improvement in penetration and retention rates for underserved Latino and Asian/Pacific Islander populations.*
   - *a. Increase Latino penetration rates from FY 07-08 by 1% in FY 08-09.*
   - *b. Increase Asian/Pacific Islander penetration rates from FY 07-08 by .25% in FY 08-09.*
   - *c. Increase Latino retention rates from FY 07-08 by 1.5% in FY 08-09 for 16 or more services.*
   - *d. Increase Asian/Pacific Islander retention rates from FY 07-08 by .2% in FY 08-09 for 16 or more services.*
2. *Complete the 2009 Cultural Competency Organizational Assessment to compare with the findings of the previous Organizational Assessment.*
3. *Continue to evaluate the Interpreter Training Program and provide 6 trainings for the CY 2009.*

MONITORING ACCESSIBILITY OF SERVICES

1. *Maintain access to after-hours care at 73% of PMRT response time of one hour between PMRT acknowledgement of the call to PMRT arrival on the scene.*
2. *Maintain the rate of abandoned calls (responsiveness of the 24-hour toll free number) to an overall annual rate of 13%..*
3. *Maintain the overall rate of 84% of consumers/families reporting that they are able to receive services at convenient locations. Maintain the overall rate of 87% of consumer/families reporting that they are able to receive services at convenient times. [Source: Performance Outcomes].*

MONITORING BENEFICIARY SATISFACTION

1. *Maintain current level of consumer/family participation in the statewide Performance Outcomes Survey and determine ways to improve sampling methodology.*
2. *Maintain at 88% consumer/family reporting that staff were sensitive to cultural/ethnic background [Source: Performance Outcomes Measures].*
3. *Maintain at 4.3 the Overall Satisfaction Average Mean Score and initiate year to year trending.*
4. *Maintain at 97% consumer/family reporting that written materials are available in their preferred language.*
5. *Apply Performance Outcomes findings to identify areas for improvement for Service Area QICs for use in quality improvement activities.*
6. *Continue to respond to beneficiary grievances and fair hearings and to report the results bi-annually for policy recommendations.*
7. *Continue to monitor and improve the response rates of providers reporting Beneficiary Change of Provider Requests. Monitor reports on the reasons given by consumers for their request to change service provider.*

MONITORING CLINICAL CARE

1. *Continue to improve medication practices through systematic use of medication protocols and trainings for the use of medication forms and clinical documentation for existing staff and for new staff.*

MONITORING CONTINUITY OF CARE

Utilize baseline data collection for Performance Outcomes to monitor continuity of care in 2 areas:

1. *Consumers receiving continuity of care by being seen within 7 calendar days of discharge from an acute psychiatric hospital.*
2. *Consumers seen and receiving timely on-going care within 30 calendar days time of discharge from mental health residential treatment program/institutional setting (excluding an acute psychiatric hospital).*

MONITORING OF PROVIDER APPEALS

1. *Continue monitoring the rate of zero appeals through CY 2009.*

PLANNED GOALS and ACTIVITIES FOR 2009

The QI Work Plan for 2009 and the Performance Based Outcomes pertain to the system as a whole and are inclusive of directly operated and contract providers. In CY 2008 LAC-DMH also collected baseline data for May CY 2008 for the Performance Outcomes recommended in 2007 by the Performance Outcomes Workgroup. The November CY 2008 data and results will be available March 2009 for completion of 2008 annual findings. During CY 2009, performance outcomes will be monitored and interventions identified and implemented for improvement. The Department's Integrated System (IS) will be the data source for operational measures for all applicable service providers.

MONITORING SERVICE DELIVERY CAPACITY

MONITORING SERVICE DELIVERY CAPACITY - GOALS FOR 2009

1. Utilize data to set percentage of improvement in penetration and retention rates for underserved Latino and Asian/Pacific Islander populations.

a. Increase Latino penetration rates from FY 07-08 by 1% in FY 08-09.

b. Increase Asian/pacific Islander penetration rates from FY 07-08 by .25% in FY 08-09.

Numerator: Number of consumers served.
Denominator: Estimated prevalence of SMI and SED among total County population.

c. Increase Latino retention rates from FY 07-08 to FY 08- 09 by 1.5% for 16 or more services.

d. Increase Asian/Pacific Islander retention rates from 07-08 to FY 08-09 by .2% for 16 or more services.

The actual retention rate for Asian/Pacific Islanders from FY 06-07 to FY 07-08 show little change. Additionally, LAC-DMH will focus on possible factors affecting low retention rates for this population.

2 Complete the 2009 Cultural Competency Organizational Assessment to compare with findings of the previous Organizational Assessment.

3. Continue to evaluate the Interpreter Training Program and provide 6 trainings for the CY 2009.

MONITORING ACCESSIBILITY OF SERVICES

LAC-DMH has allocated significant funding to outreach through the Community Services and Supports Plan of the Mental Health Services Act (MHSA) to address disparities in accessibility to services and capacity building.

MONITORING ACCESSIBILITY OF SERVICES – GOALS FOR 2009

1. **Maintain access to after-hours care at 73% of PMRT response time of one hour between PMRT acknowledgement of the call to PMRT arrival on the scene.**
2. **Maintain the rate of abandoned calls (responsiveness of the 24-hour toll free number) at current levels, averaging 13%.**
3. **Maintain overall rate of 84% of consumers/families able to receive services at convenient locations (Source: Performance Outcomes).**
4. **Maintain overall rate of 87% of consumers/families able to receive services at convenient times (Source: Performance Outcomes).**

These projected outcomes for convenient location and time are inclusive of the November 2008 data that will be available in March 2009.

MONITORING BENEFICIARY SATISFACTION

As part of the performance outcomes project, the Department administers the mandated satisfaction surveys. QID participates in the review of the data collected from the surveys and in making suggestions for continuous quality improvement based on the data.

MONITORING BENEFICIARY SATISFACTION - GOALS FOR 2009

1. **Maintain current level of consumer/family participation in the statewide Performance Outcomes Survey.**

2. **Maintain at 88% consumers/families reporting that staff were sensitive to the client's cultural/ethnic background. The baseline data will be obtained from the Performance Outcomes Measures.**

3. **Maintain at 4.3 the Overall Satisfaction Average Mean Score and initiate year to year trending. This projected outcome is inclusive of the November 2008 data that will be available in March 2009. As the baseline survey data is collected for Performance Outcomes, further analysis will be completed to identify future potential quality improvement items.**

4. **Maintain at 97% consumers/families reporting that written materials are available in their preferred language. Continue to work with State to obtain survey translations in all threshold languages..**

5. **Apply the State's Performance Outcomes findings to identify areas for improvement for Service Area QICs for use in quality improvement activities.**

6. **Continue to respond to beneficiary grievances and fair hearings and to report the results bi-annually for policy recommendations.**

7. **Continue to monitor and improve the response rate of providers reporting the beneficiary change of provider requests. Monitor and report on the reasons given by consumers for their request to change service provider.**

CLINICAL CARE

Collaborate with the Office of the Medical Director and Quality Assurance to identify areas for improvement in medication monitoring, documentation and safety.

MONITORING CLINICAL CARE - GOALS FOR 2009

1. **Continue to improve medication practices through the systematic use of the medication protocols and trainings for use of medication forms and clinical documentation for existing staff and for new staff.**

CONTINUITY OF CARE

LAC-DMH is participating in the Re-Hospitalization, Cohort 2 (RC2) PIP. The RC2 PIP is designed to reduce psychiatric inpatient re-admission rates.

MONITORING CONTINUITY OF CARE - GOALS FOR 2009

Data collection to establish a baseline for the Performance Based Outcomes Measurement will allow for monitoring continuity of care in 2 areas:

1. **Consumers receiving continuity of care by being seen within 7 calendar days of discharge from an acute psychiatric hospital.**

2. **Consumers seen and receiving timely on-going care within 30 calendar days time of discharge from mental health residential treatment program/institutional setting (excluding acute psychiatric hospitals).**

MONITORING OF PROVIDER APPEALS

Contracted providers have access to an informal and a two-tiered formal review process for resolving authorization disputes. All disputes are assigned to a provider relations specialist to track and coordinate resolution in an efficient and timely manner.

1. **Continue to monitor the rate of zero appeals through CY 2009.**

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION

SUMMARY REPORT OF ACCESSIBILITY DOMAIN FOR TEST CALLS TO 24/7 TOLL FREE ACCESS LINE
July 1, 2008

I. Goal:

To identify potential areas for improvement for the responsiveness of the 24-hour toll free number, especially for Threshold languages.

This report summarizes the Quality Improvement (QI) Division test call data for the 24-hour toll fee number responsiveness for the period of July 2007 to March 2008.

II. Overview:

The Department's ACCESS Center operates the 24-hour, 7-Day Statewide, toll-free number, 1-800-854-7771. Calls are triaged by Access staff and many times this is the first point of contact with the County of Los Angeles, Department of Mental Health. This includes responding to psychiatric Mobile Response Team services. The staff is also prepared to provide direct language services to link callers to language assistance as well as TDD. Call logs are maintained for: date, time, caller identification, types of request, referrals made and other information as required and in accordance with ACCESS protocols. During 2007, the ACCESS Center responded to approximately 285,000 calls.

Plans are currently under way for the ACCESS Center to undergo a major telephone technology upgrade and funds have been allocated for this purpose. In a related effort, QI staff and ACCESS Center management staff collaborated to initiate a process of test calls protocol to identify potential areas for improvement. This was accomplished by using a "Secret Shopper Test Calls" approach.

III. Data Collection:

A data collection method was designed to monitor calls to the 24-hour toll free number by conducting test calls. A total of 12 test calls, including 11 calls in Threshold languages, were conducted and/or coordinated by QI staff from July 14, 2008 to March 16, 2008. A form was created to document and track test call data. The Accessibility Test Call Form was used for the first six calls. Subsequently, the Worksheet for Test-Callers to the Access Line and an

Instructions form, both modeled after the State's test call form, were developed as recommended by ACCESS administrative staff and were used for subsequent test calls. Additionally, a Test Call Log was developed to track cumulative call data by test call date.

IV. Test Call Findings:

a. The data indicate that ACCESS staff responded "immediately" for seven (7) of the twelve (12) test calls and three (3) of the twelve (12) test calls were responded to in two (2) to three (3) rings. Two (2) of the twelve (12) test calls had no information recorded for number of rings and one of these test calls recorded "2 minutes and 22 seconds" for # of rings, while waiting for the call to be picked up. ACCESS staff provided the caller with his/her name on one (1) of the twelve (12) test calls. ACCESS staff asked for the caller's name in two (2) of the twelve (12) test calls. Staff did not ask if the caller had an emergency on any of the twelve (12) test calls. However, Test Caller Instructions state: "Do not call with a crisis scenario".

- For the eleven (11) Threshold language test calls, ACCESS staff hung-up on two (2) non-English test callers prior to connecting with an interpreter and one (1) Mandarin-speaking caller hung-up after being left on hold for approximately 5 minutes. One (1) test caller was disconnected after being transferred to Interpreter Services. In six (6) of the eleven (11) Threshold language test calls, "satisfactory" information was not obtained as reported by test callers, including referrals for services. In five (5) of the eleven (11) Threshold language test calls, "satisfactory" information was obtained as reported by test callers, including referrals for services. Per the Test Call Log, this appeared to be directly related to whether the test caller was or was not effectively transferred to Interpreter services.

- For the eleven (11) Threshold language test calls, a total of five (5) calls had wait times. ACCESS staff placed test callers on hold for 5 minutes in one (1) call, 3 minutes and 30 seconds in another test call, 3 minutes in two (2) test calls, 2 minutes and 26 seconds in one (1) test call and 2 minutes in one (1) test call, while attempting to connect the caller with Interpreter Services.

- Seven (7) of the twelve (12) test callers received a referral to the closest mental health agency in their area of residence. They were also

- given specific instructions on how to secure an assessment. Six (6) of the twelve (12) test callers reported they were satisfied with the information received including the referrals provided.

- Six (6) of the twelve (12) callers reported on the total length of the test calls with these test calls reportedly ranging from half a minute to nine minutes in duration.

- Test callers did not report on the evaluation of ACCESS staff knowledge of Fair Hearing Procedures for any of the twelve (12) test calls nor did they report if they made any inquiries concerning these procedures.

- Test callers did not necessarily request specialty mental health services.

V. ACCESS Site Visit Findings:

On March 18, 2008, QI Staff met with ACCESS Center admininistrative staff. The purpose of this visit to the ACCESS Center was to verify that the ACCESS Center's staff had appropriately documented and logged all of the test calls. Review of the "ACCESS Telecommunication Center" call logs corresponding to the specific dates of the twelve test calls revealed that one (1) of the twelve (12) test calls had been recorded. This cannot be generalized to all calls received by ACCESS. This pertains only to the test calls protocols and especially to test calls in Threshold languages.

VI. Recommendations:

- Revised Test Call Worksheet (Attached).

- Revised Test Call Log (Attached)
- Revised Purpose of Test Calls document (Attached)
- Continue to conduct random test calls including Threshold Language Test Calls.
- Provide summary reports on test calls to ACCESS staff and the Departmental QIC on a regular basis.

Page 4

VII. Summary

The revised protocols and forms will continue to be implemented in future test calls. Data will be reviewed and shared to assess for potential areas of improvement. One important area identified for improvement is “documentation & recording”. The test calls monitoring showed that only one (1) of twelve (12) test calls was documented. All documentation categories must be included on the log consistent with ACCESS protocols.

Follow-up included having the results of the test calls reviewed and discussed by the ACCESS program manager at the monthly general staff meeting and the importance of documentation for each call received by the system was emphasized. The program manager also encouraged a continued focus on “good customer service”, while sharing the results that test callers successfully transferred to Interpreter services expressed satisfaction with the information and referrals received. There was also a discussion on the delays and unsuccessful transfers to Interpreter services including exploring the reasons/causes of these barriers to access for non-English speaking test callers. Reason/causes identified during this meeting included: 1. Technical problems as a result of an outdated phone system; 2. Identified issues pertaining to the Interpreter services currently being used; and, 3. More training to enhance call center agent skills for “warm transfer” while accessing/using interpreter services. Lastly, during this meeting, possible solutions and strategies to address these issues were also discussed until the new telephone system is installed. However, the new telephone system will require plan, design, and engineering by the selected contractor prior to implementation.

Revised 10/2/08

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

CLINICAL RECORDS BULLETIN

Edition 2008-04

Program Support Bureau
550 S. Vermont, 10th Floor
Los Angeles, CA 90020

July 31, 2008

Clinical Records Staff: Rose Esquibel, Director — Phone: (213) 739-6335 — Fax: (213) 739-6298
Jen Eberle — Phone: (213) 738-3770 — Fax: (213) 381-8386
Yvonne Mijares — Phone: (213) 738-2157 — Fax: (213) 381-8386

Announcements

Next Keeper of Clinical Records Meeting:
Wednesday, August 6th 9:00am - 11:00am 10th Floor Conference Room-550 S. Vermont

MEDICATION SUPPORT SERVICES FORMS

New/Revised Forms Available on the Internet and in the Warehouse

http://dmh.lacounty.gov/Forms.asp

DMH Official Form Usage for Medication Support Service Forms

Directly-Operated Clinics: *must* use these forms, when medication support services are provided, in their original format.

Contractors: *may* use these forms in their original format by placing their agency name on the bottom of the form in place of "Los Angeles County-Department of Mental Health."

During the Medication Support Form revisions, there was extensive discussion with and comment from psychiatrists throughout the Department. This dialogue was instrumental in arriving at the final formats of the forms. The Bureau greatly appreciates the time taken by busy staff to enhance the required documentation process.

New Medication Support Forms were created and revised in order to clarify the documentation elements needed to satisfy all payer requirements for medication support services to ensure reimbursement. Similarly, it will also ensure the appropriate usage of Procedure Codes. The new and revised forms will also allow for a uniform method of documenting medication support services as described in this Bulletin. Furthermore, as the Department moves towards an Electronic Medical Record, these forms will provide the basis to which prompts will be developed in the new EMR.

Forms are available in both PDF Fillable format and NCR format. All non-NCR versions of forms can be found on the internet under Provider Tools/Forms/Medication Notes in a PDF Form Fillable format and must continue to be used along with a Daily Service Log. All NCR versions of forms must be ordered from the Department Warehouse and do not require the use of a Daily Service Log.

DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

1. Does a non-English speaking client need to sign the English version of the Consent for Services?
2. When transferring Clinical Records and/or PHI from one site to another (e.g., from Clinic to DMH Headquarters or from the field to the Clinic), is it necessary to use a secure lockable container?

Answers on the last page

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
Edition 2008-04
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Los Angeles, CA 90020
July 31, 2008

New/Revised Forms and usage:

MH 657 - Initial Medication Support Service (90862): An optional form which may be used when prescribing me cations during the first medication evaluation with a new client. This form should always be used if an Initial A sessment has not been completed at the time of the medication evaluation. The form allows for a more comprehe sive evaluation of the client's history and current status.

MH 653 - Complex Medication Support Service (90862): A form used with clients not yet stable on medicati which requires detailed assessment, history, and decision-making for prescribing medication. This form may used in place of the Initial Medication Support Service (90862) form in cases where a detailed Initial Assessment h been completed by clinical staff, and the psychiatrist has determined that that level of assessment is not needed.

MH 655 - Brief Follow-Up Medication Support Service (M0064 or H2010): A form used when prescribing medi tions to clients stable on medication (M0064), or when prescribing medications based on a phone call or collate contact (H2010).

MH 656 - Non-Prescription Medication Note: A form used when a non-prescription medication support service h been provided.

MH 654A - Medication Support Service Addendum: A form used when additional space is needed to complete a of the above forms. No claiming information should be included on this form.

MH 519 - Medication Log: An optional form for use as a reference for medication history. It may not be used in pla of any of the above forms.

Key changes/revisions to the forms used for Medication Support Services include:

- Prompts to ensure all elements to meet payer requirements are included in the note
- Forms that distinguish medication support services by their associated procedure code
- One claimable service per note
- A cross-reference no longer has to be made in the Progress Note
- Physician orders have been incorporated into the form
- Uniform location and tracking of medications prescribed on all medication support service forms

OBSOLETE Medication Support Service Forms:

MH 504—Evaluation by Physician
MH 519—Medication Note
MH 519 NCR—Medication Note
MH 504—Physician's Orders

Key points to remember:

- Diagnosis should only be found on the Initial Assessment or Diagnosis Information form.
- Any time a diagnosis is added or changed from what is listed on the Initial Assessment or Diagnosis Informati form, a new Diagnosis Information form must be completed.
- All BOLDED areas on the medication support service forms MUST include detailed information. Checking box or writing "Ø" is not appropriate. When using the Initial Medication Support Service form, boxes may be checked relevant parts of the Clinical Record have been reviewed and referenced.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
Edition 2008-04
Program Support Bureau
550 S. Vermont, 10th Floor
Los Angeles, CA 90020
July 31, 2008

Key points to remember (continued from previous page)

- The documentation for all medication support services should be on the revised forms filed in the Medication Support Section (for directly operated clinics only).
- No Shows should be documented on the Non-Prescription Medication Note.
- The use of the Medication Log must be determined at the Program level. If used, the form may be printed on colored paper at the discretion of the Program Manager so that it is easily distinguishable in the Medication Section of the chart.
- If at anytime it is determined that no medications will be prescribed, the H2010 code, which is an available option on each of the prescription forms, must be chosen.
- If NCR forms are used, note that the last page of the form has been placed on top in order to prevent writing from going through to other pages due to the carbon paper used on the last page of the NCR forms.
- The preparation of reports or letters, even though medications may be a part of the report/letter, should continue to be documented on a Progress Note form using Procedure Code 90889 and filed in the Progress Note Section of the Clinical Record.
- Time spent by MD/DO, NP, RN, PT, LVNs discussing medications for an individual client during a consultation/team conference should be documented using the Non-Prescription Medication Note and Procedure Code H2010.
- Only the Physician/Nurse Practitioner's time will be claimed on the three new prescription forms. Any other staff who participates in the contact should document any claimable service in a separate note.

Implementation of New Medication Forms:

1. New forms were presented at both District Chiefs Meeting (July 9th) and Program Heads Meeting (July 31st)
2. Training will be provided to all physicians in each Service Area by the end of August
3. Programs should immediately implement the use of the new forms once training has been provided in their Service Area
4. Forms MUST be in use by September 1, 2008

Please direct any questions regarding the above information to Jennifer Eberle at (213) 738-3770.

c: Executive Leadership Team, District Chiefs, All DMH Physicians; Program Heads, Provider Record Keepers; ACHSA, Revenue Management Division

I KNOW THE ANSWERS TO THOSE QUESTIONS!

1. No, a non-English speaking client may sign a Consent for Services in their native language if such a document is available. In order to prevent any confusion, there should be an "unfilled" English version of the form either on the back of or attached to the non-English signed version of the form that the client signed with a notation written, signed and dated by the staff at the bottom of the English version form indicating "*The attached Consent for Services form was signed by the client in his/her own native language.*"
2. Yes, a secure lockable container (lockbox) is required and should be locked in the trunk during transportation of a Clinical Record and/or PHI. In addition, each clinic should have their own policy and procedures regarding safeguarding Clinical Records and/or PHI during transportation. Some situations apply in which Clinical Records and/or PHI do not fit in a large secure lockable container, and an alternative cannot be found. In these situations, please contact Rose Esquibel at (213) 739-6335 for assistance.

California EQRO
560 J Street, Suite 390
Sacramento, CA 95814

This outline is a compilation of the "Road Map to a PIP" and the PIP Validation Tool that County proposes to use in evaluation the Re-hospitalization PIP, Cohort 2.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH (MHP) RE-HOSPITALIZATION TOPIC: Reducing system wide acute Psychiatric Inpatient Hospital re-admission rates among consumers with one or more discharge(s) from an acute Psychiatric Inpatient Hospital within the Fiscal Year.

CAEQRO PIP Outline via Road Map

MHP: County of Los Angeles Department of Mental Health
Date PIP Began: PIP Began: July 1, 2008
Title of PIP: Re-hospitalization, Cohort 2
Clinical or Non-Clinical:

Assemble multi-functional team

1. Describe the stakeholders who are involved in developing and implementing this PIP.

   LAC-DMH MHP:
   - DMH staff representing: Quality Improvement Including Data Unit staff; Chief Information Office Bureau; Adult Systems of Care; Child and Family Services Bureaus; Program District Chiefs for TAY; Older Adults; Countywide Resource Management (Including Residential & IMD); and, MH Specialty Services.
   - LAC-DMH Office of Medical Director (OMD)
   - LAC-DMH Director of Empowerment and Advocacy
   - Association of Community Human Services Agencies (ACHSA)

- Hospital Association of Southern California (HASC)
- County Department of Health Services (DHS)
- Statewide RC2 PIP consulting staff (Including Ed Diksa, CIMH)

"Is there really a problem?"

2. Define the problem by describing the data reviewed and relevant benchmarks. Explain why this is a problem priority for the MHP, how it is within the MHP's scope of influence, and what specific consumer population it affects.

Why is this a problem priority for the MHP and how is it in the scope of influence?

- It is significant for consumers and their families: Utilization of Psychiatric Inpatient Hospitals impacts consumer/family satisfaction with services. It is likely less disruptive for consumers and their families to have timely and accessible outpatient services to assist them in resolving crises early on and in the least restrictive setting.
- It is measurable: Psychiatric Inpatient Hospitalization discharges, re-admission rates, and lengths of stay are nationally considered relevant measures. The LAC-DMH Integrated System (IS) tracks the relevant Psychiatric Inpatient Hospital data.
- It can be within the MHP's influence: While not all Psychiatric Inpatient Hospitalizations are preventable, there are many factors within our influence which can contribute to reducing hospitalizations and re-hospitalizations. Through good discharge planning, collaboration, coordination, and follow up when a client is hospitalized, it is more likely that re-admissions can be prevented.

Consumer Population affected:

In order to define the population the following parameters are used subject to the availability of data:

- Consumers that have had one or more discharges from a Psychiatric Inpatient Hospital facility within a fiscal year will be affected, given that they are individuals that the MHP can impact (i.e. MHP's target population).
- MHP's consumers irrespective of payor type will be included.
- For the Medi-Cal Medicare (Medi-Medi) population tracking necessary information for the period of when the hospital is billing the Medicare Intermediary/Carrier and not the Mental Health Plan

(MHP) will not be possible. Hospitalizations that are billed to Medicare are not generally reported to the Mental Health Plan (MHP). With this in mind, the MHP will limit tracking of the Medi-Medi population to the period of days when the Medicare benefit has been exhausted and Medi-Cal benefits are being drawn down.

- All age groups are included since some interventions aimed at reducing hospitalizations and re-hospitalizations may be universally applied across all age groups.
- For consumers suffering co-occurring disorders, tracking necessary information will be difficult. At this time, the specific identification of consumers with co-occurring disorders will not be made because toxicology screen results are not available and data on this population is difficult to collect. However, COD codes recorded at the time of Psychiatric Inpatient Hospital admission will be tracked as reported to determine its' potential utility in addressing this important factor in consumer outcomes.

Gather and analyze data:

The MHP's baseline data on Psychiatric Inpatient Hospital Discharges, Re-Admissions, and Average LOS is for FY 2007-08. Annual follow up will be for FY 2008-09, 2009-10 and 2010-11.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
RE-HOSPITALIZATION PERFORMANCE IMPROVEMENT PROJECT (PIP) COHORT 2

Table1. Discharges, Re-Admissions, and Average LOS
By Psychiatric Inpatient Hospital for FY 2007-08
(Data Extract 12/12/2008)

Hospital		1 Total Number of Discharges	2 24 Hr Re-Admissions	3 30 Day Re-Admissions	4 30 Day Re-Admissions (Excluding 24- Hr)	5 Percent 30 Day Re-Admissions	6 Percent 30 Day Re-Admissions (Excluding 24- Hr)	7 Average LOS Days
DHS	**1**	898	19	122	104	13.6%	11.6%	13.8
DHS	**2**	1,334	26	182	161	13.6%	12.1%	16.2
DHS	**3**	889	14	98	84	11.0%	9.4%	18.9
FFS	**1**	205	1	28	28	13.7%	13.7%	4.4
FFS	**2**	414	27	170	162	41.1%	39.1%	12.5

Hospital		1 Total Number of Discharges	2 24 Hr Re-Admissions	3 30 Day Re-Admissions	4 30 Day Re-Admissions (Excluding 24- Hr)	5 Percent 30 Day Re-Admissions	6 Percent 30 Day Re-Admissions (Excluding 24- Hr)	7 Average LOS Days
FFS	3	262	10	80	76	30.5%	29.0%	12.9
FFS	4	487	21	96	82	19.7%	16.8%	13.7
FFS	5	1,658	63	447	417	27.0%	25.2%	15.1
FFS	6	605	11	92	82	15.2%	13.6%	7.1
FFS	7	740	13	112	101	15.1%	13.6%	6.5
FFS	8	398	15	143	139	35.9%	34.9%	8.7
FFS	9	344	13	96	92	27.9%	26.7%	10.8
FFS	10	270	4	59	56	21.9%	20.7%	5.7
FFS	11	1,534	88	554	515	36.1%	33.6%	9.1
FFS	12	1,561	94	546	494	35.0%	31.6%	9.2
FFS	13	1,114	62	386	358	34.6%	32.1%	8.2
FFS	14	933	24	283	271	30.3%	29.0%	8.5
FFS	15	1,369	40	310	292	22.6%	21.3%	4.8
FFS	16	683	17	148	136	21.7%	19.9%	5.5
FFS	17	1,687	73	640	617	37.9%	36.6%	6
FFS	18	90	3	13	10	14.4%	11.1%	28.3
FFS	19	1,197	53	441	419	36.8%	35.0%	8.6
FFS	20	16	0	2	2	12.5%	12.5%	10.7
FFS	21	812	28	154	139	19.0%	17.1%	5.9
FFS	22	407	25	127	110	31.2%	27.0%	9.3
FFS	23	27	0	4	4	14.8%	14.8%	9.6
FFS	24	10	0	0	0	0.0%	0.0%	9.1
FFS	25	616	25	190	177	30.8%	28.7%	13.9
FFS	26	18	0	5	5	27.8%	27.8%	12.3
FFS	27	128	3	26	26	20.3%	20.3%	6.1
FFS	28	1	1	1	0	100.0%	0.0%	5

Hospital		1 Total Number of Discharges	2 24 Hr Re-Admissions	3 30 Day Re-Admissions	4 30 Day Re-Admissions (Excluding 24- Hr)	5 Percent 30 Day Re-Admissions	6 Percent 30 Day Re-Admissions (Excluding 24- Hr)	7 Average LOS Days
FFS	**29**	19	1	4	4	21.1%	21.1%	7.3
FFS	**30**	29	0	9	9	31.0%	31.0%	7.1
FFS	**31**	554	28	174	162	31.4%	29.2%	7.8
FFS	**32**	1,750	138	959	922	54.8%	52.7%	5.5
FFS	**33**	35	13	19	10	54.3%	28.6%	3.8
NGA	**1**	906	16	107	94	11.8%	10.4%	13.9
NGA	**2**	7	0	0	0	0.0%	0.0%	4.9
NGA	**3**	10	0	2	2	20.0%	20.0%	4.4
NGA	**4**	71	1	8	7	11.3%	9.9%	4
NGA	**5**	1,287	8	148	142	11.5%	11.0%	15.8
NGA	**6**	126	6	18	12	14.3%	9.5%	42.6
NGA	**7**	264	9	31	26	11.7%	9.8%	10.1
NGA	**8**	733	17	132	124	18.0%	16.9%	5.8
NGA	**9**	624	10	97	87	15.5%	13.9%	5.8
STATE	**1**	1	0	0	0	0.0%	0.0%	2587
STATE	**2**	199	3	9	6	4.5%	3.0%	388.7
STATE	**3**	18	1	1	0	5.6%	0.0%	897.6
STATE	**4**	2	1	1	0	50.0%	0.0%	866.5
Totals		***27,342***	***1,025***	***7,274***	***6,766***			

Discharges, Re-Admissions, and Average LOS Days are counted based on the FY in which they occurred.

DHS – Department of Health Services
FFS – Fee for Service
NGA – Non Governmental Agency
STATE – State Hospitals (AKA Other Public Agency)

1. Total Number of Discharges from Psychiatric Inpatient Hospitals in FY 2007-2008.
2. Among those discharges, how many re-admissions to a Psychiatric Inpatient Hospital on the same day as the prior discharge or the next day. In most instances these may, in fact, be hospital to hospital transfers (hence not a "re-admission" in the usual sense).
3. Among those discharges, how many re-admissions to a Psychiatric Inpatient Hospital within 30 days of the prior discharge.
4. Among those discharges, how many re-admissions to a Psychiatric Inpatient Hospital within 30 days of the prior discharge, excluding those whose only re-admission occurred on the same or next day of original discharge.
5. 30 Day Re-Admission Rate.
6. 30 Day Re-Admission Rate excluding same/next day "re-admission".
7. Average length of stay in days for prior admission among clients discharged.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
RE-HOSPITALIZATION PERFORMANCE IMPROVEMENT PROJECT (PIP) COHORT 2

Table 2. Discharges, Re-Admissions, and Average LOS
By Provider Type for FY 2007-08

	1	2	3	4	5	6	7
Hospital Type	**Total Number of Discharges**	**24 Hr Re-Admissions**	**30 Day Re-Admissions**	**30 Day Re-Admissions (Excluding 24- Hr)**	**Percent 30 Day Re-Admissions**	**Percent 30 Day Re-Admissions (Excluding 24- Hr)**	**Average LOS Days**
DHS	3,121	59	402	349	12.9%	11.2%	16.3
FFS	19,973	894	6,318	5,917	31.6%	29.6%	8.5
NGA	4,028	67	543	494	13.5%	12.3%	12.2
STATE	220	5	11	6	5.0%	2.7%	444.7
Totals	***27,342***	**1,025**	**7,274**	**6,766**			

DHS – Department of Health Services
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1. Total Number of Discharges from Psychiatric Inpatient Hospitals in FY 2007-2008.
2. Among those discharges, how many re-admissions to a Psychiatric Inpatient Hospital on the same day as the prior discharge or the next day. In most instances these may, in fact, be hospital to hospital transfers (hence not a "re-admission" in the usual sense).
3. Among those discharges, how many re-admissions to a Psychiatric Inpatient Hospital within 30 days of the prior discharge.
4. Among those discharges, how many re-admissions to a Psychiatric Inpatient Hospital within 30 days of the prior discharge, excluding those whose only re-admission occurred on the same or next day of original discharge.
5. 30 Day Re-Admission Rate.
6. 30 Day Re-Admission Rate excluding same/next day "re-admission".
7. Average length of stay in days for prior admission among clients discharged.

RE-HOSPITALIZATION PERFORMANCE IMPROVEMENT PROJECT (PIP) COHORT 2

Table 3. Total Psychiatric Inpatient Hospital Discharges
By Gender for FY 2007-08

Hospital Type	1 Number of Males	2 Number of Females	3 Number Indentifying as "Other"	4 Total Number of Discharges by Gender
DHS	1,788	1,332	1	***3,121***
FFS	10,966	8,995	12	***19,973***
NGA	2,746	1,282	0	***4,028***
STATE	110	110	0	***220***
Totals	***15,610***	***11,719***	***13***	***27,342***
% of Total	***57.09%***	***42.86%***	***0.05%***	***100.00%***

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
RE-HOSPITALIZATION PERFORMANCE IMPROVEMENT PROJECT (PIP) COHORT 2

Table 4. Total Psychiatric Inpatient Hospital Discharges
By Age Group for FY 2007-08

Hospital Type	1 Age 0-15	2 Age 16-25	3 Age 26-59	4 Age 60+	5 Total Number of Discharges by Age Group
DHS	88	705	2,199	129	3,121
FFS	2,039	3,829	12,984	1,121	19,973
NGA	709	943	2312	64	4,028
STATE	8	35	165	12	220
Totals	***2,844***	***5,512***	***17,660***	***1,326***	***27,342***

% of Total	*10.40%*	*20.16%*	*64.59%*	*4.85%*	100.00%

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
RE-HOSPITALIZATION PERFORMANCE IMPROVEMENT PROJECT (PIP) COHORT 2

Table 5. Psychiatric Inpatient Hospital Discharges
By Substance Use/Abuse for FY 2007-08

Hospital	1 Number with substance use/abuse	2 Number of No substance use/abuse	3 Number with SA status Not Reported	4 Total Number of Discharges
DHS	0	0	3,121	3,121
FFS	6	14	19,953	19,973
NGA	344	1,276	2,408	4,028
STATE	4	0	216	220
Totals	354	1,290	25,698	27,342
% of Total	*1.30%*	4.7%	94%	

Footnote:
Substance Use - This data is taken from the Dual Status field as recorded at the time that the admission is registered in the IS. Response codes indicate whether or not the client is currently using and/or abusing alcohol and/or street drugs. Data indicates that Psychiatric Inpatient Hospitals are only completing this field sporadically.

Team Brainstorming: "Why is this happening?"
Root cause analysis to identify challenges/barriers

3. Describe the data and other information to be gathered and analyzed to understand the barriers/causes of the problem that affects the mental health status, functional status, or satisfaction. How did you use the data and information to understand the problem?

a. Data to be collected for FY 07-08 and subsequent years for MHP Inpatient Psychiatric Hospitals are as follows:
   1. Total Number of Discharges, Re-Admission rates, Average Length of Stay by hospital.
   2. Total Number of Discharges, Re-Admissions rates, Average Length of Stay by Inpatient Psychiatric Hospital type.
   3. Total Number of Discharges by Age.
   4. Average Length of Stay Days (LOS) by hospital and hospital type.
   5. Total Number of Discharges by Substance Use/Abuse Status.

b. What are barriers/causes that require intervention?
   Re-Admissions work group members are to discuss the issue of the number of discharges, re-admissions, and average length of stay. Also to be discussed will be a number of issues which may contribute to the re-admissions rate and agreement is to be reached on the following two, and other, categories of barriers.
   1. Lack of coordination of care <u>during</u> a Psychiatric Inpatient Hospital admission.
      i. Limited contact between County MHP outpatient service provider(s) and hospital staff to discuss consumer care while the consumer is in the Psychiatric Inpatient Hospital.
      ii. Limited contact between County MHP outpatient service provider(s) and hospital discharge staff to discuss discharge plans while the consumer is in the Psychiatric Inpatient Hospital.
      iii. Lack of a procedure for clinician and/or case manager of a MHP outpatient service provider(s) assigned to connect with consumer prior to discharge from Psychiatric Inpatient Hospital.
      iv. Insufficient coordination with family members/conservator/support systems during hospital stay or at the time of discharge from the Psychiatric Inpatient Hospital.
      v. Issues regarding consent to share information among service providers.

   2. Inadequate post discharge follow up and coordination of services.

i. Upon discharge from the Psychiatric Inpatient Hospital, even when an appointment is scheduled at the Outpatient Clinic, consumers frequently do not keep these appointments. There are no current uniformly established procedures for follow up upon discharge from Psychiatric Inpatient Hospitals.
ii. Existing MHP Outpatient Intake procedures and timelines can make it difficult to obtain an appointment for consumers close to their date of discharge.
iii. Current contact information can be lost between Psychiatric Inpatient Hospitals and the MHP outpatient service providers.
iv. Consumers who are hospitalized a great distance from the MHP outpatient service providers sometimes choose to go elsewhere upon discharge and this is difficult to follow up on.
v. There is a lack of established outpatient service provider procedures for prioritizing duties to allow for follow up with consumer post-discharge and/or no dedicated MHP direct or contracted staff positions to do so.

Table 6 – List of Validated Causes/Barriers

Describe Cause/Barrier	Briefly describe data examined to validate the barrier
1. Lack of collaboration and coordination of care during an inpatient admission.	**1.1 Consumer** record and hospital discharge summary reviews indicated inadequate collaboration and coordination between the provider(s).
2. Possible discharge of patient prior to sufficient inpatient stabilization.	**2.1** Examination of relationship between Hospital Readmission rates and Average Length of Stay.
3. Inadequate post-discharge follow-up and coordination of care with consumers.	**3.1.** Examination of post-discharge outpatient utilization services patterns indicated inadequate post-discharge follow-up and coordination of care with consumers.

Formulate the study question

Example: If we improve care coordination and linkages, then can we reduce the number and percent of adults with unplanned re-admissions for acute psychiatric hospitalizations within 30 days of discharge?

4. Will improved care coordination, discharge planning, and linkage activities reduce the number and percent of consumer re-admission within 30 days of discharge from Psychiatric Inpatient Hospitals.
   The study question is:
   a) Will the specified interventions to be implemented reduce the system-wide 30 day re-admission rates?
   b) Will the specified interventions to be implemented reduce the number of Psychiatric Inpatient Hospitals that exceed the established Re-Admission Rate Threshold?

5. Does this PIP include all beneficiaries for whom the study question applies? If not, please explain.
   Yes. However, to maximize impact of interventions, the initial focus will be directed toward those inpatient facilities that had 50 or more discharges during FY2007-08 and exceeded the threshold of a 20% 30-day readmission rate (excluding same day/next day readmissions). There were 36 Psychiatric Inpatient Hospitals in the MHP that had at least 50 discharges in FY 2007/08. Among these, 17 of 35 had a 30-day re-admission rate of at least 20%.

6. Describe the population to be included in the PIP. The total study population includes all consumer discharged from Psychiatric Inpatient Hospitals associated with the MHP in FY 2007-08. The baseline period is FY 2007-08.

7. Describe how the population is being identified for the collection of data.
   Data for the study population will be collected from the MHP's data collection systems, reports, and ITWS claims data. Among 27,342 MHP Psychiatric Inpatient Hospital discharges during FY 2007/08, a total of 6,766 re-admissions within 30 days (excluding same/next day "re-admissions" – these are often transfers). This is a systemwide re-admission rate of 24.75%. (See Table 2, Page 6)

8. If a sampling technique was used, how will the MHP ensure that the sample was selected without bias?
   Not Applicable. No Sampling used.

"How can we try to address the broken elements/barriers?"
Planned interventions

Specify the indicators in Table 7 and the Interventions in Table 8.

9. What are the indicators and why were these indicators selected?

a) Indicator # 1: Number and percent of re-admissions each fiscal year, beginning with FY 2008-09.
#1a. System-wide rate
#1b. # Psychiatric Inpatient Hospitals with over 50 discharges exceeding 20% threshold

1) Reason for the indicator:
   i. This indicator provides an objective proxy measurement of consumer access to effective discharge planning and post-discharge care.

Table 7 – List of Indicators, Baselines, and Goals

Indicator #	Describe Indicator	Numerator	Denominator	Baseline for indicator	Goal/Outcome
#1.a	System-wide 30-day hospital readmission rates (excluding same day/next day "readmission")	Total number of consumer re-admissions within 30 days of discharge (excluding 24 Hr "Re-admission"). 6,766	Total number of discharges from Psychiatric Inpatient Hospitals. 27,342	24,75%	Reduce system wide re-admissions by 2% per FY.
#1.b	Proportion of hospital with 50 or more FY discharges that exceeded 20% readmission rate threshold.	Total number of In-County Psychiatric Inpatient Hospitals with more than 50 discharges and a FY re-admission rate exceeding 20%. 17	Total number of In-County Psychiatric Inpatient Hospital with more than 50 discharges. 36	47.2%	Number of Psychiatric Inpatient Hospitals exceeding the indicated threshold will be reduced by 8% per FY.

10. Use Table C to summarize interventions. In column 2, describe each intervention. Then, for each intervention, in column 3, identify the barriers/causes each intervention is designed to address. Do not cluster different interventions together.

Table 8 - Interventions

Number of Intervention	List each specific intervention	Barrier(s)/causes each specific intervention is designed to target	Dates Applied
#1	Initiate and facilitate dialog between the MHP Outpatient Service Provider(s) and Psychiatric Inpatient Hospitals for prior to discharge collaboration and coordination including discharge planning.	Lack of collaboration and coordination between outpatient service provider(s) and Psychiatric Inpatient Hospitals for discharge planning.	Ongoing
	Initiate and facilitate dialog between Outpatient Service	Lack of mental health outpatient services provider(s)	Ongoing

Number of Intervention	List each specific intervention	Barrier(s)/causes each specific intervention is designed to target	Dates Applied
#2	Providers(s) and MHP regarding post-hospitalization follow-up.	policies and procedures	
#3	Examine discharge Policies and Procedures and other relevant MHP Policies and Procedures, including consent to share information amongst service provider(s) and coordination with family members/conservatory/support systems, as well as, roll (s) and responsibilities to clinicians of MHP Outpatient Services Provider(s), during hospitals stay and revised as needed/appropriate.	Insufficient contract package language for Psychiatric Inpatient Hospitals.	Ongoing
#4	Examine contract package language for Psychiatric Inpatient Hospitals.	Insufficient contract package language for Psychiatric Inpatient Hospitals.	Ongoing
#5	IS data review and reporting to MHP providers.	Insufficient identification of high-risk consumers prior to psychiatric re-admission.	Quarterly Intervals
#6	Engagement of outpatient mental health service provider personnel with the discharge planning process through increased outpatient mental health contracts with Psychiatric Inpatient Hospital personnel, the consumer, family, conservators, support systems during the psychiatric inpatient stay. For example; Introduction of mental health outpatient service provider's case manager prior to transport, face-to-face or telephone contract by outpatient service provider with consumers in the development of a comprehensive after-care plan which includes appropriate services and support referrals.	Lack of collaboration and coordination between County MHP Outpatient Services Providers(s) and the Psychiatric Inpatient Hospitals during hospital stay.	Ongoing

Number of Intervention	List each specific intervention	Barrier(s)/causes each specific intervention is designed to target	Dates Applied
#7	Outpatient service provider staff make contact with consumers and/or consumers support system) following discharge from the Psychiatric Inpatient Hospital to engage them in community integration activities and on-going treatment. For example: Consumer seen for first medication appointment (if indicated) within 10 business days of being discharged from a psychiatric inpatient hospital; consumer seen by outpatient service providers within seven (7) calendar days of being discharged from the Psychiatric Inpatient Hospital; consumer and service providers develop and /or update a coordinated service plan for ongoing treatment and/or linkage to community supports; and introduce consumer to "Drop-in" and Wellness Centers within 14 calendar days of discharge from an acute Psychiatric Inpatient Hospital.	Inadequate outpatient service provider post-discharge follow-up and lack of coordination of services with the consumer.	Ongoing
#8	Implementation of Contract Language for Outpatient Service Providers(s) to focus on service access post-discharge from Psychiatric Inpatient Hospitals.	Insufficient contract package language for Outpatient Service Provider(s)	January 1, 2009

Apply Interventions: "What do we see?"
Data analysis: apply intervention, measure, interpret

11. Describe the data to be collected.
    - Psychiatric Inpatient Hospital Discharges during FY 2008-09, 09-10, 10-11. Table 1. *Psychiatric Inpatient Hospital Discharges, Re-Admissions, and Average LOS (Data Extract* 12/12/2008; Table 2. *Psychiatric Inpatient Hospital Discharges, Re-Admissions, and Average LOS by Provider Type;* Table 3. *Total Psychiatric Inpatient Hospitals by Gender Admission; Table* 4. *Total Psychiatric Inpatient Hospital Discharges by Age Group;* Table 5. *Psychiatric Inpatient Hospital Discharges by Substance Use/Abuse.*
    - Outpatient service provider contact within 7 calendar day of discharge from Psychiatric Inpatient Hospital.

12. Describe method of the data collection and the sources of the data to be collected. Did you use existing data from your Information System? If not, please explain why.
    - County claims management information system.
    - Short-Doyle Medi-Cal paid claims Explanation of Balances (EOB) and 835 claim files.
    - State Fee-For-Service (FFS) Inpatient Consolidation 134 claim files.
    - Miscellaneous Department data (i.e. ACCESS, Excel spread sheets, etc.).
    - Review of ITWS claims.
    - Tracking of outpatient service provider 7 calendar day contacts.
    - Review of hospitals discharge paperwork submitted to MHP's Managed Care and Countywide Resources Management Divisions.

13. Describe the plan for data analysis. Include contingencies for untoward results.
    - MHP will validate the data.
    - Baseline data will be used as comparison to data and percents collected at quarterly intervals.
    - Untoward results (understood as unusual or difficult to address results identified in data) will be reviewed quarterly and adjustments to data collection or intervention will be made as indicated.

14. Identify the staff that will be collecting data as well as their qualifications, including contractual, temporary, or consultative personnel.
    - Quality Improvement staff and Program Managers.
    - IT and Research/Clinical Informatics staff.
    - Staff of LAC DMH division of Managed Care and Countywide Resources Management.
    - Support staff with instruction and oversight from Quality Improvement staff and Program Mangers.
    - Directly operated and Contracted outpatient service providers/consultative personnel; and others as necessary.
    - Qualifications: licensed mental health professionals, statisticians, demographers, and research psychologists.

15. Describe the data analysis process. Did it occur as planned? Did results trigger modifications to the project or its interventions? Did analysis trigger other QI projects?

16. Present objective data results for each indicator. Use Table D and attach supporting data as tables, charts, or graphs.

"Was the PIP successful?" What are the outcomes?

17. Describe issues associated with data analysis:

    a. Data cycles clearly identify when measurements occur.

    b. Statistical significance.

    c. Are there any factors that influence comparability of the initial and repeat measures?

    d. Are there any factors that threaten the internal or the external validity?

18. To what extent was the PIP successful? Describe any follow-up activities and their success.

19. Describe how the methodology used at baseline measurement was the same methodology used when the measurement was repeated. Were there any modifications based upon the results?

20. Does data analysis demonstrate an improvement in processes or client outcomes?

21. Describe the "face validity" – how the improvement appears to be the result of the PIP intervention(s).

22. Describe statistical evidence that supports that the improvement is true improvement.

23. Was the improvement sustained over repeated measurements over comparable time periods?

Table 9 - Table of Results for Each Indicator and Each Measurement Period

Describe indicator	Date of baseline measurement	Baseline measurement (numerator/ denominator) and %	Goal/Outcome for % improvement	Intervention applied & dates applied	Date of re-measurement	Re-measurement Results (numerator/ denominator) and %	% improvement achieved
THIS IS THE BASELINE INFORMATION FROM TABLES 7, 8, AND 9 USED HERE FOR COMPARISON AGAINST RESULTS							

CRITERION 8

Cultural Competency Organizational Assessment Report 2008

(Attachment 10)

County of Los Angeles Department of Mental Health

CULTURAL COMPETENCY ORGANIZATIONAL ASSESSMENT: Follow-Up – 2008

County of Los Angeles
Mental Health System of Care

Prepared by

Terance J. Wolfe, Ph.D.
AE2GIS Group

www.ae2gis.com
terry.wolfe@ae2gis.com

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

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Program Support Bureau
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TABLE OF CONTENTS

LIST OF TABLES

LIST OF CHARTS

EXECUTIVE SUMMARY

PURPOSE OF THE ASSESSMENT

The purpose of this study is to provide a follow-up to a previous assessment of organizational cultural competency within the Los Angeles County Department of Mental Health's System of Care conducted in 2005. The previous assessment was reported in a DMH monograph entitled *Cultural Competency Organizational Assessment* (April 2006). The present assessment reports the findings of the 2008 survey, and compares them with the 2005 survey results.

The goal of the assessment is not to evaluate or judge, but rather to consider the current state. It provides two snapshots in time of the cultural competency of the organizational infrastructure of the Los Angeles County System of Mental Health Care. As such, it provides insight into developmental opportunities for enhancing the cultural competency of the overall system of mental health care and points to opportunities for further research.

ORIENTATION OF THE ASSESSMENT

This assessment is unique in that its focus is on the cultural competency of the overall organizational system of care as opposed to the cultural competency of individual service providers.

The Cultural and Linguistic Workgroup (CLW), the predecessor of the current Cultural Competency Sub-Committee, identified five focus areas for its strategic plan (County of Los Angeles Department of Mental Health, 2002). These are (1) structure, (2) policy, (3) funding, (4) human resources, and (5) culturally competent system of care, treatment outcome measurement, and training. These five focus areas provided the initial framework for the design and implementation of the original assessment. An additional focus area was added based upon the values and principles embedded in the Mental Health Services Act (MHSA).

As an *organizational* assessment, survey questions were addressed to service providers within the Los Angeles County DMH System of Care. Over 3,400 responses were received from DMH and contract agency employees for the 2008 survey. Survey responses provided follow-up insight into the *organizational* cultural competency of the System of Care.

FINDINGS

Survey findings were categorized based upon favorable versus unfavorable responses, and summarized in a performance "scorecard" (Table 17). Overall, the percentage of unfavorable responses is not high. However, the results are influenced by the high percentage of neutral responses. This suggests a lack of respondent knowledge or information about specific issues assessed through this survey. This has implications for developing and using more effective

communication processes and/or facilitating a broader base of engagement and involvement among system service providers.

Overall, the performance scorecard indicates that the percent favorable responses by question exceed the seventy percent cut-off for twenty-eight of forty-two (61%) questions. The percent favorable responses by question for eighteen questions (39%) fall below the seventy percent cut-off score. This compares very favorably with the previous assessment and is the inverse of the 2005 results.

As with 2005, the largest percentages of favorable responses by question are in the focus areas "Policy" (86%) and "MHSA" (100%). Alternatively, the percent favorable responses by question for each of the other six assessment focus areas are less than seventy (70) percent – the selected cut-off score. These six focus areas and their percent favorable responses by question include the following:

- Cultural competency system of care (67%: 6 of 9 questions)
- Treatment outcome measurement (60%: 3 of 5 questions)
- Human Resources (57%: 4 of 7 questions)
- Training (50%: 2 of 4 questions)
- Structure (43%: 3 of 7 questions)
- Funding (0%: 0 of 3 questions)

There is a marked upward shift in respondent perceptions of the system's performance on virtually every measure. A comparison of the 2005 with the 2008 results in Table 17 (pages 15 – 16) reveals a positive upward improvement in assessment on average of nine points across all forty-six questions.

There is a measurable improvement in the average percent favorableness across thirty-nine (85%) questions between 2005 and 2008 (Chart 1, page 16). Based upon this as an aggregate measure, four of eight focus areas exceed the seventy percent cut-off (policy, system of care, treatment outcome measurement, MHSA), and four fall below it (structure, funding, HR, training).

There is a demonstrable improvement in the number of questions that exceed the seventy percent cut-off between 2005 and 2008 for six of the eight focus areas (Chart 3, page 19). These range from a thirty-three (33) percent increase for MHSA to a three hundred (300) percent increase for human resources.

By far, the three areas of assessment that warrant further review and action are funding (0% favorable), structure (43% favorable), and training (50% favorable). Human resources (57% favorable) is the fourth area that warrants attention. There is also room for improvement in cultural competency system of care and treatment outcome measurement. See Tables 19 – 27.

RECOMMENDATIONS

A variety of recommendations are offered for addressing the issues identified through the comparison of survey findings between 2005 and 2008. They include suggestions for further research in the form of targeted interviews and focus groups to better understand various findings. They also include the following: eliciting more active community involvement, making funding for culturally-specific services and support more visible to service providers and community members, addressing human resource issues related to cultural competence, making the system more accessible to diverse communities, developing better and more culturally sensitive outcome measures, and providing more support for cultural competency to enhance on-the-job impact.

The following specific recommendations are provided based upon analysis of the survey data:

Structure

- Provide mechanisms to support community involvement and participation through facilitating access, engaging the community through consultation on policies, procedures and practices, and including the community in local (Service Area) decision-making, as appropriate.

Policy

- Develop, communicate and utilize a culturally appropriate complaint resolution process.

Funding

- Make funding decisions transparent.
- Use funding to train, support and reward employees for culturally competent skills.
- Encourage funding to support new initiatives that support and enhance cultural and linguistic competence.

Human Resources

- Develop a Human Resources strategic plan for staff development. This plan should address the following issues:
  - Develop and implement career paths for ethnically-diverse employees.
  - Hire/train for skills that meet the cultural and linguistic needs of the target population.
  - Train managers for sensitivity to cultural differences in performance evaluation.
  - Evaluate performance in relation to cultural – not just linguistic – competency.

Culturally Competent System of Care

- Focus on the development and implementation of culturally appropriate service delivery models.
- Encourage inter-agency collaboration in the development and delivery of innovative and culturally responsive services.
- Gather, communicate and utilize targeted consumer group demographics.
- Encourage program evaluations to identify and address service gaps, barriers or inappropriate services.

Treatment Outcome Measurement

- Review programs on a periodic basis for consistency with policies and procedures.
- Evaluate programs for cultural sensitivity and effectiveness in meeting the needs of culturally and linguistically specific populations.

Training

- Increase internally and externally provided training opportunities available to staff.
- Overcome impediments to training through time-off, travel assistance, conference payments, and balancing productivity pressures with professional development opportunities.
- Identify culturally specific opportunities for supporting ethno-cultural staff and volunteers.
- Encourage managers and supervisors to support staff time for cultural competency training.
- Move diversity training beyond "awareness" to purposeful and practical skill development.

NEXT STEPS

While many actions have been undertaken over time, they have not been driven by the survey findings. There is an invitation for DMH and the Mental Health System of Care to utilize these findings to produce data-driven organizational change and improvement. Several next steps can be suggested based upon the present survey findings. They include both inquiry and action.

Inquiry

1. Conduct a focus group and interview study for following up on and digging beneath the 2008 survey findings as outlined above. The survey findings are used to drive the next phase of research. Are the issues surfaced through the survey real, misperceptions, a function of communication problems, etc? Interviews and focus groups can be used to tease out and clarify the issues, and to identify clear arenas for action.
2. Use the interview and focus group study to probe into and develop a deeper understanding of what "neutral" responses mean. What accounts for the high percentage of neutral responses?

Action

1. Devise specific plans of action in relation to the recommendations identified above. Formulate a strategic action plan for developing and enhancing system-wide organizational cultural competency. Such a plan would address all CLW focus areas and MHSA as measured in this survey. The plan should include measurable goals, resources, accountability, and timelines for each of the survey areas.
2. Develop a consumer and family member survey to assess organizational cultural competence from the user's point-of-view.

CONCLUSION

This is not an evaluative study. The purpose of this Re-Assessment is to provide a current measure of the system of care in the context of the CLW focus areas and relevant portions of the MHSA. This provides an index of the organizational cultural competency of the system. This investigation accomplished that purpose. From the analysis performed in this study, Table 17 is a performance scorecard that provides the best summary of the Los Angeles County Department of Mental Health System of Care's current state of organizational cultural competency.

Department of Mental Health
Los Angeles County

Los Angeles County Mental Health System of Care
Cultural Competency Organizational Assessment

Submitted by

Terance J. Wolfe, Ph.D.
AE2GIS Group

www.ae2gis.com
terry.wolfe@ae2gis.com

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INTRODUCTION

PURPOSE OF THE ASSESSMENT

The purpose of this assessment is to provide a three-year follow-up analysis to earlier surveys of Organizational Cultural Competency conducted within the Los Angeles County Mental Health System of Care in 2002 and again in 2005. The earlier surveys sought to establish baseline assessments of organizational cultural competency within the System of Care.

As with the earlier studies, the goal of this assessment is not to evaluate or judge, but rather to assess the current state – to take a snapshot in time. This assessment provides ongoing insight into developmental opportunities for enhancing the overall cultural competency of the comprehensive system of mental health care in Los Angeles County.

BACKGROUND OF THE ASSESSMENT

This survey is a follow-up study of earlier Organizational Cultural Competency Assessments conducted within the Mental Health System of Care in 2002 and again in 2005. The Department of Mental Health (DMH) sought to implement a Cultural Competency Organizational Assessment to consider the capability of the System of Care, including staff and service providers, to address the cultural and linguistic requirements of its large and varied client communities. The findings of the earlier assessments are published in DMH monographs entitled, *Cultural Competency Organizational Assessment*, December 2003 and April 2006.

There is a wealth of literature on the issues and the challenges inherent in individual cultural competency, as well as practice recommendations for its development (see, for example, Lecca, 1998; Sue, et al, 1998; Rundle, et al, 2002; Cox, 2003; Peterson, 2004; Anand, 2006; Gupta, 2007; Tseng & Streltzer, 2008). In contrast, there is a dearth of literature on organizational cultural competency. In this sense, the Los Angeles County Department of Mental Health is breaking new ground. For the purposes of this assessment, organizational cultural competency is defined as:

> *Organizational policies, practices and procedures causally related to the effective provision of culturally and linguistically appropriate services, where "culture" is broadly defined*

DMH's initiatives in organizational cultural competency represent a pioneering effort in the development and refinement of a new concept and approach to intervention. As a result, the 2002 study had to be built from the ground up. This included a review of the literature as well as the use of multiple forms of original data collection including interviews, focus groups, a survey, and review of DMH and System of Care archival information such as policies, informational and promotional materials, etc. These were materials that were available in offices and clinics throughout the system.

Literature Review. Aside from noting the dearth (virtually absence) of any published literature on organizational cultural competency, the significant finding of the literature review was the discovery of an initiative in the Ministry of Children and Families, Vancouver, British Columbia. The Ministry developed an initial template for structuring an organizational cultural competency assessment. This was used as a conceptual point of departure for developing the DMH survey.

Interviews. Sixteen people were interviewed as part of the 2002 assessment including DMH Staff and Contractors, family and community members, and consumers.

Focus Groups. Eight focus groups were conducted representing a broad cross-section of the system including:

- Cultural and Linguistic Workgroup (Inter-agency, consumers, family). This was the predecessor of the current Cultural Competency Subcommittee.
- Older Adults Task Force (Inter-agency)
- Westside Coalition (SAAC; inter-agency, consumers, family members)
- SAAC 7 (Inter-agency, consumers, family members)
- Joint District Chiefs Meeting (DMH Staff)
- Coastal Asian-Pacific Clinical Staff (DMH Staff)
- Latino Mental Health Coalition (Consumers, family members)
- African Community Resource Center (Consumers, family members).

Survey. Findings from the literature review, the interviews and the focus groups were used as the key informational inputs into the development of a custom designed survey for DMH. As mentioned, the assessment tool developed by the Ministry of Family and Children, Vancouver, British Columbia, Canada[1] served as a key point of departure. Their tool was significantly modified to reflect the five categories of the Strategic Plan formulated by the Cultural and Linguistic Workgroup (CLW), the predecessor of the current Cultural Competency Subcommittee.

Through its strategic planning initiatives, the CLW identified five categories for development. The five categories are: (1) Structure, (2) Policy, (3) Funding, (4) Human Resources, and (5) Cultural Competency System of Care, Treatment Outcome Measurement and Training. For the survey cultural competency system of care, treatment outcome measurement and training were broken out into separate survey categories. This resulted in seven categories of assessment. For the 2005 Re-Assessment, an eighth category (and four new questions) was added to include key concepts promoted by the Mental Health Services Act. A copy of the final survey is included in Appendix 1.

The Organizational Cultural Competency Assessment has benefited from the joint support and participation of DMH and the Association of Community Human Service Agencies (ACHSA). For each assessment, the survey was administered only to service providers (DMH and contractor). Both agencies have actively encouraged their employees to participate in each administration of the survey. The nature of the survey questions precluded responses from consumers and community members.

For each administration of the survey, respondents were provided the opportunity of completing the survey on-line or returning a hard copy. Anonymity and confidentiality were assured through the use of a third-party consultant, as well as a "fourth-party" web-hosting service in the Eastern United States. All data are reported in the aggregate with no meaningful way of identifying any individual respondent.

[1] Government of British Columbia, Ministry of Children and Families, Cultural Competency Assessment Tool, 2001

DMH has undertaken many actions in relation to cultural competency since the original administration of the survey in 2002. Some of these have been driven by the enactment of MHSA. A few were influenced by the 2002 survey findings and recommendations (*Cultural Competency Organizational Assessment,* December 2003). Many of these actions are documented in the Training and Cultural Competency Bureau report entitled *Cultural Competency Organizational Assessment Progress Report* (December 2005).

A number of additional initiatives help to account for observed changes in organizational cultural competency assessments between 2005 and 2008. These include (1) outreach to under-represented ethnic populations (UREP), (2) enhancing Department-level awareness of cultural competency through ongoing MHSA implementation meetings, (3) developing strategies for increasing full-service partnership (FSP) authorizations for UREP's, (4) participation in the State Cultural Competency Advisory Committee, (5) establishing specific Cultural Competency Work Plan goals, and (6) collaboration with the California Institute of Mental Health to examine the cultural relevance of three core MHSA concepts: wellness, resilience and recovery.

The present study reports on the 2008 findings in relation to those of 2005. It is not possible to ascertain if any noted improvements in the favorableness of the survey responses are directly related to specific initiatives undertaken as a result of the 2005 findings.

QUANTITATIVE DATA COLLECTION - 2008

The re-assessment survey was administered between September and November 2008. The survey employed a census sampling procedure in which surveys were distributed to the staff of every service provider within the Los Angeles County Department of Mental Health's System of Care. Approximately 10,000 surveys were distributed. 3,663 surveys were returned of which 220 were duplicates, incomplete or otherwise unable to be meaningfully analyzed. They were dropped from the data set. This resulted in 3,443 usable surveys, and an estimated thirty-four (34) percent response rate. This value is considered extremely acceptable for large sample surveys of this sort.

QUANTITATIVE FINDINGS

The findings are presented primarily as a comparison between the 2008 and the 2005 survey results. Some supplementary analysis of the 2008 findings is provided in order to provide a deeper look at focus area findings based upon selected demographic variables. As mentioned the 2008 findings are based upon 3,443 usable responses, whereas the 2005 findings are based upon 1,919 usable responses. The 2008 findings represent a seventy-nine (79) percent increase in the response rate over 2005.

DEMOGRAPHICS

There were 3,443 respondents to the 2008 survey. Respondents were asked a variety of demographic questions. The demographic distribution of the 2008 respondents in relation to the 1,919 respondents in 2005 based upon self-reports is as follows:

Current Position Level. Table 1 shows the distribution of respondents by level within their employing organization. The 2008 distribution by position as a percent of total responses parallels that of 2005. The majority of respondents (40%) held clinical positions. There was a slight decrease in clinical responses as a percent of total, and a slight increase in support staff responses as a percent of total. Five percent (n = 169) of the 2008 respondents did not identify their position.

Table 1: Distribution of Respondents by Position

	Executive	Managerial	Supervisory	Clinical	Support	Other	NR	Total
2008	94	462	351	1382	825	160	169	3443
	3%	13%	10%	40%	24%	5%	5%	
2005	52	259	190	808	388	222		1919
	3%	13%	10%	42%	20%	12%		

Current Organization: DMH. Table 2 shows the distribution of survey respondents who identified themselves as DMH employees by work location. The majority of DMH respondents identified themselves as Program (37%) or clinic (32%) based. This data is not available for the 2005 survey.

Table 2: Distribution of DMH Respondents by Work Location

	Admin/HQ	Program	Hospital	Clinic	Other	NR	Total
2008 *	356	657	154	565	35		1767
% of DMH	20%	37%	9%	32%	2%		
% of total	10%	19%	5%	16%	1%	49%	3443

* 2005 data for this variable not available

The proportion of respondents from DMH versus contractors was very balanced. Fifty-one (51) percent, or 1767 respondents, self-identified as DMH employees; forty-nine percent of respondents were contractors.

Current Organization: Contractors. 1,676 of the respondents (49%) self-identified as contractors. They represented 255 different contract agencies. The range of responses per agency ranged from 1 to 159. Nineteen agencies had twenty (20) or more respondents. These nineteen agencies accounted for fifty-seven (57) percent of all the contract agency responses. The list of contract agencies identified, and the number of

survey responses from each, is included as Appendix 2. Table 3 shows the nineteen contractors with the highest survey response rates.

Table 3: Contractors with the Highest Survey Response Rate

Contractor	Responses
Pacific Clinics	159
Foothill Family Service	112
San Fernando Valley Community Mental Health Center, Inc.	80
Vista Del Mar	80
Penny Lane	71
Didi Hirsch	53
Star View	43
St John's Child and Family Development Center	41
ALMA	38
Child and Family Guidance Center	37
The Guidance Center	35
Child & Family Center	30
South Central Health and Rehabilitation Program (SCHARP)	30
Exodus Recovery	28
Gateways	28
Special Services for Groups	26
The Learning Clinic	26
BRIDGES	20
Personal Involvement Center	20

Populations served. Table 4 shows the distribution of respondents by primary population served by their organizations. Respondents were invited to check all that apply. As can be seen, an organization may have served more than one population, for example, adults and older adults. The largest percentage of populations served included children (57%), adults (48%), TAY (22%), and older adults (21%). As can be seen, there were significant increases across the board between 2005 and 2008 in each of the populations served. TAY was not a response category in the 2005 survey.

Table 4: Distribution of Respondents by Population Served

	Older Adult	Adult	TAY	Children	Pub Grdn	Cal WORKS	Jail	Hospital	Crisis	Other	NR	Total[2]
2008	729	1635	748	1946	163	557	197	160	574	322	201	7232
	21%	48%	22%	57%	5%	16%	6%	5%	17%	9%	6%	
2005	304	866		1071	61	360	85	49	264	252		3312
	9%	26%		32%	2%	11%	3%	1%	8%	8%		

Service Area. Table 5 shows the distribution of respondents by Service Area. There was a significant decrease in the percent of respondents identifying Service Areas 2 and 3 relative to the 2005 results. The findings may reflect a significant shift in service area coverage to countywide responsibilities since the 2005 survey. Alternatively, respondents may not be aware of their Service Area designations. Unfortunately, this cannot be ascertained from the present study since "Countywide" was inadvertently overlooked as a response category in the design of the 2008 survey.

Table 5: Distribution of Respondents by Service Area

	SA1	SA2	SA3	SA4	SA5	SA6	SA7	SA8	Countywide	NR	Total
2008	141	297	425	316	237	215	256	250		1306	3443
	4%	9%	12%	9%	7%	6%	7%	7%		38%	
2005	91	281	514	175	136	99	211	138	274		1919
	5%	15%	27%	9%	7%	5%	11%	7%	14%		

Gender of Respondent. Table 6 shows the distribution of respondents by gender. Nearly seventy (70) percent of respondents self-identified as female. "Transgender" was included as a response category for the 2008 survey. While the percent of respondents who self-identified as either male or female decreased relative to the 2005 findings, there was a 5% increase in those who chose not to identify their gender.

Table 6: Distribution of Respondents by Gender

	Male	Female	Transgender	NR	Total
2008	796	2383	38	226	3443
	23%	69%	1%	7%	
2005	500	1374		45	1919
	26%	72%		2%	

[2] Respondents were able to check all that applied thereby producing a number in excess of actual number of respondents.

Time in Position. Table 7 shows the distribution of respondents by length of time in current position. For 2008, 78% of all respondents had been in their current position for less than five years; 92% had been in their position for less than ten years. This pattern is virtually identical to 2005. Of note, however, is the significant increase in those who had been in their position between 1 – 3 years, and the significant decrease of those who had been in their position between 4 – 5 years.

Table 7: Distribution of Respondents by Time in Current Position

	< 1 yr	1-3yrs	4-5 yrs	6-10 yrs	11-15 yrs	16-20 yrs	>20 yrs	NR	Total
2008	926	1325	395	469	135	65	80	48	3443
	27%	39%	12%	14%	4%	2%	2%	1%	
2005	547	498	399	302	79	41	34	19	1919
	29%	26%	21%	16%	4%	2%	2%	1%	

Time with Organization. Table 8 shows the distribution of respondents by length of time with current organization. 63% indicated they had been with their present employer for less than 5 years. 81% had been with their employer for less than 10 years. This pattern is similar to, but slightly greater than, the 2005 findings. Similar to the pattern in the previous question for time in current position, there was a significant increase in those with their organization from 1 – 3 years, and a significant decrease in those with their organization from 4 – 5 years.

Table 8: Distribution of Respondents by Time with Current Organization

	< 1 yr	1-3yrs	4-5 yrs	6-10 yrs	11-15 yrs	16-20 yrs	>20 yrs	NR	Total
2008	672	1075	415	618	227	116	151	169	3443
	20%	31%	12%	18%	7%	3%	4%	5%	
2005	356	379	358	365	146	80	100	135	1919
	19%	20%	19%	19%	8%	4%	5%	7%	

Time in US – Non US-born. Table 9 shows the distribution of respondents by length of time in US for non-US born employees. Of the 3443 respondents, 784 (22%) self-identified as non-US born. For those who self-identified as non-US born, 59% have lived in the US for over 20 years. 90% have been in the US for over 10 years. 96% have been in the US for over 5 years. The overall pattern of 2008 results is similar to that of 2005.

Table 9: Distribution of Respondents by Time in US (non-US born)

	< 1 yr	1 – 3 yrs	4 – 5 yrs	6–10 yrs	11-15 yrs	16-20 yrs	> 20 yrs	NR	Total[3]
2008	2	11	20	56	84	146	465		784
	.3%	1%	3%	7%	11%	19%	59%		100%
	2	11	20	56	84	146	465	2659	3443
	.1%	.3%	.6%	2%	2%	4%	14%	77%	
2005	10	7	13	27	52	72	327		508
	2%	1.4%	2.6%	5.3%	10%	14%	64%		100%
	10	7	13	27	52	72	327	1411	1919
	1%	0%	1%	1%	3%	4%	17%	74%	

Age of Respondent. Table 10 shows the distribution of respondents by age. 63% of all respondents were between the ages of 26 – 55 years of age. This is a significant decrease from the 2005 findings where 76% of all respondents fell within this range.

Table 10: Distribution of Respondents by Age

	18-25 yrs	26-35 yrs	36-45 yrs	46-55 yrs	56-65 yrs	Over 65	NR	Total
2008	152	877	708	559	410	76	661	3443
	4%	26%	21%	16%	12%	2%	19%	
2005	129	572	465	428	263	35	27	1919
	7%	30%	24%	22%	14%	2%	1%	

Education. Table 11 shows the distribution of respondents by level of education. There are significant differences between self-reported educational attainment between 2005 and 2008. While there was a slight decline in those who self-reported either "high school" or "some graduate school", there was a significant decline in those who reported either "some college" or "Masters degree". At the same time, there was a significant increase in those who self-reported a "4 year degree". Whereas the highest incidence of attained education in the 2005 study was at the Master's degree level (34%), the highest incidence in the 2008 study is 4-year degree (44%). Fully 94% of the 2008 respondents indicated some degree of college education. There was a significant decline in those who self-reported an advanced degree (MS, PhD/PsyD, MD) between 2005 (47%) and 2008 (38%).

[3] Only that portion of the respondents who were non-US born responded to this question. We are unable to determine how many non-US born respondents chose not to respond to the question.

Table 11: Distribution of Respondents by Level of Education

	Hi School	Some College	4 Yr Degree	Grad School	MS	PhD	MD	Other	NR	Total
2008	61	283	1526	146	576	574	132	21	124	3443
	2%	8%	44%	4%	17%	17%	4%	.6%	4%	
2005	80	362	325	145	646	219	46	96		1919
	4%	19%	16%	7%	34%	11%	2%	5%		

Dominant Racial Identity. Table 12 shows the distribution of respondents by dominant racial identity. Public agencies tend to report "race" using five different categories: Asian/Pacific Islander, Black, Hispanic, Native American/Alaska Native, and White. These are the categories most frequently employed on job applications, and historically the primary basis for nationwide statistical comparisons of race. While this is recognized as controversial within the community of those who specialize in and/or advocate for diversity issues, nonetheless, it was deemed important as a baseline measure of racial distribution within the system. The purpose of this question was to provide a measure of racial distribution based upon these commonly used categories.

Approximate estimates for Los Angeles County are provided from the 2000 US Census. Based on this comparison, service providers who self-identified as Hispanic represent a significantly smaller percent of the survey sample than is representative of the Los Angeles County Hispanic population. Alternatively, survey respondents who identified as white represent a significantly larger percent of the survey sample than is representative of Los Angeles County. One must use caution in drawing conclusions about, for example, hiring practices as there is a self-selection factor operating in the response rates. This data is not available from the 2005 survey.

Table 12: Distribution of Respondents by Dominant Racial Identity – 2008.

	A/PI	Black	Hispanic	NA/AN	White	NR	Total
Survey	419	495	930	24	1313	262	3443
	12%	14%	27%	1%	38%	8%	
Census	13%	10%	47%	1%	29%		

Racial-Ethnic Identity. Table 13 shows the distribution of respondents by self-reported racial and ethnic identity. This question provided respondents with maximum flexibility to self identify their racial and ethnic identity as was done in the 2000 US Census. It is a counterbalance to the previous question that required respondents to identify themselves according to a delimited – and politicized – set of identity group categories. The total number of responses exceeds the total number of respondents; some chose to check more than one category. The pattern between 2005 and 2008 is quite similar. There is a 4% increase in self-reported ethnic identity for both whites and blacks.

The list of racial-ethnic identities was the subject of much discussion within the Cultural and Linguistic Workgroup prior to the 2002 survey. This issue strikes a chord for all who participate in the system of care. Resources are often attached to a demonstrated need, where a need is often defined in terms of disparities in resource allocations based upon racial-ethnic identity. Some identity groups clearly perceive themselves as "invisible minorities". A consequence of "invisibility" is a lack of funding. This speaks to the recognition by DMH for addressing under-represented ethnic populations (UREP).

Table 13: Distribution of Respondents by Self-Reported Racial/Ethnic Identity

	2005		**2008**	
Racial/Cultural Ethnic Identity	Frequency	Percent	Frequency	Percent
White	749	35%	1358	39%
Black	260	12%	535	16%
Hispanic	559	26%	963	28%
American Indian/Alaska Native	57	2.7%	95	3%
Chinese	81	3.8%	155	5%
Japanese	22	1%	52	2%
Filipino	67	3.2%	153	4%
Other Asian/Pacific	15	.7%	34	1%
Other Non-White	9	.4%	19	1%
Korean	34	1.6%	45	1%
Indochinese	3	.1%	3	.1%
Amerasian	4	.2%	1	0
Cambodian	5	.2%	12	.3%
Samoan	0	0%	9	.3%
Asian Indian	26	1.2%	33	1%
Hawaiian Native	2	.09%	4	.1%
Guamanian	1	.05%	0	0
Laotian	2	.09%	3	.1%
Vietnamese	22	.1%	31	1%
Other Black	8	.4%	15	.4%
Other White	46	2%	110	3%
Other Hispanic	40	1.9%	46	1%
Other Native American	5	.2%	22	1%
Other	75	3.5%	244	7%
Unknown/Not Reported	26	1.2%	10	.3%
Total	2118[4]		3952	

[4] Some respondents checked more than one racial and cultural/ethnic identity.

Racial/Ethnic Identity – Other. "Other" was a response option to the question regarding racial and ethnic identity. 241 respondents (7%) selected other. They identified ninety-five (95) other racial/ethnic identifications. The list of other racial/ethnic identities is included in Appendix 3. Of the 95, Table 14 displays the most frequently occurring.

Table 14: Most Frequently Occurring "Other" Racial/Ethnic Identities.

"Other" Race	Frequency
Armenian	28
Mexican-American	18
Mexican	16
Jewish	11
Middle Eastern	10

Languages Spoken. Table 15 shows the distribution of respondents by self-reported languages spoken. Twelve non-English threshold languages were listed in the survey. Arabic was not a response option in 2005. Two changes between 2005 and 2008 are the significant increase in Spanish language competency (from 37% to 56%), and the significant decrease in "other" (from 39% to 18%). Nonetheless, these 18% may be suggestive of "invisibility" and unmet linguistic and/or cultural needs in the system.

Table 15: Distribution of Respondents by Self-Reported Languages Spoken

	2005		**2008**	
Language	Frequency	Percent	Frequency	Percent
Arabic			27	1%
Armenian	82	4.5%	66	3%
Cambodian	9	.5%	8	.4%
Cantonese	46	2.5%	64	3%
Chinese	45	2.5%	75	4%
Farsi	28	1.6%	47	2%
Korean	40	2.2%	40	2%
Mandarin	47	2.6%	66	3%
Russian	31	1.7%	33	2%
Spanish	660	37%	1174	56%
Tagalog	62	3.5%	108	5%
Vietnamese	37	2.1%	33	2%
Other	702	39%	374	18%
Total	1,789		3612	

Country of Origin. 805 respondents (23%) identified as coming from different countries. They represented 92 different countries. The responses per country identified ranged from 1 to 199. Sixteen countries had ten (10) or more respondents. These sixteen countries accounted for seventy-four (74) percent of the respondents from all non-US countries. The list of countries identified, and the number of individuals from each, is included as Appendix 4. Table 16 shows the sixteen countries with the highest survey response rates.

Table 16: Most Frequently Identified Countries of Origin (non-US).

Country	Frequency	% of Total (non-US)
Mexico	199	25%
Philippines	87	11%
El Salvador	43	5%
Iran	32	4%
Vietnam	32	4%
Korea	25	3%
China	24	3%
Armenia	22	3%
Canada	21	3%
Guatemala	21	3%
Hong Kong	21	3%
India	17	2%
Taiwan	16	2%
Brazil	12	1%
Japan	11	1%
Russia	10	1%

SURVEY RESULTS

A Likert-style survey was employed for measuring respondent attitudes about the seven strategic focus areas of the system of care, as well as questions on the Mental Health Services Act. The survey employed a 5-point scale from strongly disagree (1) to strongly agree (5).

Favorable scores were defined as responses coded as strongly agree (5) or agree (4). Neutral scores were defined as responses coded as neither agree nor disagree (3) or no response. Unfavorable scores were defined as responses coded as disagree (2) or strongly disagree (1).

The overall pattern of the distribution of responses is summarized in Table 17 for both 2005 and 2008. The percent favorable responses are indicated for each of the seven CLW focus areas and issues related to key concepts in the Mental Health Services Act. Table 17 also provides the overall percent favorable responses for the entire survey.

In our society, seventy percent is regarded as satisfactory performance. A seventy (70) percent favorable response, then, becomes a conservative measure of the System of Care's organizational cultural and linguistic health and vitality. Therefore, for each of the eight focus areas, all questions with percent "favorable" responses below 70% are regarded as areas for possible improvement. The reader of this report may choose a more stringent standard, such as 75% or 80%, or a more lenient standard, such as 60% or 65%. This choice has implications for decisions, resource allocations and actions.

Table 17 can be functionally regarded as a "scorecard" of organizational cultural competency performance for the Los Angeles County Mental Health System of Care. It provides snapshots at two moments in time. It allows us to observe changes – in this case, improvements – on a set of measures of organizational cultural competency.

Table 17 provides two key performance metrics. Metric 1 is based upon the percent favorable (unfavorable) responses for each question within each focus area. Metric 2 is based upon the average percent favorable responses across all questions within each focus area. Metric 1 is a stricter performance metric. It provides more guidance for diagnosing and assessing specific performance improvement opportunities.

Metric 1 identifies the total number of questions within each Focus Area that have percent favorable responses greater than or equal to seventy (70) percent. This metric looks at *the percent favorable (unfavorable) responses for <u>each</u> question <u>within</u> each focus area*. Table 17 indicates exactly which questions within each Focus Area score above the cut-off and which score below. For example, for the Focus Area "structure", three of seven questions (43%) have percent favorable scores greater than 70%. They are Q17, Q18 and Q21.

Metric 2 provides *the average of the percent favorable responses <u>across all</u> questions <u>within</u> each Focus Area*. This reflects the average percent favorableness across all questions and all respondents for each Focus Area. For example, for the Focus Area "structure", the average percent favorable responses across all of the questions is sixty-six (66) percent.

Findings Spotlight: Areas of Concern

Metric 1. Six of eight Focus Areas (75%) warrant concern based upon the number of questions that fall below the 70% cut-off: Funding (100%), Structure (57%), Training (50%), Human Resources (43%), Treatment Outcome Measurement (40%), and System of Care (33%).

Metric 2. Four of eight Focus Areas (50%) warrant concern: Funding (54%), Training (65%), Structure (66%), and HR (69%).

Table 17: Distribution of Percent "Favorable" Responses by Question and by Focus Area – Cut-off Score = 70%, 2008, n = 3,443

# of Survey Questions	% Favorable Responses[5]	Structure	Policy	Funding	Human Resources	System of Care	Treatment Outcomes	Training	MHSA
0	90 – 99								
15	80 – 89	Q17, Q21	Q24, Q26 Q27,Q28 Q30			Q42, Q43 Q45	Q54		Q59, Q60 Q61, Q62
13	70 – 79	Q18	Q25		Q34, Q35 Q37, Q38	Q41, Q44 Q46	Q50, Q51	Q55, Q56	
11	60 – 69	Q19, Q22	Q29	Q32	Q36, Q39	Q47, Q48 Q49	Q52, Q53		
4	50 – 59	Q20		Q31				Q57, Q58	
3	40 – 49	Q23		Q33	Q40				
0	30 – 39								
28	No. above 70%	3	6	0	4	6	3	2	4
18	No. below 70%	4	1	3	3	3	2	2	0
46	Total questions	7	7	3	7	9	5	4	4
Metric 1 61%	Percent above 70% cut-off	43%	86%	0	57%	67%	60%	50%	100%
39%	Percent below 70% cut-off	57%	14%	100%	43%	33%	40%	50%	0
Metric 2	Focus Area % Favorable Group Mean	66%	80%	54%	69%	73%	72%	65%	83%

[5] Percent Favorable Responses refers to the percent of total responses to a question that were scored as either strongly agree (5) or agree (4). Thus, for Q17 (CLW focus area Structure), between 80 and 89% of respondents scored this question as a 4 or 5; whereas only 40-49% of respondents scored Q23 (CLW focus area Structure) as a 4 or 5.
The percentage of neutral responses (neither agree nor disagree or no response) for each question and focus area is provided in Tables 19 – 27.
The range of neutral responses by survey focus area as a measure of variability is provided in Table 29.

Table 17: Distribution of Percent "Favorable" Responses by Question and by Focus Area– Cut-off Score = 70%, 2005, n = 1,919

# of Survey Questions	% Favorable Responses[6]	Structure	Policy	Funding	Human Resources	System of Care	Treatment Outcomes	Training	MHSA
0	90 – 99								
0	80 – 89								
18	70 – 79	Q17, Q21	Q24, Q25 Q26, Q27 Q28, Q30		Q37	Q42 Q43 Q45	Q51 Q54	Q55	Q60 Q61 Q62
9	60 – 69	Q 18		Q32	Q34 Q35 Q38	Q41	Q50	Q56	Q59
13	50 – 59	Q19 Q22	Q29		Q36 Q39	Q44, Q46 Q47, Q48 Q49	Q52 Q53	Q58	
4	40 – 49	Q20		Q31 Q33				Q57	
2	30 – 39	Q23			Q40				
18	No. above 70%	2	6	0	1	3	2	1	3
28	No. below 70%	5	1	3	6	6	3	3	1
46	Total questions	7	7	3	7	9	5	4	4
Metric 1 39%	Percent above 70% cut-off	29%	86%	0%	14%	34%	40%	25%	75%
61%	Percent below 70% cut-off	71%	14%	100%	86%	66%	60%	75%	25%
Metric 2	Mean Percent Favorable by Focus Area	56%	71%	50%	60%	63%	63%	59%	75%

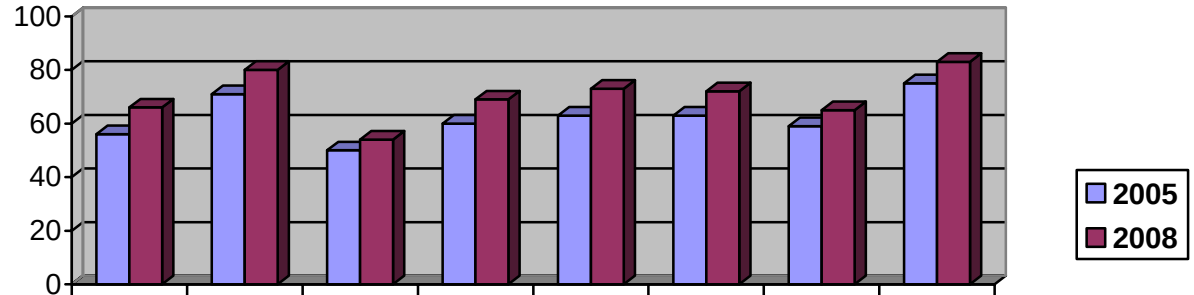
[6] Percent Favorable Responses refers to the percent of total responses to a question that were scored as either strongly agree (5) or agree (4). Thus, for Q17 (CLW focus area Structure), between 70 and 79% of respondents scored this question as a 4 or 5; whereas only 30-39% of respondents scored Q23 (CLW focus area Structure) as a 4 or 5.
The percentage of neutral responses (neither agree nor disagree or no response) for each question and focus area is provided in Tables 19 – 27.
The range of neutral responses by survey focus area as a measure of variability is provided in Table 29.

The overall pattern of the 2008 organizational cultural competency assessment survey results reflects a positive improvement from the 2005 findings. This pattern can be depicted in several ways. First, for the 2008 assessment, twenty-eight, or sixty-one (61) percent, of the questions had favorable ratings above the seventy percent cut-off score (Metric 1). Eighteen questions, thirty-nine (39) percent, had ratings below the cut-off score. This compares positively with the 2005 scores where these percentages were reversed. In 2005, 39% had favorable ratings, and 61% were unfavorable.

Second, there is a clear upward shift in the percent favorable responses across all eight focus areas. This shift is evident when comparing the percentile scores for virtually every question between 2005 and 2008. Thirty-nine questions (85%) show an upward shift in percent favorableness, whereas seven questions (15%) do not. None of the questions show a downward shift. See Table 17 (pages 15 – 16).

Third, an overall measure of improvement can be computed for each focus area by calculating the mean favorableness score for all of the questions within a focus area (Metric 2). This score provides an aggregate measure of favorableness for each focus area and enables a comparison between 2005 and 2008. These aggregate measures of focus area favorability are depicted as "Mean Percent Favorable by Focus Area" in Table 17 and Chart 1. A measurable improvement is observed in each focus area between 2005 and 2008.

Chart 1. Mean percent favorableness by focus area – 2005 and 2008.

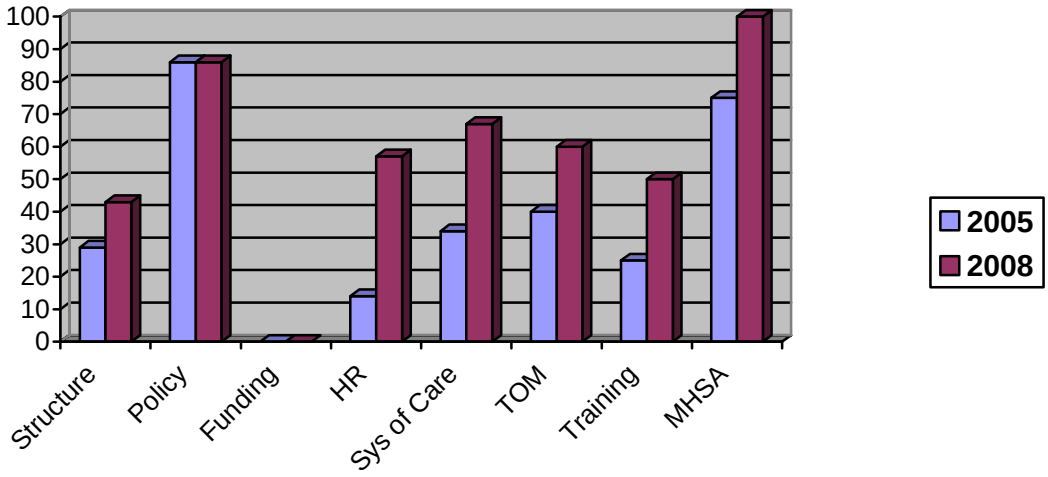


	Structure	Policy	Funding	HR	Sys of Care	TOM	Training	MHSA
2005	56	71	50	60	63	63	59	75
2008	66	80	54	69	73	72	65	83

Beyond Chart 1 as a graphic depiction of improvement across all focus areas, Chart 1 also indicates that from the point of view of an overall measurement, four of the focus areas are above the seventy percent threshold in 2008 whereas four of the focus areas are not. Policy, system of care, treatment outcome measurement, and MHSA exceed the threshold. Structure, funding, HR and training fall below the seventy percent threshold value. This reflects both achievements and areas for further assessment and improvement.

Finally, there is a significant positive improvement across six of the eight focus areas. This shift is graphically depicted in Chart 2.

Chart 2. Improvement as a function of the shift in the percentage of favorable focus area scores between 2005 and 2008.

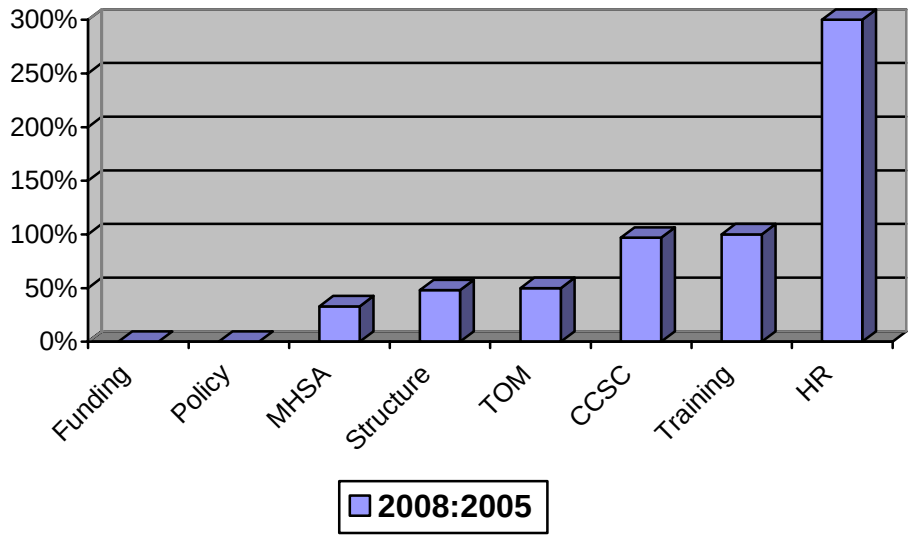


The percentage improvement in each of the eight focus areas between 2005 and 2008 is as follows:

Focus Area	Percent Improvement	Measure of Improvement
• Human Resources	300%	From 14% favorable response to 57%
• Training	100%	From 25% favorable response to 50%
• System of Care	97%	From 34% favorable response to 67%
• Treatment Outcome Measurement	50%	From 40% favorable response to 60%
• Structure	48%	From 29% favorable response to 43%
• MHSA	33%	From 75% favorable response to 100%
• Policy	0%	Held steady at 86% favorable response
• Funding	0%	Held steady at 0% favorable response

The percentage improvement across each of the eight focus areas between 2005 and 2008 is graphically depicted in Chart 3.

Chart 3. Percent improvement in favorable ratings between 2005 and 2008 across eight Focus Areas.



Findings Spotlight: Improvements

- Twenty-eight of forty-six questions (61%) had favorable ratings above the 70% cut-off score.
- There is a clear upward shift in the percent favorable responses for thirty-nine of forty-six questions (85%).
- The overall mean favorableness score across all questions within a focus area exceeded 70% for four focus areas. MHSA (83%), Policy (80%), Cultural Competency System of Care (73%), Treatment Outcome Measurement (72%).
- There is a significant positive improvement ranging from 33% to 300% in the percentage of favorable responses by question for six of eight focus areas.

The general pattern of results across the eight focus areas can be summarized in terms of level of favorability (high or low) for the number of Focus Area questions that exceeded or fell below the seventy (70%) cut-off score. Scores greater than or equal to 70% are regarded as “favorable. Scores below 70% are considered “unfavorable”. This scoring focuses attention on (a) accomplishments (favorability ratings above 70%), and (b) where to focus more attention and resources (favorability ratings below 70%). This is summarized in Table 18.

Table 18: Summary of Favorability by Focus Area, Metric 1, 2005 and 2008

	2008	**2005**
High Favorability (≥ 70%)	MHSA (100%)	Policy (86%)
	Policy (86%)	MHSA (75%)
Low Favorability (< 70%)	System of Care (67%)	Treatment Outcome Measurement (40%)
	Treatment Outcome Measurement (60%)	System of Care (34%)
	HR (57%)	Structure (29%)
	Training (50%)	Training (25%)
	Structure (43%)	HR (14%)
	Funding (0%)	Funding (0%)

The highest favorable ratings in both 2005 and 2008 were in "Policy" and "MHSA".

Policy. Six of seven policy related questions (86%) had favorable ratings above seventy percent for both 2005 and 2008. All seven questions benefited from an upward shift in favorability between 2005 and 2008. This pattern suggests that there are adequate policies in place to support organizational cultural and linguistic competence within the Mental Health System of Care (see Table 21).

MHSA. For 2008, all four (100%) MHSA-related questions had scores above the cut-off; each of these scored 80% or better. This is a positive shift in percent favorable responses for MHSA questions. In sum, respondents perceive their organizations as focused on the core MHSA values: (1) eliminating symptoms, (2) assisting consumers to live productive lives, (3) teaching consumers problem-solving skills, and (4) providing mental health treatment modalities that teach consumers hope.

For 2005, three of the four (75%) MHSA related questions had scores above the cut-off, and the fourth question had a favorable rating of 69% – just below the cut-off. The overall pattern of MHSA-related questions for both 2005 and 2008 suggests that the System of Care is appropriately orienting itself to the values and outcomes of the Mental Health Services Act (see Table 27). When the system makes a clear and sound commitment to a course of action, it can turn a very large ship in a new strategic direction.

The lowest favorable ratings for 2008 were in "Funding", "Structure" and "Training".

Funding (0% Favorable). All three of the funding related questions (100%) had favorable ratings below the seventy percent cut-off ranging from a low of forty-seven (47) percent (Q33) to a high of sixty-four (64) percent (Q32). This suggests that respondents don't perceive their agencies as allocating funding to support

organizational cultural competence, or are unaware of their organization's funding practices. This focus area also had some of the highest "neutral" responses (see Table 22) which may also suggest a lack of information about funding choices.

Structure (43% Favorable). Four of the seven structure-related questions (57%) had favorable ratings below the seventy percent cut off ranging from forty-six (46) percent (Q23) to sixty-six (66) percent (Q19). Respondents either did not perceive or are not aware of their agencies as engaging in the following practices:

- Consulting with community-based cultural groups about pursuing employment fairness (Q23, 46% favorable)
- Developing and reviewing programs through community consultation (Q20, 53% favorable)
- Consulting with the community to assist in service planning and delivery (Q22, 62% favorableness)
- Consulting with the staff, the community, and/or other cultural representatives to develop organizational policies and procedures (Q19, 66% favorableness).

Training (50% Favorable). Two of the four Training focus area questions (Q55, Q56) had scores above the seventy percent cut-off, and two had favorable ratings below the seventy percent cut-off. Each of the latter two (Q57, Q58) had fifty-six (56) percent favorable ratings. Respondents did not perceive their agencies as having additional support for ethno-cultural staff and volunteers (Q57), or staff time devoted to cultural competency training (Q58). See Table 26.

For the purpose of this assessment, "neutral" refers to all responses coded as "neither agree nor disagree" or for which there was no response. It is difficult to understand the meaning of no response to a particular question. At a minimum, it clearly does not mean "agree" or "disagree". As the survey was anonymous and confidential, the lack of response is assumed to be either the absence of an opinion or a lack of knowledge about a specific issue. The range of "no response" across the forty-six survey questions varies from .5% to 2.7% percent. The mean percentage of "no response" across all 46 survey questions is 1.6% or 55 respondents.

Survey results for each of the eight focus areas are summarized below (see Tables 19 – 27). For each focus area, a set of measures is displayed in each summary table. These include the mean, the standard deviation, and the percent of responses categorized as favorable, neutral, and unfavorable. Table 28 provides an overall summary of the variability of responses across the eight survey focus areas.

Structure

This category is defined by the Cultural and Linguistic Workgroup as follows:

"Structure" measures whether or not the culturally diverse stakeholders – consumers, providers and community persons – are involved in the service planning, policy making and review, and employment fairness.[7]

Seven survey questions are used to assess Structure. See questions 17 – 23, Appendix 1, or Table 19.

The emphasis in these questions is on the extent to which provider organizations, including DMH directly operated facilities as well as contractor services, utilize a broad base of community participation in the development of policies, procedures, programs, and service delivery plans.

As can be seen from Table 19, the percent favorable responses for the seven structure questions in the survey range from a low of 46% favorable (Q23) to a high of 83% (Q17). Overall, the percent of favorable responses for four of the seven structure questions fall below the seventy percent cut-off score (Q19, Q20, Q22, Q23).

The common denominator among the four questions scoring below the seventy percent cut-off score is community "consultation". Each of these four questions addresses the extent to which the community is either involved or consulted in matters of policy (Q19 – 66%) and program (Q20 – 53%) development, service planning and delivery (Q22 – 62%), and employment fairness (Q23 – 46%).

This pattern of responses suggests either of two interpretations. One, the mental health system of care lacks the necessary incentives to encourage service providers to more aggressively consult the community regarding matters of policy, program, and service delivery development.

Two, service providers do, in fact, actively solicit and encourage community consultation, but there is a breakdown in communication such that their employees do not realize it. For example, questions 20 and 23 have high response rates for the "neutral" (neither agree nor disagree) category (>30% neutral). This is suggestive of a communication breakdown.

To further test this assumption, the response patterns to these two questions are examined by position. If this is a communications breakdown, then we would expect higher favorable responses for "executives" and lower favorable responses for non-executives. Upon examination, we see that Executives do have higher favorable ratings than others – significantly so (see Table 20). However, even among executives, the favorable response rate for Q20 is only 69.9%. For Q23, the favorable response rate for executives is only 56.4%. Significant differences between executives and non-executives are observed for the other "consultation" questions as well (see Q19, Q22).

[7] Strategic Focus area definitions were developed through a series of discussions among the participants of the Cultural and Linguistic Workgroup (CLW) of the Comprehensive Community Care Implementation Committee (CCCIC), Department of Mental Health, Los Angeles County.

Table 19: All Responses by CLW Focus Area – Structure, n = 3,443 (2008); n = 1,919 (2005)

Questions		Mean	Std Dev	%Favorable[8]	%Neutral[9]	%Unfavorable[10]
17. The mental health policies and procedures of my organization have been communicated to the target population or are readily available to them.	**2008**	4.2	.8	83	13	4
	2005	4.0	0.9	73	20	7
18. My organization involves various groups in decision-making such as consumers, contractors, staff, and the community.	**2008**	3.9	.9	71	20	9
	2005	3.7	1.1	60	26	14
19. The policies and procedures of my organization are developed through consultation with and input from staff, consumers, the community, and others who reflect the cultural make-up of our clients.	**2008**	3.8	1.0	66	23	11
	2005	3.5	1.1	55	29	17
20. Our programs are developed and reviewed through community consultation.	**2008**	3.6	.9	53	36	11
	2005	3.3	1.0	41	43	16
21. The staff of my organization understand and use our policies and procedures.	**2008**	4.1	.9	82	13	6
	2005	3.9	0.9	73	20	7
22. My organization has a strategy to consult with the community to assist in service planning and delivery.	**2008**	3.7	.9	62	29	9
	2005	3.5	1.0	51	37	12
23. My organization consults with various cultural groups in the community about the best ways to pursue employment fairness.	**2008**	3.5	1.0	46	41	13
	2005	3.2	1.0	37	45	19
RANGE	**2008**			46 – 83	13 – 41	4 – 13
	2005			37 – 73	14 – 39	7 – 19
DIFFERENCE	**2008**			37	28	9
	2005			36	25	8
FOCUS AREA AVERAGE	**2008**			66	25	9
	2005			56	31	13

[8] Favorable includes all responses coded as Agree or Strongly Agree.
[9] Neutral includes all responses coded as Neither Agree Nor Disagree or No Response.
[10] Unfavorable includes all responses coded as Disagree or Strongly Disagree.

Table 20: Percent Favorable Response for "Less Favorable" Structure Questions: Executives and Non-Executives.

Question	Average Percent Favorable Response: Total	Executive	Difference Executive: Total	Non-Executive	Difference Executive: Non-Executive
19. The policies and procedures of my organization are developed through consultation with and input from staff, consumers, the community, and others who reflect the cultural make-up of our clients.	66.2	85.1	18.9	67.6	17.5
20. Our programs are developed and reviewed through community consultation.	53.5	69.9	16.0	54.7	15.2
22. My organization has a strategy to consult with the community to assist in service planning and delivery.	62.9	78.5	15.6	63.7	14.8
23. My organization consults with various cultural groups in the community about the best ways to pursue employment fairness.	47.0	56.4	9.4	47.3	9.1

For each of these Focus Area – Structure questions, there is a significant difference between executive perceptions and the total sample, and between executive and non-executive perceptions.

On the bright side, questions 17, 18 and 21 show high favorable responses ranging from 71% to 83%. Question 17 suggests a strong communication policy regarding policies and procedures. Question 18 indicates a willingness to include a variety of constituencies in the decision-making process. Question 21 addresses staff understanding and application of policies and procedures. The pattern of responses for each of these questions suggests effective communication. If this is so, then the pattern of responses for the other four questions may be more a function of lack of infrastructure to support community consultation than poor communication. This could be tested through further research.

Policy

This category is defined by the Cultural and Linguistic Workgroup as follows:

> *This measures staff's knowledge of whether or not their agency has policies and procedures that ensure cultural competency; of whether or not they know that such policies and procedures have been communicated to their consumers and to the communities they serve.*

Seven survey questions are used to assess Policy. See questions 24 – 30, Appendix 1, or Table 21.

The emphasis in these questions is on the respondent's awareness of organizational policies that support the provision of culturally and linguistically competent services.

As can be seen from Table 21, the percent favorable responses for the seven policy questions in the survey range from a low of 66% favorable (Q29) to a high of 85% (Q30). Overall, the percent favorable responses for six of the seven policy questions are higher than the seventy percent cut-off score (Q24, Q25, Q26, Q27, Q28, Q30). Only one policy-related question (Q29) falls below the seventy percent cut-off. This pattern of responses exactly parallels the 2005 findings.

Q29 addresses the perceived use of a culturally appropriate complaint resolution process. 66% of the respondents have favorable responses to this question.

The research study is designed to elicit respondent perceptions. As such, it is not possible to determine from the data collected if a policy regarding culturally appropriate complaint resolution processes is actually lacking, if the majority of respondents are unaware of its existence, or if present, respondents do not perceive it as appropriately sensitive to their culture. Regardless, this result underscores the need for policy development, policy communication, or policy attunement to the specific cultural requirements within respondent organizations, or all three; in particular as they relate to culturally appropriate complaint resolution processes.

The Policy focus area has the second highest pattern of overall favorable responses among all of the focus areas assessed in this study. Six of seven, or eighty-six (86) percent, of the policy survey questions have favorable response rates in excess of seventy percent. This strongly suggests that the mental health system of care has formulated and communicated meaningful policies in the area of cultural and linguistic competence.

Table 21: All Responses by CLW Focus Area – Policy, n = 3,443 (2008); n = 1,919 (2005)

Questions		Mean	Std Dev	%Favorable[11]	%Neutral[12]	%Unfavorable[13]
24. Our organizational statements and documents reflect that all services should be culturally competent.	**2008**	4.2	.8	83	13	4
	2005	4.0	.9	74	21	5
25. Language in our organizational statements and documents acknowledges the ethno-cultural diversity of our clients, the communities served, and the staff.	**2008**	4.0	.9	77	17	6
	2005	3.9	1.0	71	21	8
26. Our organizational statements and documents acknowledge the importance of providing equal services to all ethno-cultural and socioeconomic communities.	**2008**	4.2	.8	83	13	4
	2005	4.0	.9	74	21	5
27. Our policies and procedures are communicated to staff and/or discussed in training sessions.	**2008**	4.2	.9	83	12	5
	2005	4.0	.9	75	19	6
28. My organization has policies on multiculturalism, racism, harassment and discrimination that extend to consumers.	**2008**	4.2	.8	83	13	4
	2005	4.1	.9	74	21	5
29. My organization uses a culturally appropriate complaint resolution process.	**2008**	3.9	.9	66	28	6
	2005	3.7	1.0	56	37	7
30. My organization's employment policies do not discriminate based upon cultural characteristics.	**2008**	4.3	.8	85	12	3
	2005	4.2	.9	76	19	5
RANGE	**2008**			66 – 85	12 – 28	3 – 6
	2005			56 - 76	11 – 37	5 – 8
DIFFERENCE	**2008**			19	16	3
	2005			20	26	3
FOCUS AREA AVERAGE	**2008**			80	16	4
	2005			71	23	6

[11] Favorable includes all responses coded as Agree or Strongly Agree.
[12] Neutral includes all responses coded as Neither Agree Nor Disagree or No Response.
[13] Unfavorable includes all responses coded as Disagree or Strongly Disagree.

Funding

This category is defined by the Cultural and Linguistic Workgroup as follows:

> *This measures the system's commitment to ensure funding to deliver culturally competent services to the diverse population, to recognize bilingual and bi-cultural staff, and to offer training in the area of cultural competency.*

Three survey questions are used to assess Funding. See questions 31 – 33, Appendix 1, or Table 22.

The emphasis in these questions is on the respondent's awareness of funding to support the provision of culturally and linguistically competent services, and the organization's ability to shift resources or to otherwise fund emergent needs.

As can be seen from Table 22, the focus area of funding has the overall least favorable responses from among all of the CLW Strategic Plan focus areas. All three, or 100%, of the funding questions have favorable response rates less than the seventy percent cut-off score. The percent favorable responses in this area range from a low of 47% (Q33) to a high of 64% (Q32). In general, respondents perceive a lack of funding – most notably in the arena of ability to respond to emergent needs.

Table 22: All Responses by CLW Focus Area – Funding, n = 3,443 (2008); n = 1,919 (2005)

Questions		Mean	Std Dev	%Favorable[14]	%Neutral[15]	%Unfavorable[16]
31. My organization sets aside funds for cultural competency training.	**2008**	3.6	1.0	51	41	9
	2005	3.5	1.0	47	43	10
32. People with a cultural skill, such as a second language, are recognized or compensated if they use that skill for work that is over and above their specific job duties.	**2008**	3.8	1.1	64	24	12
	2005	3.8	1.1	64	26	10
33. My organization funds new initiatives that may better serve the culturally-specific needs of our staff and consumers.	**2008**	3.5	1.0	47	43	10
	2005	3.4	1.0	40	48	12
RANGE	**2008**			47 – 64	24 – 43	9 – 12
	2005			40 – 64	26 – 48	10 – 12
DIFFERENCE	**2008**			17	19	3
	2005			24	22	2
FOCUS AREA AVERAGE	**2008**			54	36	10
	2005			50	39	11

[14] Favorable includes all responses coded as Agree or Strongly Agree.
[15] Neutral includes all responses coded as Neither Agree Nor Disagree or No Response.
[16] Unfavorable includes all responses coded as Disagree or Strongly Disagree.

Human Resources

This category is defined by the Cultural and Linguistic Workgroup as follows:

> *This measures whether or not the organization's (a) clinical and administrative staff reflect the demographics of the people served, (b) policies eliminate discriminatory barriers of accessibility to jobs, and (c) staff's performance evaluations address cultural competency.*

Seven survey questions are used to assess Human Resources. See questions 34 – 40, Appendix 1, or Table 23.

The seven questions in this area focus on employment fit (Q34, Q35), employment policies (Q37, Q38), and employment success (Q36, Q39, Q40).

As can be seen from Table 23, the percent favorable responses for the seven human resource questions range from a low of 46% favorable (Q40) to a high of 79% (Q37). Overall, the percent favorable responses for three of the seven human resource questions fall below the seventy percent cut-off (Q36, Q39, Q40). This represents a marked improvement over 2005.

Employment Fit. Both of the employment fit questions (Q34, Q35) exceed the seventy percent cut-off. The employment fit questions focus on the extent to which staff skills and demographics reflect the needs and characteristics of the service population. Q34 (staff skills) has a favorable response rate of 78%. Q35 (demographics) has a favorable response rate of 74%. Staff skills are more aligned with consumer needs than in 2005. Staff are perceived as more representative of the served population.

Employment Policy. Both of the employment policy questions (Q37, Q38) exceed the seventy percent cut-off. This is consistent with the other organizational policy-related questions from the Policy focus area (Q24 – Q30, Table 21).

Employment Success. All three employment success questions (Q36, Q39, Q40) have percent favorable responses below the seventy percent cut-off. Q36 addresses the issue of career paths for ethnically diverse employees. Q39 and Q40 deal with issues related to performance evaluation, both of which have bearing upon career success. Respondents may question the contribution of cultural competence to their career path opportunities or their performance evaluations.

The inclusion of cultural competence as a part of performance evaluations (Q40) warrants follow-up analysis. It has the lowest percent favorable responses among all HR Focus Area questions. 15% of the responses are unfavorable; 38% are neutral. There may be a lack of knowledge about the categories of performance assessment.

These findings suggest a need for a strategic plan for staff development.

Table 23: All Responses by CLW Focus Area – Human Resources, n = 3,443 (2008); n = 1,919 (2005)

Questions		Mean	Std Dev	%Favorable[17]	%Neutral[18]	%Unfavorable[19]
34. The clinical and administrative skills of staff reflect the needs of the target population.	**2008**	4.0	.9	78	16	6
	2005	3.8	1.0	67	24	9
35. Employees (management, staff) reflect the demographics of the people served.	**2008**	3.9	.9	74	18	8
	2005	3.7	1.0	64	23	13
36. My organization provides appropriate career paths for ethnically diverse employees.	**2008**	3.8	1.0	63	29	8
	2005	3.6	1.0	55	34	11
37. My organization has implemented personnel policies on multiculturalism, racism, harassment and discrimination.	**2008**	4.1	.8	79	17	3
	2005	4.0	.9	73	22	5
38. My organization has an employment policy that eliminates unfair and discriminatory barriers of accessibility to jobs.	**2008**	4.1	.9	79	17	5
	2005	3.9	.9	68	25	7
39. My management demonstrates sensitivity to cultural differences when it conducts performance evaluations.	**2008**	3.8	1.0	64	30	6
	2005	3.7	1.0	55	36	9
40. My performance evaluations include a section on cultural competence.	**2008**	3.5	1.0	46	38	15
	2005	3.3	1.0	39	44	17
RANGE	**2008**			46 – 79	16 – 38	3 – 15
	2005			39 – 73	22 – 44	5 – 17
DIFFERENCE	**2008**			33	22	12
	2005			34	22	12
FOCUS AREA AVERAGE	**2008**			69	24	7
	2005			60	30	10

[17] Favorable includes all responses coded as Agree or Strongly Agree.
[18] Neutral includes all responses coded as Neither Agree Nor Disagree or No Response.
[19] Unfavorable includes all responses coded as Disagree or Strongly Disagree.

Cultural Competency System of Care

This category is defined by the Cultural and Linguistic Workgroup as follows:

> *This area measures the organization's readiness in providing culturally competent services including service needs assessment, linguistic assistance, treatment modalities, physical environment, and program evaluation.*

Nine survey questions are used to assess Cultural Competency System of Care. See questions 41 – 49, Appendix 1, or Table 24.

The nine questions in this area focus on service responsiveness (Q41, Q42, Q44, Q45), fit (Q43), outreach (Q46, Q47), and needs assessment (Q48, Q49).

As can be seen from Table 24, the percent favorable responses for the nine cultural competency system of care questions in the survey range from a low of 61% favorable (Q49) to a high of 85% (Q43). Overall, the percent favorable responses for three of the nine cultural competency system of care questions fall below the seventy percent cut-off score (Q47, Q48, Q49). This is a marked improvement over the 2005 findings where only three of nine Focus Area questions fell above the cut-off score.

Service Responsiveness. All four of the service responsiveness questions have percent favorable responses above the seventy percent cut-off. Respondents perceive their organizations as eliminating barriers to service access (Q41), providing appropriate linguistic assistance (Q42), as planning, developing, and implementing culturally appropriate services (Q44), and welcoming of all clients (Q45).

Fit. The "fit" question (Q43) has a high favorable response rate (85%) and focuses on the extent to which clinic consumers are perceived as representative of the community served.

Outreach. Of the two questions on outreach (Q46, Q47), one has favorable responses at the seventy percent cut-off (Q46), the other has favorable responses below the cut-off (Q47). Promotional and educational materials are perceived as sufficiently culturally sensitive and accessible (Q46), whereas organizations are not seen as collaborating and partnering with other organizations to develop responsive services (Q47).

Needs Assessment. Finally, the two questions on needs assessment (Q48, Q49) have favorable response rates below the seventy percent cut-off. This suggests that respondents do not perceive their organizations as actively assessing the demographic characteristics of their consumer populations and identifying and addressing their cultural needs.

Table 24: All Responses by CLW Focus Area – Cultural Competency System of Care, n = 3,443 (2008); n = 1,919 (2005)

Questions		Mean	Std Dev	%Favorable[20]	%Neutral[21]	%Unfavorable[22]
41. My organization takes action to eliminate barriers to service access.	**2008**	4.0	.8	74	22	4
	2005	3.8	.9	64	30	6
42. Our organization provides translators, interpreters, or multicultural staff to assist non-English speaking consumers.	**2008**	4.1	.9	81	13	6
	2005	4.1	.9	77	18	5
43. Our consumers are reflective of the community served.	**2008**	4.2	.8	85	12	2
	2005	4.1	.8	76	21	3
44. My organization plans, develops, and implements culturally appropriate service delivery models.	**2008**	3.9	.9	71	23	6
	2005	3.7	.9	59	33	8
45. My organization provides a welcoming environment for all clients.	**2008**	4.2	.8	84	12	4
	2005	4.0	.9	73	21	6
46. Our promotional and educational materials are culturally sensitive and accessible to all consumer target groups.	**2008**	3.9	.9	70	24	6
	2005	3.7	.9	58	34	8
47. My organization collaborates and partners with other organizations to develop and deliver culturally responsive services.	**2008**	3.9	.9	67	27	6
	2005	3.7	.9	53	39	8
48. My organization gathers information about the demographics of the targeted consumer group.	**2008**	3.9	.9	65	30	5
	2005	3.7	.9	54	39	7
49. Our programs are regularly assessed with respect to identifying and addressing gaps, barriers or inappropriate services in terms of cultural needs	**2008**	3.8	.9	61	31	8
	2005	3.6	1.0	51	39	10
RANGE	**2008**			61 – 85	12 – 31	2 – 6
	2005			51 – 77	18 – 39	3 – 10
DIFFERENCE	**2008**			24	19	4
	2005			26	21	7
FOCUS AREA AVERAGE	**2008**			73	22	5
	2005			63	30	7

[20] Favorable includes all responses coded as Agree or Strongly Agree.
[21] Neutral includes all responses coded as Neither Agree Nor Disagree or No Response.
[22] Unfavorable includes all responses coded as Disagree or Strongly Disagree.

Treatment Outcome Measurement

This category is defined by the Cultural and Linguistic Workgroup as follows:

> *This area assesses the organization's development and implementation of reliable, valid outcome measurement in response to consumers' satisfaction with services.*

Five survey questions are used to assess Treatment Outcome Measurement. See questions 50 – 54, Appendix 1, or Table 25.

The five questions in this area focus on service review and evaluation (Q50, Q52, Q53), and service delivery (Q51, Q54).

As can be seen from Table 25, the percent favorable responses for the five treatment outcome measurement questions in the survey range from a low of 61% favorable (Q52) to a high of 80% (Q54). Overall, the percent favorable responses for two of the five treatment outcome measurement questions fall below the seventy percent cut-off score (Q52, Q53).

Service Review and Evaluation. Two service review and evaluation questions have percent favorable responses below the 70% cut-off (Q52, Q53). This suggests that respondents do not perceive their organizations as adequately evaluating culturally-specific service effectiveness, or community satisfaction with services. In contrast with 2005, respondents perceive that program practices are reviewed for consistency with policies and procedures (Q50).

Service Delivery. Both of the service delivery questions (Q51, Q54) have favorable response rates above the 70% cut-off. This suggests that respondents perceive their organization as providing culturally appropriate and quality services.

Table 25: All Responses by CLW Focus Area – Treatment Outcome Measurement, n = 3,443 (2008); n = 1,919 (2005)

Questions		Mean	Std Dev	%Favorable[23]	%Neutral[24]	%Unfavorable[25]
50. Our program practices are reviewed for consistency with policies and procedures.	**2008**	4.0	.9	74	21	5
	2005	3.8	.9	62	31	7
51. My organization provides culturally appropriate services.	**2008**	4.0	.8	78	18	4
	2005	3.9	.9	70	24	6
52. My organization evaluates the effectiveness of our culturally-specific services.	**2008**	3.8	.9	61	32	7
	2005	3.6	1.0	59	30	11
53. My organization gathers feedback from the community regarding their satisfaction with our services.	**2008**	3.9	.9	66	27	6
	2005	3.6	1.0	54	36	10
54. My organization ensures that every consumer receives the best quality of care.	**2008**	4.1	.9	80	15	5
	2005	3.9	.9	70	23	7
RANGE	**2008**			61 – 80	15 – 32	4 – 7
	2005			54 – 70	23 – 36	6 – 11
DIFFERENCE	**2008**			19	17	3
	2005			16	13	5
FOCUS AREA AVERAGE	**2008**			72	23	6
	2005			63	29	8

[23] Favorable includes all responses coded as Agree or Strongly Agree.
[24] Neutral includes all responses coded as Neither Agree Nor Disagree or No Response.
[25] Unfavorable includes all responses coded as Disagree or Strongly Disagree.

Training

This category is defined by the Cultural and Linguistic Workgroup as follows:

> *This area measures the organization's technical support in providing the training and assistance necessary to ensure staff's cultural competence in delivering service for the target population.*

Four survey questions are used to assess Training. See questions 55 – 58, Appendix 1, or Table 26.

The four questions in this area focus on training plans for service accessibility (Q55), and overall training and support (Q56, Q57, Q58).

As can be seen from Table 26, the percent favorable responses for the four training questions in the survey range from a low of 56% favorable (Q57, Q58) to a high of 79% (Q55). Overall, the percent favorable responses for two of the four training questions fall below the seventy percent cut-off score (Q57, Q58), and one falls right at the cut-off (Q56).

Training and Support. Two of three of the training and support questions have percent favorable responses below the 70% cut-off (Q57, Q58). Respondents do not perceive their organizations as providing additional support to bicultural staff and volunteers (Q57), or setting aside appropriate staff time for cultural competency training (Q58).

Training Plan. Seventy-nine (79) percent feel that their organizations have a training plan in place that acknowledged the importance of providing relevant and accessible services to the target population (Q55).

The lower scores in training and support suggest that respondents (1) are not sufficiently aware of training opportunities within the system of care, (2) lack the resources to participate (for example, time off, financial support, travel assistance, impact on productivity, etc), or (3) perceive themselves as having a need for training and support greater than the system's current capability.

Table 26: All Responses by CLW Focus Area – Training, n = 3,443 (2008); n = 1,919 (2005)

Questions		Mean	Std Dev	%Favorable[26]	%Neutral[27]	%Unfavorable[28]
55. The training plan of my organization acknowledges the importance of providing relevant and accessible services to the target population.	**2008**	4.1	.9	79	17	5
	2005	4.0	.9	71	24	5
56. My organization provides training to all staff to increase their awareness of cultural competency.	**2008**	3.9	1.0	70	21	9
	2005	3.8	1.0	65	25	10
57. My organization provides additional support to ethno-cultural staff and volunteers where required.	**2008**	3.7	.9	56	36	8
	2005	3.5	1.0	46	42	12
58. Staff time is set aside for cultural competency training.	**2008**	3.6	1.0	56	31	14
	2005	3.6	1.0	54	31	15
RANGE	**2008**			56 – 79	17 – 36	5 – 14
	2005			46 – 71	21 – 36	5 – 15
DIFFERENCE	**2008**			23	19	9
	2005			25	15	10
FOCUS AREA AVERAGE	**2008**			65	26	9
	2005			59	31	11

[26] Favorable includes all responses coded as Agree or Strongly Agree.
[27] Neutral includes all responses coded as Neither Agree Nor Disagree or No Response.
[28] Unfavorable includes all responses coded as Disagree or Strongly Disagree.

Mental Health Services Act

This category was not addressed by the Cultural and Linguistic Workgroup in their original strategic planning (circa 2000 – 2001); their planning efforts pre-dated passage of the Mental Health Services Act. Nonetheless, it was added as a response category (Focus Area) for the 2005 assessment. It is based upon key concepts promoted by the Mental Health Services Act. In particular, it seeks to assess respondent perceptions of their organization's focus on various elements of the Recovery Model. These include (1) symptom reduction or elimination, (2) productive lives, (3) problem-solving skills, and (4) hope.

Four survey questions are used to assess the system's practices of these concepts from the Mental Health Services Act. See questions 59 – 62, Appendix 1, or Table 27.

As can be seen from Table 27, the percent favorable responses for the four MHSA questions in the survey range from a low of 80% favorable (Q59) to a high of 85% (Q60). Overall, the percent favorable responses for all four MHSA questions fall <u>above</u> the seventy percent cut-off score.

Overall, respondents feel their organizations are focused on reducing or eliminating symptoms (Q59), and assisting consumers in the development of productive lives (Q60), problem-solving skills (Q61), and hope (Q62).

This is the only Focus Area where one hundred (100) percent of the questions fall above the seventy (70) percent cut-off score. This suggests that when the system makes a clear and sound commitment to a course of action and backs it up with resources, communication strategies and behavioral reinforcement, it can turn a very large ship in a new strategic direction.

Table 27: All Responses by CLW Focus Area – MHSA, n = 3,443 (2008); n = 1,919 (2005)

Questions		Mean	Std Dev	%Favorable[29]	%Neutral[30]	%Unfavorable[31]
59. In planning and delivering services, my organization focuses on reducing or eliminating symptoms.	**2008**	4.2	.8	80	18	3
	2005	4.0	.9	69	26	5
60. In planning and delivering services, my organization focuses on assisting the consumer to live a productive life.	**2008**	4.3	.8	85	13	2
	2005	4.1	.9	78	18	4
61. My organization provides mental health treatment modalities that teach consumers problem-solving skills.	**2008**	4.3	.8	84	13	3
	2005	4.1	.9	77	19	4
62. My organization provides mental health treatment modalities that teach consumers hope.	**2008**	4.2	.8	83	14	3
	2005	4.1	.9	74	22	4
RANGE	**2008**			80 – 85	13 – 18	2 – 3
	2005			69 – 78	18 – 26	4 – 5
DIFFERENCE	**2008**			5	6	1
	2005			9	8	1
FOCUS AREA AVERAGE	**2008**			83	14	3
	2005			75	21	4

[29] Favorable includes all responses coded as Agree or Strongly Agree.
[30] Neutral includes all responses coded as Neither Agree Nor Disagree or No Response.
[31] Unfavorable includes all responses coded as Disagree or Strongly Disagree.

In sum, as indicated in Table 17 (pages 15-16), twenty-eight questions (61%) across all focus areas have favorable responses that exceed the seventy percent cut-off; eighteen questions (39%) fall below the seventy percent cut-off. Thirty-nine questions (85%) demonstrated an upward shift that moved them from one percentile ranking to another (e.g., from 50 percentile to 60 percentile). Of these, the shift in ten questions moved them above the seventy percent cut-off. The remaining seven questions showed positive movement, but did not move them out of the percentile ranking they had in the 2005 survey.

The ten questions that shifted above the seventy percent cut off came from six of eight focus areas. The average increase in percent favorable responses across these ten questions was 10.5 points. Table 28 shows these ten questions, the issues they represent, the shift in the percent favorable response, and the amount of the increase for each question.

Table 28: New Questions Exceeding Seventy Percent Cut-Off Score.

Question	Issue	From 2005	To 2008	Increase
Structure				
Q18. My organization involves various groups in decision making such as consumers, contractors, staff and the community	Involving others in decision-making	60%	71%	+ 11
Human Resources				
Q34. The clinical and administrative skills of staff reflect the needs of the target population.	Staff skills reflect population need	67%	78%	+ 11
Q35. Employees (management, staff) reflect the demographics of the people served	Employees reflect client demographics	64%	74%	+ 10
Q38. My organization has an employment policy that eliminates unfair and discriminatory barriers of accessibility to jobs	Anti-discrimination policies	68%	79%	+ 11

Question	Issue	From 2005	To 2008	Increase
Cultural Competency System of Care				
Q41. My organization takes action to eliminate barriers to service access	Positive action to eliminate service barriers	64%	74%	+ 10
Q44. My organization plans, develops and implements culturally appropriate service delivery models	Use culturally appropriate service model	59%	71%	+ 12
Q46. Our promotional and educational materials are culturally sensitive and accessible to all consumer target groups	Culturally accessible materials	58%	70%	+ 12
Treatment Outcome Measurement				
Q50. Our program practices are reviewed for consistency with policies and procedures	Program, policy, and procedural consistency	62%	74%	+ 12
Training				
Q56. My organization provides training to all staff to increase their awareness of cultural competency	Cultural competency training	65%	70%	+ 5
MHSA				
Q59. In planning and delivering services, my organization focuses on reducing or eliminating symptoms	Symptom reduction, elimination	69%	80%	+ 11
	Average Point Increase			+ 10.5

Eighteen questions (39%) across all focus areas fall below the seventy percent cut-off. These questions form the foundation for follow-up research and action. The eighteen survey questions that warrant further review and action based upon the 2008 assessment are displayed by focus area in Table 29.

Table 29: Percent Favorable Response Below 70% - Questions by Focus Area.

Question by Focus Area	Favorableness
Structure	
Q23. My organization consults with various cultural groups in the community about the best ways to pursue employment fairness.	47%
Q20. Our programs are developed and reviewed through community consultation.	54%
Q22. My organization has a strategy to consult with the community to assist in service planning and delivery.	63%
Q19. The policies and procedures of my organization are developed through consultation with and input from staff, consumers, the community, and others who reflect the cultural make-up of our clients.	66%
Policy	
Q29. My organization uses a culturally appropriate complaint resolution process.	68%
Funding	
Q33. My organization funds new initiatives that may better service the culturally-specific needs of our staff and consumers.	49%
Q31. My organization sets aside funds for cultural competency training.	52%
Q32. People with a cultural skill, such as a second language, are recognized or compensated if they use that skill for work that is over and above their specific job duties.	66%
Human Resources	
Q40. My performance evaluations include a section on cultural competence.	48%
Q36. My organization provides appropriate career paths for ethnically diverse employees.	65%
Q39. My management demonstrates sensitivity to cultural differences when it conducts performance evaluations.	65%
Cultural Competency System of Care	
Q49. Our programs are regularly assessed with respect to identifying and addressing gaps, barriers or inappropriate services in terms of cultural needs.	62%
Q48. My organization gathers information about the demographics of the targeted consumer group.	66%
Q47. My organization collaborates and partners with other organizations to develop and deliver culturally responsive services.	68%

Question by Focus Area	Favorableness
Treatment Outcome Measurement	
Q52. My organization evaluates the effectiveness of our culturally-specific services.	62%
Q53. My organization gathers feedback from the community regarding their satisfaction with our services.	67%
Training	
Q57. My organization provides additional support to ethno-cultural staff and volunteers where required.	57%
Q58. Staff time is set aside for cultural competency training.	57%

A review of these eighteen questions highlights a set of developmental opportunities for the ongoing improvement of the organizational cultural competency of the overall Mental Health System of Care. The dominant themes to be addressed through follow-up inquiry and action based upon the various focus areas include the following:

Structure
- Structures of engagement for community participation (Q19, Q20, Q22, Q23)

Policy
- Culturally-specific complaint resolution processes (Q29)

Funding
- Resources to support emergent culturally-specific needs (Q33)
- Training and rewards (Q31, Q32)

Human Resources
- Criteria for employment success (Q40)
- Career paths (Q36)
- Sensitivity in evaluations (Q39)

Cultural Competency System of Care
- Needs assessment (Q49)
- Data gathering, dissemination and utilization (Q48)
- Agency partnerships and collaborations (Q47)

Treatment Outcome Measurement
- Service effectiveness (Q52)
- Customer satisfaction (Q53)

Training
- Staff training and support (Q57, Q58)

Variability

Overall, sixty-one percent (61) of all survey responses fall above the seventy percent favorable cut-off and thirty-nine (39) percent fall below. This is the exact opposite of the 2005 findings. A measure of variability in response rates for the 2008 findings is provided in Table 30. As can be seen, the overall range across the entire survey is a low favorable response rate of 46% (Structure: Q23) to a high of 85% (System of Care, Q43; MHSA: Q60).

Table 30: Measure of Variability

	Range Percent Favorable	Range Percent Neutral	Range Percent Unfavorable
Structure	46 – 83	13 – 41	4 – 13
Difference	37	28	9
Policy	66 – 85	12 – 28	3 – 6
Difference	19	16	3
Funding	47 – 64	24 – 43	9 – 12
Difference	17	19	3
Human Resources	46 – 79	16 – 38	3 – 15
Difference	33	22	12
Cult Comp Sys of Care	61 – 85	12 – 31	2 – 6
Difference	24	19	4
Treatment Outcome	61 – 80	15 – 32	4 – 7
Difference	19	17	3
Training	56 - 79	17 – 36	5 – 14
Difference	23	19	9
MHSA	80 – 85	13 – 18	2 – 3
Difference	5	5	1

The difference in the range of percent favorable responses to each of the focus areas varies from a low of 5 points (MHSA) to 37 points (Structure). The smaller the differences in the range of favorable responses for any of the eight focus areas, the more consensual (shared) agreement in perceptions. In contrast, the larger the difference, the more varied are respondents' perceptions of the issues related to each of the eight focus areas.

For example, the area of MHSA has the smallest overall difference in the range of favorable responses among the eight focus areas. The difference is 5 points (see Table 28). This suggests the highest degree of agreement (or the lowest degree of disagreement) among the 3,443 survey respondents. The 5 point difference re-

affirms the overall pattern of responses towards MHSA reflected in the surveys. Recall from Table 27 that one hundred percent of the MHSA questions have percent favorable responses greater than 70%.

Tables 19 – 27 provide measures of the percentage of neutral (neither agree nor disagree and no response) responses by question. There is also a measure of the average percentage of neutral responses for each focus area. As can be seen, there is a combined average of 23% neutral responses across all survey focus areas with a high of 36% (focus area funding) and a low of 14% (focus area MHSA).

The focus area of funding seems to be a "black box" for survey respondents. This area may show the least amount of transparency in terms of making funding and allocation issues apparent to service providers. This may account for the large percentage of neutral and blank responses (36%). See Table 22, page 28. Alternatively, it may be that service providers see funding as the purview of administrators and therefore they do not concern themselves with these issues.

The smaller percentage of neutral and blank responses related to the MHSA focus area (14%) may suggest broad familiarity with these issues on the part of respondents. See Table 27, page 38. This area may benefit from the recent state-wide emphasis on such matters. It is accompanied by a greater amount of resources and information dissemination throughout the system.

The total response rate for this survey is estimated at approximately 34% based upon an assumption of 10,000 service providers. The overall response rate may be influenced by the perceptions of those who received the surveys at various sites throughout the system. The response rates for contractors (ranging from 1 to 159) from various facilities throughout the County suggest there may have been a perception that only one response was necessary for an entire clinic or facility (see Table 3, Appendix 2). As a result, managers may not have distributed the survey to each member of their staff though that was the research intent.

Supplemental Analysis - 2008

The previous analysis provides a thorough comparison in attitudes between 2005 and 2008 across the Cultural and Linguistic Workgroup's strategic focus areas, as well as the implementation of the Mental Health Services Act. The analysis draws attention to those areas in which the Mental Health System of Care is doing well. It also identifies focus areas and issues which represent strategic opportunities for further development of the system's organizational cultural competency.

This assessment focuses on two primary measures. First, data is examined in terms of the number of questions by focus area in which respondents have a seventy percent or greater favorableness rating (Metric 1). *This rating is defined by the total number of "agree" or "strongly agree" responses to each question for each focus area*. By this measure, it is determined that twenty-eight, or sixty-one percent, of the

questions exceed the seventy percent cut-off. It is also determined by this measure that there are only two focus areas that exceed the seventy percent cut-off across all questions within the focus area – Policy (86%) and MHSA (100%). The six focus areas that do not meet the seventy percent standard include Funding (0%), Structure (43%), Training (50%), HR (57%), Treatment Outcome Measurement (60%), and Cultural Competency System of Care (67%).

Second, data is examined in terms of whether a focus area has an overall mean score greater than seventy percent (Metric 2). *This rating is determined by calculating the overall mean favorableness ("agree", "strongly agree") <u>for all of the questions</u> within each focus area*. By this measure, four of the focus areas exceed the seventy percent cut-off, and four do not. Those that exceed the cut-off include Treatment Outcome Measurement (72%), Cultural Competency System of Care (73%), Policy (80%), and MHSA (83%). Those that fall below the seventy percent cut-off include Funding (54%), Training (65%), Structure (66%), and Human Resources (69%).

Clearly, the system is perceived as doing well in (1) its efforts to define and implement policies that support the cultural competency delivery of programs and services, and (2) its efforts to implement key principles defined within MHSA. Islands of opportunity are presented within each of the six remaining focus areas.

In this section, additional analyses provide insight into the opportunities for change and improvement – notably, in the focus areas of structure, funding and training, but also with some emphasis on HR. Data is examined in relation to a variety of demographic variables to illuminate issues of concern, and to provide guidance for areas for further research and organizational development. The demographic variables include position, organization (DMH or Contractor), population served, Service Area, gender, race, age, time with current organization, and education. Each of these is taken up in turn.

<u>By Position</u>. Table 31 shows the total percent mean favorableness rating for each focus area (Metric 2). It compares this value with the mean favorableness ratings by executives, by non-executives, and by clinical staff. There are significant differences in mean favorableness ratings between executives and the total sample, between executives and non-executives, and between executives and clinical staff.

Table 31: Comparison of Mean Favorableness Ratings between Executives and Staff.

Focus Area	3443 Total	94 Executive	Exec – Total Δ	3180 Non-Exec	Exec – Non-Exec Δ	1382 Clinical	Exec-Clin Δ
Structure	66	81	15	68	13	64	17
Policy	80	92	12	82	10	81	11
Funding	54	71	17	58	13	53	18
HR	69	84	15	72	12	71	13
CCSC	73	88	15	75	13	75	13
TOM	72	85	13	73	12	73	12
Training	65	86	11	68	18	64	22
MHSA	83	91	8	85	6	89	2
Total	70	85	13	73	12	71	14

The largest observed difference across the categories of assessment is between executives and clinical staff. This is true for all categories except MHSA, where executives and clinical staff are very much in alignment. Given the overall pattern of survey results it is not surprising that the largest differences in perceived favorableness are in the areas of structure, funding and training.

The question posed by this finding is "why is there such a discrepancy between executives and others, especially clinical staff, on the core CLW focus areas?" Executives often have a different – and usually somewhat elevated – view of their organizations. This may or may not reflect the views or the reality of those working at other levels within the system. The data here suggests a significant difference in perceptions between executives and those of the rest of their organizations. Executives do not appear to be attuned to the mood or the reality of the rest of the organization, especially those on the front lines, both clinically and administratively.

By Organization. Table 32 provides a comparison between DMH employee perceptions of favorableness with those of Contractors across all eight focus areas. Across the board, Contractor perceptions of favorableness are greater than those of DMH employees. This is especially so for Policy, Human Resources, Cultural Competency System of Care, Treatment Outcome Measurement, and MHSA.

Table 32: Comparison of Mean Favorableness Ratings between DMH and Contractors.

Focus Area	Total	1767 DMH	1676 Contractor	DMH-Contractor Δ
Structure	66	64	70	-6
Policy	80	77	86	-7
Funding	54	54	55	-1
HR	69	66	75	-9
CCSC	73	70	79	-9
TOM	72	66	79	-13
Training	65	63	69	-6
MHSA	83	79	91	-12
Total	70	67	76	-8

The question posed here is "why is there such a discrepancy in perceived favorableness across each of the focus areas between Contractors and DMH staff?" Interestingly, the smallest observed differences are in the areas of structure, funding and training. It appears that regardless of organization (DMH or Contractor), respondents across the board perceive these three focus areas as wanting.

In contrast to Tables 31 and 32 where comparisons were made across all focus areas, Table 33 and those thereafter provide data by selected demographic variables for only those focus areas where the mean favorableness ratings fall below the seventy percent cut-off. The purpose is to highlight those areas that warrant further review and assessment.

By Population Served. Table 33 shows comparisons for focus areas by population served. As can be seen, structure, funding and training are issues of concern across the board, regardless of population served. Further, more areas of concern are identified for hospital-based services, jail services, and the Public Guardian.

Table 33: Comparison of Opportunity Focus Areas by Population Served.

Focus Area	3443 Total	729 Older Adult	1635 Adult	748 TAY	1946 Child	163 PG	557 Cal-Works	197 Jail	160 Hosp	574 Crisis
Struc	66	66	68	67	67	65	68	65	62	68
Fund	54	55	55	61	56	59	59	58	48	59
HR	69	68				65		65	62	
CCSC	73								66	
TOM	72					65		66	62	
Trng	65	65	67	67	66	64	66	62	61	68
Total	67					64		63	60	

Two questions are posed here: First, "why are structure, funding and training issues of concern across the board, regardless of population served?" Second, "why are human resources, cultural competency system of care, and treatment outcome measurement concerns for some populations and not for others?"

By Service Area. Table 34 shows the comparison of key opportunity areas by Service Area. Not surprisingly, funding is an identified issue of concern across all Service Areas. Structure is a concern in six Service Areas; Training is a concern in five.

Table 34: Comparison of Key Opportunity Focus Areas by Service Area.

Focus Area	3443 Total	141 SA-1	297 SA-2	425 SA-3	316 SA-4	237 SA-5	215 SA-6	256 SA-7	250 SA-8
Structure	66		65		64		68	62	62
Funding	54	65	61	63	61	57	56	59	52
Training	65		68		65			63	64
Total									59

The question posed here is "why aren't structure and training perceived as areas of concern in some Service Areas?"

By Gender. Table 35 shows the comparison of key opportunity areas by gender. Once again, the areas of concern are structure, funding and training – regardless of gender.

Table 35: Comparison of Key Opportunity Focus Areas by Gender.

	3443	2383	796	38
Focus Area	**Total**	**Female**	**Male**	**Transgender**
Structure	66	67	69	64
Funding	54	55	59	51
Training	65	66	69	65

The question posed here is "why are structure, funding and training issues of concern, regardless of gender?"

By Dominant Racial Identity. Table 36 shows the comparison of key opportunity areas by race. In addition to structure, funding and training as key opportunity areas across racial groups, Table 34 also reveals concern about human resources for Blacks, Hispanics, and American Indians-Alaska Natives, as well as Treatment Outcome Measurement for Blacks and American Indians-Alaska Natives.

Table 36: Comparison of Key Opportunity Focus Areas by Dominant Racial Identity.

	3443	419	495	930	24	1313
Focus Area	**Total**	**A/PI**	**Black**	**Hispanic**	**NA/AN**	**White**
Structure	66		64	67	56	67
Funding	54	59	54	52	54	57
HR	69		65	69	61	
TOM	72		68		64	
Training	65	67	68	63	59	68
Total			64		59	

The question posed here is "why are human resources and treatment outcome measurement issues of concern for some racial groups but not others?"

By Age. Table 37 shows the comparison of key opportunity areas by age classifications. A review of the data indicated that there are not significant differences between the favorableness ratings of several age groups so they were combined into one category representing 26 – 55 years of age. Once again, the primary areas of concern are structure, funding and training.

Table 37: Comparison of Key Opportunity Focus Areas by Age Classifications.

	3443	152	2144	486
Focus Area	**Total**	**18 – 25**	**26 – 55**	**> 55**
Structure	66	69	66	
Funding	54	52	56	63
Training	65	64	66	

The question posed here is "why are structure and training not issues of concern for those over age 55?"

By Time with Current Organization. Table 38 shows the comparison of key opportunity areas by length of time respondents have been with their current organization. Again, the three primary focus areas of concern are structure, funding and training. It is interesting to note that those who have been with their current organization for eleven or more years do not see training as an issue of concern.

Table 38: Comparison of Key Opportunity Focus Areas by Time with Current Organization.

	3443	672	1075	415	618	227	116	151
Focus Area	**Total**	**< 1 Yr**	**1-3 Yrs**	**4-5 Yrs**	**6-10 Yrs**	**11-15 Yrs**	**16-20 Yrs**	**> 20 Yrs**
Structure	66	69	65	66	66	68	68	68
Funding	54	54	53	54	59	63	58	61
Training	65	66	62	67	68			

The question posed here is "why is training not an issue of concern for those who have been with their current organizations for more than 11 years?"

By Education. Table 39 shows the key opportunity areas based on level of attained education. In addition to structure, funding, and training, human resources is also an identified area of concern for some educational levels.

Table 39: Comparison of Key Opportunity Focus Areas by Education.

	3443	61	283	1526	146	576	574	132
Focus Area	**Total**	**High School**	**Some College**	**4-Year Degree**	**Some Grad**	**Masters**	**PhD**	**MD**
Structure	66	68	69	65	67	66		
Funding	54	51	52	47	55	58	68	55
HR		66	68	66				
Training	65	64	68	62	63	66		

The questions posed here are (1) "why is structure not an area of concern for those with the most advanced degrees (PhD/PsyD, MD)?" (2) "why is HR an issue of concern for those with a 4-year degree or less?", and (3) "why is training not an issue of concern for those with PhDs/PsyDs or MDs?"

To summarize, the diagnostic questions, organized by demographics, include:

By Position:
- Why is there such a discrepancy between executives and others, especially clinical staff, across all CLW focus areas?

By Organization:
- Why is there such a discrepancy in perceived favorableness across each of the focus areas between Contractors and DMH staff?

By Population Served:
- Why are structure, funding and training issues of concern across the board, regardless of population served?
- Why are there human resource, cultural competency system of care, and treatment outcome measurement concerns for those serving some populations and not for others?

By Service Area:
- Why aren't structure and training perceived as areas of concern in some Service Areas?

By Gender:
- Why are structure, funding and training of concern regardless of gender?

By Dominant Racial Group:
- Why are human resources and treatment outcome measurement issues of concern for some racial groups but not others?

By Age:

- Why are structure and training not issues of concern for those over age 55?

By Time with Current Organization:

- Why is training not an issue of concern for those who have been with their current organizations for more than 11 years?

By Education:

- Why are structure and training not areas of concern for those with the most advanced degrees (PhD/PsyD, MD)?
- Why is HR an issue of concern for those with a 4-year degree or less?

Taken together, this supplemental analysis of key opportunity areas by selected demographic variables helps to focus attention on specific areas of concern. It proposes a set of diagnostic questions to be addressed through additional inquiry. It reinforces the conclusion that the primary opportunity arenas for action are structure, funding and training. Finally, it provides additional focus on human resources, treatment outcome measurement, and cultural competency system of care.

SUMMARY

The 2008 Organizational Cultural Competency Assessment was completed by 3,443 respondents representing a broad cross-section of the Los Angeles County Mental Health System of Care. This is estimated to be about 34% of the total number of service providers in the system. The respondents represent an incredibly diverse set of people across a broad range of demographic characteristics.

The distribution of respondents by demographic characteristics is summarized in Tables 1 through 16. Overall, the distribution of respondents as a percent of total is quite similar between 2005 and 2008 when categorized by position (Table 1), by organization (Tables 2 & 3), by population served with the exception of TAY (Table 4), by gender (Table 6), by time in US if foreign born (Table 9), by age (Table 10), by self-identified race/ethnicity (Table 13), and in languages spoken (Table 15).

Respondent demographics differed between 2005 and 2008 on several characteristics. These included the following:

- Service Area (significant decrease in respondents as a percent of total for SAs 2, 3 and 7; Table 5)
- Time in current position (significant increase in those in their position between 1-3 years and decrease in those in their positions between 4-5 years; Table 7)
- Time in current organization (significant increase in those with their current organization between 1-3 years, significant decrease in those in their current organization between 4-5 years; Table 8)

- Education (significant decrease in those with some college or with Masters degrees, significant increase in those with “four-year degree”; Table 11).

Table 17 (pages 15-16) provides a performance scorecard for assessing the organizational cultural competence of the Los Angeles County Mental Health System of Care. It provides a performance comparison at two points in time: 2005 and 2008. Overall, the performance scorecard indicates that the percent favorable responses by question exceed the seventy percent cut-off for twenty-eight of forty-six (61%) questions (Metric 1). The percent favorable responses by question for eighteen questions (39%) falls below the seventy percent cut-off score. This compares very favorably with the previous assessment and is the inverse of the 2005 results.

As with 2005, the largest percentages of favorable responses by question are in the focus areas “Policy” (86%) and “MHSA” (100%). Alternatively, the percent favorable responses by question for each of the other six assessment focus areas are less than seventy (70) percent – the selected cut-off score. These six focus areas and their percent favorable responses by question include the following:

- Cultural competency system of care (67%: 6 of 9 questions)
- Treatment outcome measurement (60%: 3 of 5 questions)
- Human Resources (57%: 4 of 7 questions)
- Training (50%: 2 of 4 questions)
- Structure (43%: 3 of 7 questions)
- Funding (0%: 0 of 3 questions)

There is a marked upward shift in respondent perceptions of the system’s performance on virtually every measure. A comparison of 2005 with 2008 results in Table 17 (pages 15 – 16) reveals a positive upward improvement in assessment of approximately ten (10) percent on almost every question. For example, a question with a 45% favorable response in 2005 would have about a 55% favorable response in 2008.

There is a measurable improvement in the average percent favorableness across thirty-nine (85%) of the questions between 2005 and 2008 (Chart 1, page 17). Based upon this as an aggregate measure (Metric 2), four of eight focus areas exceed the seventy percent cut-off (policy, system of care, treatment outcome measurement, MHSA), and four fall below it (structure, funding, HR, training).

There is a demonstrable improvement in the percentage of questions within a Focus Area that exceed the seventy percent cut-off between 2005 and 2008 for six of the eight focus areas (Chart 3, page 19). These range from a thirty-three (33) percent increase for MHSA to a three hundred (300) percent increase for human resources.

By far, the three areas of assessment that warrant further review and action are funding (0% favorable), structure (43% favorable), and training (50% favorable). This is true based upon the overall survey results, but is also clearly demonstrated when the data is sorted by position, organization (DMH, Contractor), population served, Service Area, gender, race, age, time with current organization, and education. Human resources (57% favorable) is the fourth area that warrants attention. There is also room for improvement in cultural competency system of care and treatment outcome measurement. See Tables 29 – 37.

There are a number of initiatives that help to account for observed changes in organizational cultural competency assessments between 2005 and 2008. These include (1) outreach to under-represented ethnic populations (UREP), (2) enhancing Department-level awareness of cultural competency through ongoing MHSA implementation meetings, (3) developing strategies for increasing full-service partnership (FSP) authorizations for UREP's, (4) participation in the State Cultural Competency Advisory Committee, (5) establishing specific Cultural Competency Work Plan goals, and (6) collaborating with the California Institute of Mental Health to examine the cultural relevance of three core MHSA concepts: wellness, resilience, and recovery.

As can be seen in items (1) to (3) above, the Department has made significant commitments to enhancing understanding, outreach, and service delivery for under-represented ethnic populations. This has occurred through needs assessment and planning initiatives, the formation of ethnic-specific UREP committees, weekly meetings, and the development of strategies for increasing FSP authorizations. The emphasis of UREP is to expand culturally and linguistically competent approaches to ethnic communities that have been historically marginalized by the mental health system, and to give them a voice in the stakeholder process.

Through ongoing MHSA Implementation meetings, the needs of the UREP communities are assessed, approaches for addressing these needs are identified, community-defined evidence and promising practices of engagement are shared, and system-level needs for reducing disparities are discussed.

The Planning Division actively participates in the State Cultural Competency Advisory Committee. In this way, DMH provides state-level input into the development and expansion of responsibilities in the Cultural Competency Plan.

For the past few years the Planning Division has been instrumental in the development of annual Departmental Cultural Competency Work Plan goals.

Finally, the Department consulted with representatives of various ethnic communities to review and, as necessary, rewrite the definitions of the concepts of wellness, resilience and recovery to ensure the fit for their communities.

Taken together, these initiatives help to account for some of the significant improvements observed in the assessment scores between 2005 and 2008.

RECOMMENDATIONS

The findings of this study reveal two critical outcomes. First, they demonstrate positive improvement over those of the previous assessment in 2005. This is well documented in Table 17 (pps. 15-16) and Table 28 (pps. 39-40). Second, the findings reveal ongoing areas for development of the system of care's organizational cultural competency – equally well documented in Table 29 (pps. 41-42). The challenges these findings present are twofold and can be met through a combination of inquiry and action.

Inquiry. Two questions are posed for follow-up inquiry based upon these findings.

(1) What brought about or otherwise accounts for the observed improvements?

The observed changes are partially accounted for by Departmental initiatives undertaken over the last few years. Beyond that, systems naturally change and evolve. This reflects an additional learning opportunity. Positive change can be analyzed to understand what caused it and, therefore, how to sustain it. As a consequence, management can replicate what it is doing well.

(2) Why do the differences observed persist across demographic characteristics (see Tables 31 - 39 and the diagnostic questions, pps. 51-52)?

Some issues of concern have persisted across the 2005 and 2008 survey administrations without significant observable improvements. Given that other aspects of the system are improving without an action plan for intervention, what is hindering similar improvement on these issues? Alternatively, what will be required to effectuate desired change?

Action. The 18 questions with ratings that did not achieve the 70% favorable cut-off score point to issues of concern across seven of eight focus areas (all except MHSA). See Table 29. These issues were identified as dominant themes above (see page 42). What specific actions can be recommended to improve performance?

The recommendations section takes up inquiry and action, in turn.

INQUIRY

Inquiry 1

What brought about or accounts for observed improvements?

As noted in Table 28, ten additional questions surpassed the seventy percent cut-off in the 2008 survey. Their average point increase between 2005 and 2008 (10.5 points) was greater than that of all other questions. How is this to be explained?

A partial explanation is provided in the description above of actions the Department has undertaken over the last 2 – 3 years regarding MHSA implementation, UREP, FSP authorizations, State Cultural Competency Advisory Committee participation, specific Cultural Competency Work Plan goals, and establishing the cultural relevance of the three key MHSA concepts of wellness, resilience and recovery.

For a more complete understanding of how change was brought about, it would be useful and instructive to undertake an "after-action review". Many organizations – public and private – undertake after-action reviews. The purpose is to reflect upon and learn from experience. This enables successes to be sustained and additional learning opportunities to be identified. An after-action review can be conducted through interviews, focus groups, and archival reviews, as appropriate.

To understand these improvements, two focus groups are recommended, as well as some archival review.

Focus Groups. Focus groups are addressed in terms of purpose, process and people. The purpose of the focus groups is to develop understanding about why and how these changes occurred. The process is for eight to twelve individuals per group to meet for about two hours, and to review and engage in group level discussions about the ten areas of improvement. The people would comprise two groups: (1) a group of District Chiefs or appropriate management level with direct responsibilities for field/clinical operations, and (2) a representative group of executives (managers) from contractor agencies (ACHSA) to discuss the same issues. By examining the issues and the improvements a better appreciation can be developed of what changed, how it changed, and how it can be sustained.

Specific issues to be addressed through focus groups include the following:

- Structure
  - Structures for including consumers, contractors, staff and the community in decision-making (Q18, +11%)

- Human Resources
  - Extent to which staff ethno-cultural skills reflect population need (Q34, +11%)
- Cultural Competency System of Care
  - Actions taken to eliminate barriers to service (Q41, +10%)
  - Processes to ensure culturally appropriate service models (Q44, +12%)
  - Promotional and educational materials culturally sensitive and accessible (Q46, +12%)
- MHSA
  - Focus on symptom reduction, elimination (Q59, +11%)

Archival Review. In addition to the above, several questions would be further understood through archival review of published materials developed and disseminated since the 2005 survey. Appropriate questions to be addressed through archival review include the following:

- Human Resources
  - Extent to which employees reflect demographics of clients served (Q35, +10%)
  - Policy eliminating unfair, discriminatory barriers to employment (Q38, +11%)
- Treatment Outcome Measurement
  - Practices consistent with policies and procedures (Q50, +12%)
- Training
  - Cultural competency training (Q56, +5%)

Inquiry 2

Why do differences observed across demographics persist?

Eleven diagnostic questions were posed based upon the supplemental analyses of demographic characteristics depicted in Tables 31-39. See Table 40. As is evident from Table 40, structure, funding and training continue to be critical issues. There are also important concerns across all focus areas about (1) differences in perceptions between executives in the system and all others, and (2) the more positive ratings on the part of Contractors vis-à-vis those of DMH. Other issues, more targeted in nature, are identified for policy, HR, cultural competency system of care, and treatment outcome measurement.

Focus groups and interviews are recommended to understand these issues. The purpose and process of the focus groups is similar to those identified above. The people vary depending on the nature of the issue and the demographic.

Table 40: Summary of Diagnostic Issues for Further Research and Inquiry

Demographic	Structure	Funding	Policy	HR	CCSC	TOM	Training
Position	Exec:Non-Exec	Exec:Non-Exec	Exec:Non-Exec	Exec:Non-Exec	Exec:Non-Exec	Exec:Non-Exec	Exec:Non-Exec
Organization	DMH:Contract	DMH:Contract	DMH:Contract	DMH:Contract	DMH:Contract	DMH:Contract	DMH:Contract
Population	All	All		Older Adult Pub Guardian Jail, Hospital	Hospital	Pub Guardian Jail, Hospital	All
Service Area	SA-2, SA-4, SA-6, SA-7, SA-8 Why not 1, 3, 5?	All					SA-2, SA-4, SA-7, SA-8 Why not 1, 3, 5, 6?
Gender	All	All					All
Race	Black, Hispanic, NA/AN, White	All		Black, Hispanic, NA/AN		Black, NA/AN	All
Age	18-25, 26-55 Why not >55?	All					18-25, 26-55 Why not >55?
Time w/ Org	All	All					<1 Yr, 1-3 Yrs, 4-5 Yrs, 6-10 Yrs Why not >11 Yrs?
Education	Hi School, Some College, 4-Yr Degree, Some Grad, Masters Why not PhD, MD?	All		Hi School, Some College, 4-Yr Degree Why not any post graduate?			Hi School, Some College, 4-Yr Degree, Some Grad, Masters Why not PhD, MD?

By Position.
Why is there a discrepancy between executives and others, especially clinical staff, across all CLW focus areas?

Recommend two focus groups and six interviews.

Focus Groups. The purpose of these focus groups is to develop an understanding of why the perceptions held by executives about system performance and functioning are so different from non-executives. The process is for eight to twelve individuals per group to meet for about two hours, and to review and engage in group level discussions about the observed differences between executives and non-executives. The people: one focus group with executives (both DMH and Contractor); one focus group with a cross-section of other DMH and contractor staff by level (managerial, supervisory, clinical, support staff).

Interviews. The purpose of the interviews is to develop deeper understanding of the executive perspective, and to obtain executive insight into why significant differences exist between themselves and the rest of the system. The process of each interview would be a ninety minute one-on-one interview in which observed differences are shared and executive perspective is elicited. The people would include three DMH executives and three Contractor executives.

By Organization.
Why do contractors have favorable response rates consistently higher than DMH?

Focus Groups. Recommend two focus groups – one each with senior managers from DMH and a cross-section of senior managers from Contractors. Survey results will be shared and insights will be solicited through group discussion.

By Population Served.
In addition to structure, funding and training, why are there human resource, cultural competency system of care, and treatment outcome measurement issues for those serving some populations and not for others?

Focus Groups. Recommend nine focus groups – one for representatives of each of the served populations. The questions for each focus group will vary depending on the population served. Structure, funding and training related questions would be asked of all groups. Based on Table 40, HR-related questions would be asked in addition to the groups representing older adults, the public guardian, and jail and hospital-based services. Cultural competency system of care questions would be asked of those representing hospital-based services. Finally, treatment outcome measurement questions would be asked of those representing the public guardian, and jail and hospital-based services.

By Service Area.
Why aren't structure and training perceived as areas of concern in some Service Areas while they are issues of concern in others?

No separate action necessary. Issues related to Service Area differences can be taken up and explored in other focus groups.

By Dominant Racial Identity.
Why are human resource and treatment outcome measurement issues of concern for some racial groups but not others?

Focus Groups. Recommend three focus groups: one each for Blacks, Hispanics, and American Indian/Alaska Natives.

By Age.
Why are structure and training not issues of concern for those over age 55?

No separate action necessary. Issues related to age differences can be taken up and explored in other focus groups.

By Time with Current Organization.
Why is training not an issue of concern for those who have been with their current organization for more than 11 years?

No separate action necessary. Issues related to time with current organization differences can be taken up and explored in other focus groups.

By Education.
Why are structure and training not areas of concern for those with the most advanced degrees (PhD/PsyD, MD)?
Why is HR an issue of concern for those with a 4-year degree or less?

Focus Groups. Recommend two focus groups: one for a cross-section of those with PhD/PsyD and MD degrees; one for a cross-section of those with a 4-year degree or less.

This recommended round of data collection is driven by the joint findings of the 2005 and 2008 surveys. The overall purposes are to understand

(1) why and how change occurred so that the system can learn, and change can be sustained in the future, and

(2) how the system of care can continue improving among the seven focus areas of assessment that fall below the seventy percent cut-off score.

The proposed data collection will greatly assist DMH and the system of care to ensure its continuous improvement in relation to its organizational cultural competency capability in keeping with the State mandate.

In summary, across Inquiry 1 (Why changes occurred?) and Inquiry 2 (Why differences persist?), twenty focus groups and six interviews are recommended.

ACTION

What specific actions can be recommended to improve performance?

As noted, the eighteen questions with ratings that do not achieve the seventy percent favorable cut-off score point to issues of concern across seven of the eight focus areas (all except MHSA). What specific actions can be recommended to improve performance on these issues?

Systems change and evolve (in some cases devolve) naturally over time even absent any clear, organized attempt to guide or influence them. It is clear that the Department and the System of Care have actively pursued change in relation to the execution of the Mental Health Services Act. It has identified, appropriated, and allocated resources to ensure its implementation.

When a system mobilizes itself, and makes a clear and sound commitment to a course of action and then backs it up with appropriate resources, it can bring about significant change within a reasonably short period of time. This is evident in relation to MHSA which is a relatively new initiative yet has the highest percent favorable responses across all focus areas of assessment.

The same level of concerted effort and resources is not apparent in relation to the seven focus areas defined in the Cultural and Linguistic Workgroup strategic plan. Yes, the findings reveal positive, sometimes substantive, improvements in these focus areas. However, it is difficult to identify specific, concerted focus area actions identified, agreed to, and acted upon by the Department and/or the larger Countywide System of Care. Thus, the changes observed are more artifacts of natural evolution as opposed to outcomes designed through processes of planned data-driven organizational (system) change. As a result, many issues of concern in 2005 remain issues of concern today.

The System of Care can leverage the assessment findings to pursue data-driven organizational and system change. DMH and the larger System of Care can use these findings to plan and implement change in service of driving the system to desired outcomes.

This begs the question: “In the context of the CLW strategic plan, MHSA, and the Los Angeles County Mental Health System of Care, what are the desired outcomes?” In short, where are the additional opportunities for mobilizing change to bring about a more efficient, effective, satisfying and successful system of care?

Based upon the findings, the following desired outcomes, organized by focus area as appropriate, can be suggested for consideration, debate, decision and action:

Alignment

- *Executive and staff alignment*
  The findings suggest that staff are not in alignment with executives in their assessments of the organizational cultural competency of the system. A lack of alignment leads to inefficiency and undermines morale.

Value Leadership

- *DMH as the value leader*
  The findings suggest that Contractors have more favorable attitudes about the system than DMH staff.

Structure

- *Community engagement and participation*
  The findings suggest a lack of infrastructure to more actively support community consultation in matters of (1) employment fairness (Q23), and (2) the development, planning or review of programs, services or policies and procedures (Q19, Q20, Q22).

Policy

- *Culturally-specific complaint resolution processes*
  The findings suggest a lack of culturally-specific complaint resolution processes (Q29).

Funding

- *Funding addresses culturally-specific emergent needs, cultural competency training, and rewarding on-the-job utilization of culturally and linguistically-specific skills*
  The findings suggest staff are unaware of funding initiatives or opportunities to support the provision of culturally appropriate programs or services (Q31, Q32, Q33).

Human Resources

- *Employees understand the importance of cultural competency in their performance success*
  The findings suggest staff do not see cultural competency as a measurable attribute of their performance success (Q40).
- *Racially and ethnically diverse employees envision clear career paths*
  The findings suggest ethnically diverse staff do not see clear career paths (Q36).
- *Ethnically diverse employees feel respected and valued through the performance evaluation process*
  The findings suggest staff do not feel management is sensitive to their cultural differences in the conduct of performance evaluations (Q39).

Cultural Competency System of Care

- *Programmatic cultural needs are assessed and gaps are addressed*
  The findings suggest a lack of program assessment in relation to cultural needs (Q49).
- *Demographic data is gathered and utilized to benefit programs*
  The findings suggest a lack of demographic information in relation to targeted consumer groups (Q48).
- *Agencies actively develop partnerships and collaborations*
  The findings suggest a lack of partnerships and collaboration in service of developing and delivering culturally responsive services (Q47).

Treatment Outcome Measurement

- *Culturally-specific services are evaluated for effectiveness*
  The findings suggest a lack of evaluation of culturally-specific service effectiveness (Q52).
- *Community members provide feedback on their satisfaction with services*

  The findings suggest a lack of feedback of community satisfaction with services (Q53).

Training

- *Bicultural staff and volunteers are supported*
  The findings suggest a lack of additional support for staff and volunteers with specific bicultural skills, capabilities (Q57).
- *Time is set aside for cultural competency training*
  The findings suggest time is not set aside for cultural competency training (Q58).

Recommendations

The foregoing represents a set of desired outcomes embedded within the seven focus areas of the CLW strategic plan. They represent opportunities for enhancing the overall system in terms of efficiency, effectiveness and stakeholder satisfaction. With this in mind, the following recommendations are offered:

Alignment

- *Executive and staff alignment*
  Staff may perceive executives as out of touch, and as not understanding and supporting their issues and concerns. A lack of alignment may contribute to inefficiency, ineffectiveness and a demoralized workforce.
  - ➢ Initiate and engage Executives in more active processes of dialogue and communication with non-Executives characterized by both giving and receiving information.

- Include a broader distribution of staff in problem-solving, decision-making, action planning and implementation. Constituents should vary by age, race, gender, organizational level, function, population served, Service Area, etc. Constituents should be able to see their interests and concerns in the decisions and actions of their organization.

Value Leadership

- *DMH as the value leader*
  This may point to an underlying morale issue among DMH staff. This may become evident through some of the focus groups proposed in the Inquiry section above.
  - Engage in more active and direct communications – especially about program effectiveness and success, as well as the implementation of new initiatives – so that DMH employees have a clear understanding of progress and new directions, and that they see their own contribution to system efficacy and success.

Structure

- *Community engagement and participation*
  The system of care appears to lack necessary incentives to encourage service providers to more aggressively consult the community regarding matters of policy, program and service delivery development and review.
  - Create incentives that encourage and reward the development of structures and processes for community participation.
  - Monitor, provide feedback and coaching, and reward initiatives that create and encourage processes of community engagement and participation
  - Provide mechanisms to support community involvement and participation such as:
    - addressing stigma
    - selecting convenient meeting times
    - ensuring language sensitivity to enhance consumer, family and community member participation
    - addressing transportation needs
    - providing appropriate education about the issues
    - demonstrating openness to the involvement of all interested parties.

Policy

- *Culturally-specific complaint resolution processes*
  Consumers and the community may find it difficult to complain about programs, services, personal treatment, etc. This difficulty can be rooted in a

variety of reasons, some of which may be culturally-defined, or may be defined by the immigrant experience of being the "other", an outsider, etc. The complexity of this diversity within Los Angeles County is immense. Not all cultural differences can be attended to. Nonetheless, some suggestions are:

- Develop culturally-specific complaint resolution processes based on the threshold languages. There are ethnic differences within language groupings, but threshold languages present a viable starting point.
- Utilize established County resources such as the Dispute Resolution Program. http://css.lacounty.gov/Drp/DisputeRes.html#pagetop

Funding

- *Funding addresses culturally-specific emergent needs, cultural competency training, and rewarding on-the-job utilization of cultural and linguistic skills*
  Knowledge or awareness of funding availability can influence program initiatives, professional development opportunities and employee morale.
  - Make funding decisions transparent. There are a high percentage of "neutral" responses to the three funding related questions (see Table 22). There may be a lack of information or awareness on the part of respondents to agency funding decisions.
  - Use funding to train, support and reward employees for culturally competent skills and behaviors.
  - Encourage funding for new initiatives that support and improve cultural and linguistic competence, and that enhance the system's ability to meet emergent needs.

Human Resources

- *Employees understand role of cultural competency in performance success*
- *Racially and ethnically diverse employees envision clear career paths*
- *Ethnically diverse employees feel respected and valued through the performance evaluation process*
  Human resource policies and procedures should support staff in developing and utilizing cultural and linguistic competencies.
  - Develop a Human Resources strategic plan for staff development. This plan should address the following issues:
    - Develop and implement career paths for ethnically-diverse employees.
    - Hire/train for skills that meet the cultural and linguistic needs of the target population.
    - Train managers for sensitivity to cultural differences in performance evaluation.

        - Evaluate performance in relation to cultural – not just linguistic – competency.
    - Address issues of unfair or discriminatory employment policies. This may require further investigation into respondent perceptions of unfairness and discrimination.

Cultural Competency System of Care

- *Programmatic cultural needs are assessed and gaps are addressed*
- *Demographic data is gathered and utilized to benefit programs*
- *Agencies actively develop partnerships and collaborations*
  Programs and services need to be driven by high quality and useful data and information. There is an abundance of data in the system – perhaps an overload of data – but that data may not be directly informing service development and delivery.
    - Develop and implement culturally appropriate service delivery models that bridge indigenous cultural practices and Western clinical practice.
    - Gather, share and utilize targeted consumer group demographics.
    - Create incentives that support inter-agency collaboration in developing and delivering innovative and culturally responsive services.

Treatment Outcome Measurement

- *Culturally-specific services are evaluated for effectiveness*
- *Community members provide feedback on their satisfaction with services*
  The System of Care is in a process of continual redesign and restructuring to respond to evolving consumer and community needs, as well as in response to mandates for new initiatives. This presents measurement challenges for program efficacy and outcomes.
    - Review programs on a periodic basis for consistency with policies and procedures.
    - Evaluate programs for cultural sensitivity and effectiveness in meeting the needs of culturally and linguistically specific populations.

Training

- *Bicultural staff and volunteers are supported*
- *Cultural competency training is offered and actively promoted*
  Staff feel ill-equipped to address the diversity of clients and communities they must support. The system will never have the full complement of cultural and linguistic skills necessary to support the broad and deep diversity of Los Angeles County. Nonetheless, staff in general can be supported in developing their sensitivity to and tolerance for cultural and linguistic differences. Those with established competencies can be further supported in the exercise and development of their skills.

- Increase internally and externally provided training opportunities available to staff.
- Reduce impediments to training such as transportation, fees and an emphasis on productivity that impair knowledge and skill development.
- Identify culturally-specific opportunities for supporting ethno-cultural staff and volunteers.
- Encourage staff time for cultural competency training.
- Move diversity training beyond "awareness" to purposeful and practical skill development.

NEXT STEPS

Several next steps can be suggested based upon the overall survey findings.

INQUIRY

1. Conduct a focus group and interview study for following up on and digging beneath the 2008 survey findings as outlined above. The survey findings are used to drive the next phase of research. Are the issues surfaced through the survey real, misperceptions, a function of communication problems, etc? Interviews and focus groups can be used to tease out and clarify the issues, and to identify clear arenas for action.
2. Use the interview and focus group study to probe into and develop a deeper understanding of what "neutral" responses mean. What accounts for the high percentage of neutral responses?

ACTION

1. Devise specific plans of action in relation to the recommendations identified above. Formulate a strategic action plan for developing and enhancing system-wide organizational cultural competency. Such a plan would address all CLW focus areas and MHSA as measured in this survey. The plan should include measurable goals, resources, accountability, and timelines for each of the survey areas.
2. Develop a consumer and family member survey to assess organizational cultural competence from the user's point-of-view.

CONCLUSION

The Mental Health System of Care of Los Angeles County under the auspices of the Department of Mental Health authorized this Organizational Cultural Competency Re-Assessment as a follow-up to its 2005 assessment.

As in 2005, this is not intended as an evaluative study. The purpose of the Organizational Cultural Competency Re-Assessment is to provide a follow-up assessment to the earlier survey, and to provide a longitudinal point of comparison for the overall System of Care. This investigation accomplished that purpose. It represents a snapshot in time that can be used for past and future comparisons.

Table 17 (pages 15-16) provides the best summary of the Los Angeles County Department of Mental Health System of Care's current state of organizational cultural competency. Responses to sixty-one (61) percent of the questions (n = 28) fall above the cut-off score of seventy. Responses to thirty-nine (39) percent of the questions (n = 18) fall below the cut-off. This is the inverse of the 2005 findings.

There were a significant percentage of "neutral" responses ranging from a low of twelve percent (Policy Focus Area, Q27; Culturally Competent System of Care, Q43) to a high of forty-three percent (Funding Focus Area, Q33). A follow-up investigation could explore these issues. Tables 19 – 27 provide measures of the average percent of favorable, neutral, and unfavorable responses for each focus area.

It is hoped that the information collected and the recommendations proposed will have a positive influence on the system's growth and evolution. The implementation of the proposed recommendations will help to move the system to higher levels of performance in relation to the survey focus areas.

The provision of culturally and linguistically appropriate services, structures, policies and practices represent challenging agendas. As a systems concept, organizational cultural competence is an innovative approach. The pursuit of organizational cultural competence is complicated by the complexity inherent in the scope and the scale of the Los Angeles County Mental Health System of Care and all of its varied diversity. It is hoped that the information contained within this report will provide a functional follow-up measure and useful guidance for ongoing system development.

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APPENDIX 1: Cultural Competency Organizational Assessment Survey

Los Angeles County – Department of Mental Health
Program Support Bureau
Cultural Competency Organizational Assessment
Los Angeles County Mental Health System of Care

INSTRUCTIONS

Attached you will find a copy of the Los Angeles County Mental Health System of Care Cultural Competency Organizational Assessment survey. This survey is being given to all contract and directly operated mental health service providers within Los Angeles County. As such, your participation is requested in order to contribute to an accurate assessment of the Cultural Competence of the Los Angeles County mental health System of Care.

You have two options for completing and submitting this survey.

Option 1: You may complete this survey on-line by logging in to the following web-site address.

http://www.surveytracker.net/scripts/survey.dll?AHID=03F001

Once you have logged on, simply click your cursor on the best responses, choose from the selections of "drop-down" boxes, or write-in your responses, as appropriate.

Option 2: Write your responses directly onto the attached survey. For questions asking you to select a response between 1 and 5 simply place a large **X** in the box that best fits your response. For all other questions, please check the appropriate answer or write-in the best response.

After completing the survey, please fold it, place it in the attached self-addressed and postage paid envelope, and drop it in the mail.

Your responses are anonymous and completely confidential. Only statistical results will be used for reporting purposes. Individual responses will not be identified in any way.

PLEASE COMPLETE AND RETURN THIS SURVEY AS SOON AS POSSIBLE, BUT NO LATER THAN FRIDAY, NOVEMBER 7, 2008

Your participation in this assessment is sincerely appreciated, and will contribute to the understanding of the cultural competence of the mental health system of care.

Thank you!

Los Angeles County – Department of Mental Health
Program Support Bureau
Cultural Competency Organizational Assessment
Los Angeles County Mental Health System of Care

REQUEST FOR PARTICIPATION AND INSTRUCTIONS

The Los Angeles County Department of Mental Health is conducting a Cultural Competency Organizational Assessment. The purpose of this assessment is to gather information that will assist the Department in understanding the level of Cultural Competency that exists throughout the countywide Mental Health System of Care. The assessment is in compliance with the State Department of Mental Health requirement for an audit of the Cultural Competency of all Mental Health contract and direct service providers.

For the purposes of this assessment, "cultural competency" refers to organizational structure and practices that contribute to the effective delivery of culturally and linguistically appropriate services where differences are acknowledged, valued, respected, and embraced.

This survey has been endorsed by Dr. Southard, Director, Department of Mental Health, Los Angeles County. The Association of Human Community Service Agencies (ACHSA) Board of Directors supports this Cultural Competency Survey.

This survey is being given to all employees of all contract and directly operated mental health service providers within Los Angeles County. As such, your participation is requested in order to contribute to an accurate assessment of the Cultural Competence of the Los Angeles County mental health System of Care.

Your responses will be confidential and anonymous. Your name or personal identifying information is NOT required. All responses will be collected by an independent third party. Information will be used for statistical and comparative purposes only.

Please respond to the following questions as honestly and as accurately as possible. Answer each question in terms of your knowledge and understanding of the specific organization that you work for. For example, when answering question #1, choose your answer based upon your belief about the extent to which the policies and procedures of your agency, program, clinic, etc have been communicated to the target population or are readily available to them.

There are no "right" or "wrong" answers. We are interested in your opinion.
The entire questionnaire should take you about 15 minutes to complete.

If you are completing a hard copy questionnaire, upon completion, please insert it in the attached addressed and postage paid envelope, and drop it in a convenient mailbox.

If you have any questions or concerns, or would like additional information about the Cultural Competency Organizational Assessment, please feel free to contact either individual listed below:

Terry Wolfe, PhD at (323) 258-4675 or email at terry.wolfe@ae2gis.com
Tara Yaralian, PsyD at (213) 251-6814 or email at tyaralian@dmh.lacounty.gov

Your responses are very important to the effective assessment of cultural competency within the Los Angeles County Mental Health System of Care. We very much value your participation.

Los Angeles County – Department of Mental Health
Program Support Bureau
Cultural Competency Organizational Assessment
Los Angeles County Mental Health System of Care

Your opinions are requested to assist in the assessment of cultural competence in the Los Angeles County Mental Health System of Care. This survey is being distributed to LA County DMH directly operated and contract service providers. There are no "right" or "wrong" answers. Rather, we are interested in your opinion. Your responses are confidential. Statistical data and profiles that summarize all of the responses will be developed. Demographic information is requested to facilitate comparisons between different groups. Findings and recommendations will be available to all entities that participate in the assessment.

Please read each question carefully, and indicate your answers by filling in the responses.

If you have any questions, please contact:
Terry Wolfe, PhD at (323) 258-4675 or email at terry.wolfe@ae2gis.com
Tara Yaralian, PsyD at (213) 251-6814 or email at tyaralian@dmh.lacounty.gov

This survey will take about 15 minutes to complete

Current Position: Level
___ Executive
___ Managerial
___ Supervisory
___ Clinical
___ Support Staff
___ Other _____
(please specify)

Current Organization
DMH Directly Operated
___ Program Name _____
___ Hospital Name _____
___ Clinic Name _____
Contractor
___ Hospital Name _____
___ Clinic Name _____
Other: _____
(please specify)

Populations Served
___ Older Adult
___ Adult
___ TAY
___ Children
___ Public Guardian
___ Cal-Works/GROW
___ Jail Services
___ Hospital-based
___ Crisis
___ Other (please specify) _____

Service Area: ___

Your Gender
___ Female
___ Male

Length of time in <u>current position</u>	__ < 1 yr	__ 1-3	__ 3-5	__ 5-10	__ 10-15	__ 15-20	__ > 20
Length of time with <u>organization</u>	__ < 1 yr	__ 1-3	__ 3-5	__ 5-10	__ 10-15	__ 15-20	__ > 20
If foreign born, length of time in US	__ < 1 yr	__ 1-3	__ 3-5	__ 5-10	__ 10-15	__ 15-20	__ > 20
Your age	__ 18-25	__26-35	__36-45	__ 46-55	__ 56-65	__ over 65	

Highest level of Education **(check one)**
___ High School
___ Some College
___ 4 Year Degree (major): _____
___ Graduate School (field): _____
___ Master's Degree (field): _____
___ PhD (field): _____
___ MD (field): _____
___ Other: _____
(please specify)

For purposes of statistics, please specify your dominant racial/cultural/ethnic identity:

__ Asian/Pacific Islander __ Black __ Hispanic __ Native American / Alaska Native __ White

Los Angeles County – Department of Mental Health
Program Support Bureau
Cultural Competency Organizational Assessment
Los Angeles County Mental Health System of Care

Racial and Cultural/Ethnic Identity (Choose all that apply)

__ White	___ Filipino	___ Cambodian	___ Vietnamese
__ Black	___ Other Asian/Pacific	___ Samoan	___ Other Black _____
__ Hispanic	___ Other Non-White	___ Asian Indian	___ Other White _____
__ American Indian/ Alaska Native	___ Korean	___ Hawaiian Native	___ Other Hispanic _____
__ Chinese	___ Indochinese	___ Guamanian	___ Other Native American _____
__ Japanese	___ Amerasian	___ Laotian	___ Other _____
			___ Unknown/Not Reported

What languages do you speak other than English? (check all that apply)

___ Arabic

___ Armenian

___ Cambodian

___ Cantonese

___ Chinese

___ Farsi

___ Korean

___ Mandarin

___ Russian

___ Spanish

___ Tagalog

___ Vietnamese

___ Other – please specify _____

_____

_____

Name your country of origin _____

Los Angeles County – Department of Mental Health
Program Support Bureau
Cultural Competency Organizational Assessment
Los Angeles County Mental Health System of Care

RATING Item	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Structure					
17. The mental health policies and procedures of my organization have been communicated to the target population(s) or are readily available to them.	1	2	3	4	5
18. My organization involves various groups in decision-making such as consumers, contractors, staff, and the community.	1	2	3	4	5
19. The policies and procedures of my organization are developed through consultation with and input from staff, consumers, the community, and others who reflect the cultural make-up of our clients.	1	2	3	4	5
20. Our programs are developed and reviewed through community consultation.	1	2	3	4	5
21. The staff of my organization understand and use our policies and procedures.	1	2	3	4	5
22. My organization has a strategy to consult with the community to assist in service planning and delivery.	1	2	3	4	5
23. My organization consults with various cultural groups in the community about the best ways to pursue employment fairness.	1	2	3	4	5
Policy					
24. Our organizational statements and documents reflect that all services should be culturally competent.	1	2	3	4	5
25. Language in our organizational statements and documents acknowledges the ethno-cultural diversity of our clients, the communities served, and the staff.	1	2	3	4	5
26. Our organizational statements and documents acknowledge the importance of providing equal services to all ethno-cultural and socioeconomic communities.	1	2	3	4	5

RATING Item	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
27. Our policies and procedures are communicated to staff and/or discussed in training sessions.	1	2	3	4	5
28. My organization has policies on multiculturalism, racism, harassment and discrimination that extend to consumers.	1	2	3	4	5
29. My organization uses a culturally appropriate complaint resolution process.	1	2	3	4	5
30. My organization's employment policies do not discriminate based upon cultural characteristics.	1	2	3	4	5

Funding

31. My organization sets aside funds for cultural competency training.	1	2	3	4	5
32. People with a cultural skill, such as a second language, are recognized or compensated if they use that skill for work that is over and above their specific job duties.	1	2	3	4	5
33. My organization funds new initiatives that may better serve the culturally-specific needs of our staff and consumers.	1	2	3	4	5

Human Resources

34. The clinical and administrative skills of staff reflect the needs of the target population.	1	2	3	4	5
35. Employees (management, staff) reflect the demographics of the people served.	1	2	3	4	5
36. My organization provides appropriate career paths for ethnically diverse employees.	1	2	3	4	5
37. My organization has implemented personnel policies on multiculturalism, racism, harassment and discrimination.	1	2	3	4	5

Los Angeles County – Department of Mental Health
Program Support Bureau
Cultural Competency Organizational Assessment
Los Angeles County Mental Health System of Care

RATING Item	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
38. My organization has an employment policy that eliminates unfair and discriminatory barriers of accessibility to jobs.	1	2	3	4	5
39. My management demonstrates sensitivity to cultural differences when it conducts performance evaluations.	1	2	3	4	5
40. My performance evaluations include a section on cultural competence.	1	2	3	4	5

Cultural Competency System of Care

41. My organization takes action to eliminate barriers to service access.	1	2	3	4	5
42. Our organization provides translators, interpreters, or multicultural staff to assist non-English speaking consumers.	1	2	3	4	5
43. Our consumers are reflective of the community served.	1	2	3	4	5
44. My organization plans, develops, and implements culturally appropriate service delivery models.	1	2	3	4	5
45. My organization provides a welcoming environment for all clients.	1	2	3	4	5
46. Our promotional and educational materials are culturally sensitive and accessible to all consumer target groups.	1	2	3	4	5
47. My organization collaborates and partners with other organizations to develop and deliver culturally responsive services.	1	2	3	4	5
48. My organization gathers information about the demographics of the targeted consumer group.	1	2	3	4	5
49. Our programs are regularly assessed with respect to identifying and addressing gaps, barriers or inappropriate services in terms of cultural needs.	1	2	3	4	5

Los Angeles County – Department of Mental Health
Program Support Bureau
Cultural Competency Organizational Assessment
Los Angeles County Mental Health System of Care

RATING Item	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Treatment Outcome Measurement					
50. Our program practices are reviewed for consistency with policies and procedures.	1	2	3	4	5
51. My organization provides culturally appropriate services.	1	2	3	4	5
52. My organization evaluates the effectiveness of our culturally-specific services.	1	2	3	4	5
53. My organization gathers feedback from the community regarding their satisfaction with our services.	1	2	3	4	5
54. My organization ensures that every consumer receives the best quality of care.	1	2	3	4	5
Training					
55. The training plan of my organization acknowledges the importance of providing relevant and accessible services to the target population.	1	2	3	4	5
56. My organization provides training to all staff to increase their awareness of cultural competency.	1	2	3	4	5
57. My organization provides additional support to ethno-cultural staff and volunteers, where required.	1	2	3	4	5
58. Staff time is set aside for cultural competency training.	1	2	3	4	5
MHSA					
59. In planning and delivering services, my organization focuses on reducing or eliminating symptoms.	1	2	3	4	5
60. In planning and delivering services, my organization focuses on assisting the consumer to live a productive life.	1	2	3	4	5

Los Angeles County – Department of Mental Health
Program Support Bureau
Cultural Competency Organizational Assessment
Los Angeles County Mental Health System of Care

RATING Item	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
61. My organization provides mental health treatment modalities that teach consumers problem-solving skills.	1	2	3	4	5
62. My organization provides mental health treatment modalities that teach consumers hope.	1	2	3	4	5

63. Please provide any additional comments that you believe will assist in understanding the cultural competency of your organization.

APPENDIX 2: Contractor Agencies Identified in Survey Responses

RESPONDENT CONTRACTOR AGENCIES (n = 254)

1736 Family Crisis Center	Bellflower Medical Center
66th Hurlbut, Wellness Center	Bienvenidos
8300 S. Vermont	BRIDGES
97th St	C&FC
AADAP Clinic	California Hispanic Commission
ABI/ABLE Harbor UCLA	California Hospital-California Behavioral Health Center
ACCESS	CalWORKs
Alafia Mental Health	CBSC
Alcott Center	CCAV
Alfa family services	CCC
ALMA	CDFC
Almansor	Cedars Sinai
Aluiansa Center	Center for Aging Resources/Heritage Clinic
Amanecer Community Counseling Service	Center for Family Living
Ambulance	CFAR
AMHF	CHCADA
Antelope Valley Hospital	Child & Family Center
API Mental Health Alliance	Child and Family Development Center
Arcadia MHC	Child and Family Guidance Center
Asian American Drug Abuse Program	Child, Youth and Family Program Administration
Asian Pacific Counseling and Treatment Centers	ChildNet Youth and Family Services
Asian Pacific Family Center	Children's Center
Augustus Hawkins	Children's Hospital Los Angeles
Aurora Las Encinas Hospital	Children's Institute, Inc.
Aviva Family and Children's Services	Choices
Azusa Pacific University	CHW
Behavioral Health Services, Inc.	CIFHS

RESPONDENT CONTRACTOR AGENCIES
(continued)

CII	Dubnoff
CIMH	East Valley Hospital Mental Health
City of Angels	Eastlake Youth Ctr.
CKLMC	Edelman
CMHC	Eisner Pediatric and Family Medical Center
Community Agency	El Cento de Amistad
Community Care Center	El Centro del Pueblo
Community Care Inc	El Monte ACT
Community Family Guidance Center	EMQ Hollygrove
Compton Mental Health	EPFMC
Compton System of Care	Excelsior Youth Center
Contract Agency	Exceptional Children's Foundation - Kayne Eras Center
Cornerstone	Exodus Recovery
Counseling 4 Kids	F.A.S.G.I
Crittenton	Family Crisis
CSCF	Family Preservation
CSMC Hospital	Family Stress Center
CSS	Female Residential Tx. Facility
CVYFC	FFS
David & Margaret	Five Acres
Devereux	Foothill Family Service
Didi Hirsch	For The Child
Dorothy Kirby Center	Gateways
Downtown Mental Health Center	Glen Roberts Child Study Center Verdugo Mental Health
Drew Child Development	Group Home
Drug and Alcohol TX Center	Harbor UCLA
Dual Diagnosis Rehab Residential	Hathaway Sycamores Child & Family Services

RESPONDENT CONTRACTOR AGENCIES
(continued)

Health Research Association	Long Beach Mental Health
Heritage Clinic	Los Angeles Child Guidance Clinic
Hillsides	M4A Village
Hillview Mental Health Center	Maryvale
HMH	Masada Homes
Hollygrove/EMQ	McDonald Carey MHC
Hollywood Mental Health Center	McKinley Children's Center
Homeless Shelter	Mental Health Advocacy Services
Homes for Life Foundation	Mental Health Agency
HOPE	Mental Health America
Hospital	MTFC
HUD	New Directions
Huntington	New Horizons
IMCES	New Horizons Family Center
IMD-Community Care Center	Non-Profit
Independent Living	North Valley Youth & Family Center
Intensive Day Treatment Programs	Northpoint
Intercommunity Child Guidance Center	Northridge Hospital
Intermountain	Occupational Therapy Training Program
Jewish Family Services	Olive Crest
Koreatown Youth & Community Center	One in Long Beach
L.A. Family Housing	OPCC
LAGLC	Optimist
Landmark Medical	OVMC
Las Encinas Hospital	OYHFS
LAUSD	Pacific Asian Counseling Services
LB API FMHC	Pacific Cedar Boys Home
Learning Skills School	Pacific Clinics

RESPONDENT CONTRACTOR AGENCIES
(continued)

Pacific Lodge	San Gabriel Children's Center
PACS	San Pedro Mental Health Center
Para Los Ninos	School
Pasadena Unified School District Mental Health Services	School Based CCAV
PC	School District
PCS	School Mental Health
Penny Lane	Self-Employed Consultant
Personal Involvement Center	Serenity Infant Care Homes, Inc.
Phoenix House LA, Inc.	SHARE
Plaza Community Services	SHELTER
PLN	Shields for Families
Portals	Skid Row Development Corporation
Primary Counselor	SMLF - Valley Clinic
Private Pay	SNF/IMD
Project Return	Social Model Recovery Systems, Inc.
Prototypes	Sorvia Shankman Orthogenic School
Providence Community Services	South Bay Mental Health Center
Residential Treatment Center	South Bay Ties for Adoption
Rio Hondo	South Central Health and Rehabilitation Program (SCHARP)
River Community	Special Services for Groups
RMD	Spirit Family Services
Rosemary Children's Services	SPMHC
RSI Ambulance	SRDC
Salvation Army Bell Shelter	SRO Housing
Salvation Army Transitional Living Center	St Anne's
San Fernando Valley Community Mental Health Center, Inc.	St John's Child and Family Development Center

RESPONDENT CONTRACTOR AGENCIES
(continued)

St John's Hospital	TTCF
St Joseph Center	TYFS
St Mary's	Valley Clinics
Star View	Verdugo Mental Health
Step Up On Second	Victory Wellness Center
Stirling Behavioral Health Institute	Village Family Services
STRIVE	Village ISA
Sub Contractor	VIP Community Mental Health Center, Inc.
Substance Abuse Foundation	Vista Del Mar
Tarzana Treatment Centers	VMH
The Children's Center	VMH Care
The Guidance Center	Well
The Help Group	West Central Mental Health
The Learning Clinic	West Valley Mental Health Center
The Long Beach Guidance Center	Westside Center of Independent Living (WCIL)
Transitional Housing	White Memorial
Travelers Aid Society of LA	Wise & Healthy Aging
TRCCF	Wraparound
Trinity El Monte	Youth Center

APPENDIX 3: Racial/Ethnic Identities

RESPONDENT RACIAL/ETHNIC IDENTITIES (n = 95)

African	Coptic
African American-Indian	Creole
African Descent- Born in the United States	Cuban
African, Sierra Leonian, Nigeria	Dutch
African-American	Ecuadorian
American	Egyptian
American-Mexican	Euro-American: Scotch/Irish/English & German (Bavaria)
Anglo Saxon	European
Anglo-American	French
Arab	French-Canadian
Argentinian	German
Armenian	German / Caucasian
Armenian, Arabic	German, English, Irish
Ashkenazy Jewish	German/Jewish
Asian American	German/Russian
Asian/Iranian/white	German/Swedish/British
Belizean	Guatemalan
Brazilian	Haitian American
British	Hetican
Bulgarian	Honduran
Burmese	Indo-European
Caribbean	Iranian
Chaldean	Irish
Cherokee	Irish American
Cherokee/Apache	Italian
Chicana/Mexican-American/Mexican	Italian American
Chicana/o	Italian, Aruban
Columbian	Italian, Irish, French, Spanish

RESPONDENT RACIAL/ETHNIC IDENTITIES
(continued)

Italian/German	Other - Unnamed
Italian/Polish	Pakistani
Italian/Portuguese	Palestinian & Russian / Jewish
Jamaican	Persian
Jewish	Persian, Armenian
Latin	Polish-American
Latina/o	Puerto Rican
Latino (Not Hispanic)	Russian
Latino, Salvadorian	Russian-American
Lebanese Armenian	Salvadorian
LGBT	Singaporean
Mexican	Slavic
Mexican / Latin American	Southeast Asian
Mexican American	Spanish
Middle Eastern	Spanish but non-Hispanic, Malayan
Mixed Asian/Latina	Sri Lankan
mixed race	Swedish
multiracial	Taiwanese
Native Jamaican	Thai
Northern European American	

APPENDIX 4: Countries of Origin

RESPONDENT COUNTRY OF ORIGIN (n = 92)

Afghanistan	Fiji	Palestine
Africa	France	Panama
Argentina	Georgia Republic	Peru
Armenia	Germany	Philippines
Australia	Ghana	Poland
Azerbaijan	Guatemala	Puerto Rico
Bangladesh	Guyana	Romania
Belarus	Haiti	
Belgium	Honduras	Russia
Belize	Hong Kong	Samoa
Bolivia	Hungary	Scotland
Bosnia – Herzegovina	India	Serbia
Brazil	Indonesia	Sierra Leone
Bulgaria	Iran	Singapore
Burma	Iraq	Slovenia
Cambodia	Ireland	South Africa
Cameroon	Israel	Spain
Canada	Italy	Sri Lanka
Chile	Jamaica	Sweden
China	Japan	Switzerland
Colombia	Kenya	Syria
Costa Rica	Korea	Taiwan
Cuba	Lebanon	Thailand
Czech Republic	Liberia	Uganda
Dominican Republic	Malaysia	Ukraine
Ecuador	Mexico	United Kingdom
EEUU	Netherlands	US
Egypt	Nicaragua	USSR
El Salvador	Nigeria	Venezuela
England	Norway	Vietnam
Ethiopia	Pakistan	Yugoslavia

CRITERION 8

The “Grievance & Appeal Procedures” Brochure

(Attachment 11)

GRIEVANCE & APPEAL PROCEDURES

The Department of Mental Health is the Local Mental Health Plan (MHP) for County of Los Angeles. If you are receiving specialty mental health services under the MHP, you have the right to access services that are appropriate to your disability, culture, language, gender, and age. You will receive services that are jointly determined by you and your mental health provider. We encourage you to take an active part in your care, and to express your concerns using the resolution process.

HOW THE PROBLEM RESOLUTION PROCESS WORKS:

You may resolve your concern(s) by speaking directly with your provider or mental health program representative.

You may request assistance from the Patients' Rights Office. An Advocate will work with you to resolve any problems you have with your provider or services.

Patients' Rights advocates may be reached at:

- **(213) 738-4949** for non-hospital grievances or appeals
- **(213) 738-4888** for hospital grievances or appeals

You may file a grievance orally or in writing at any time. You may obtain a form for your grievance from your mental health provider or from the Patients' Rights Office.

You may authorize another person to act on your behalf.

You will not be subject to discrimination or any other penalty for filing a grievance.

FOR MEDI-CAL BENEFICIARIES

You have the right to file an **Appeal** with the Patients' Rights Office or to request a **State Fair Hearing** when the MHP denies, reduces, changes, or terminates payment for your mental health services whether or not you receive a **Notice of Action (NOA)** from your mental health provider. An **NOA** is a document that is given to beneficiaries by their providers informing them of changes in services.

A STATE FAIR HEARING is an independent review conducted by the State Department of Social Services. The hearing makes sure that you receive the mental health services you are entitled to under the MHP.

You may request a State Fair Hearing only if you are a Medi-Cal recipient, and when you have completed the MHP's Appeal process.

If you want a State Fair Hearing, your request must be made within 30 days from the date you receive the ***Notice of Action***. You may request an additional 14-day extension.

AID PAID PENDING

If you receive a ***Notice of Action*****,** you are entitled to receive **Aid Paid Pending** if you contact the Patients' Rights Office within 10 days. *Aid Paid Pending* will allow you to continue to receive mental health services from the MHP while you are in the process of having a State Fair Hearing.

If you receive a ***Notice of Action***, you may request an "expedited" or fast resolution of your **Appeal** under extreme circumstances

The Patients' Rights Office will assist you in filing a State Fair Hearing. To request a State Fair Hearing on your own, call (800) 952-5253 or write to:

Administrative Adjudications Division
State Department of Social Services
744 P Street, Mail Station 19-37
Sacramento, CA 95814

SPECIALITY MENTAL HEALTH SERVICES AVAILABLE:

Psychiatric Inpatient Hospital Services
Psychiatry Services
Psychology Services
Targeted Case Management
Early and Periodic Screening,
Diagnosis and Treatment (EPSDT)
Rehabilitative Services
Psychiatric Nursing Facility Services

HOW TO OBTAIN SERVICES

Call the ACCESS Telecommunication Center at (800) 854-7771. For TDD/ TTY service, call (562) 651-2549.

For a list of providers, call ACCESS or the Patients' Rights Office at (213) 738-4949, or visit the DMH website:

www.dmh.co.la.ca.us

IMPORTANT INFORMATION:

- To request a change of Provider, you may speak with your Provider or call the Patients' Rights Office.
- Your confidentiality will be protected at all times in accordance with State and Federal law.
- This pamphlet and related materials are available in alternate format.
- Persons requesting materials in alternate format may contact the Patients' Rights Office at (800) 700-9996 or (213) 738-4888.
- Persons with speech or hearing impairments are contacted through California Relay Services (800) 735-2929.
- The County of Los Angeles Department of Mental Health does not discriminate on the basis of disability in the admission and access to its services, programs or activities.

YOU HAVE THE RIGHT TO FREE LANGUAGE ASSISTANCE SERVICES

AS A BENEFICIARY YOU HAVE THE RIGHT TO:

- Be treated with respect and with due consideration for your dignity and privacy;
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand;
- Participate in decisions regarding your health care, including the right to refuse treatment;
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation;
- Request and receive a copy of your medical records, and request that they be amended or corrected;
- Receive information in accordance with Title 42, CFR, Section 438.10 which describes information requirements;
- Be furnished health care services in accordance with Title 43, CFR, Sections 438.206 through 438.210, which cover requirements for availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.

County of Los Angeles — Department of Mental Health
Patients' Rights Office
(213) 738- 4949 – Non-Hospital Grievances and Appeals
(213) 738- 4888 – Hospital Grievances and Appeals

www.dmh.co.la.ca.us

County of Los Angeles
Department of Mental Health
Patients' Rights Office

(213) 738-4949
Non-Hospital Grievances and Appeals

(213) 738-4888
Hospital Grievances and Appeals

MH638E **Rev. 8/2005**

COUNTY OF
LOS ANGELES

DEPARTMENT OF
MENTAL HEALTH

GRIEVANCE & APPEAL PROCEDURES

A CONSUMER'S GUIDE

CRITERION 8

Beneficiary/Client Grievance or Appeal and Authorization Form

(Attachment 12)

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PATIENTS' RIGHTS OFFICE

Confidential Client Information: See Welfare and Institutions Code Section 5328

BENEFICIARY/CLIENT GRIEVANCE OR APPEAL AND AUTHORIZATION FORM

You may file a GRIEVANCE at any time.
You may authorize another person to act on your behalf.

You have the right to file an APPEAL with the Patients' Rights Office or to request a STATE FAIR HEARING when the Local Mental Health Plan:

1. **Denies or limits authorization of a requested service;**
2. **Reduces, suspends, or terminates a previously authorized service;**
3. **Denies, in whole or in part, payment for a service;**
4. **Changes services or fails to provide them in a timely manner;**
5. **Fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals or the resolution of expedited appeals.**

Only clients who are Medi-Cal recipients and who have completed the MHP's Appeal process may request a State Fair Hearing.

Person Filing the Grievance or Appeal

LAST NAME	FIRST NAME	M.I.	BIRTH DATE	MEDI-CAL #

ADDRESS	CITY	STATE	ZIP	HOME PHONE

Grievance or Appeal Filed Against

NAME OF FACILITY/PROVIDER/PROGRAM	PHONE

ADDRESS	CITY	STATE	ZIP CODE

BENEFICIARY/CLIENT GRIEVANCE/APPEAL & AUTHORIZATION FORM
(Continued)

You will not be subject to discrimination or any other penalty for filing a grievance or appeal. Your confidentiality will be protected at all times in accordance with State and Federal law.

DESCRIPTION OF GRIEVANCE or APPEAL: (Please submit any supporting written documents with the Grievance or Appeal. Use additional sheets if needed.)

Signature of Client/Client's Representative **Date**

If signed by client's personal representative, state relationship and authority to do so.

Please read and sign the Authorization for Use and Disclosure of Health Information on pages 3 and 4 which gives permission to the Los Angeles County – Department of Mental Health, Patients' Rights Office to investigate your Grievance or Appeal.

AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION:

If you sign this document, you give permission to the Los Angeles County – Department of Mental Health, Patients' Rights Office to investigate your Grievance or Appeal. This Authorization will allow your health care providers to disclose the following health information to Los Angeles County – Department of Mental Health, Patients' Rights Office to investigate your Grievance or Appeal:

- **Your past and current medical records; and**
- **Other information relating to your grievance or appeal and/or denial or rights.**

Expiration Date:
This Authorization will expire on the date of the resolution of your Grievance or Appeal.

Your Rights Regarding This Authorization:
If you agree to sign this Authorization, you must be provided with a signed copy of this form.

You do not have to sign this Authorization, and your refusal will not affect your ability to obtain treatment.

You can revoke or cancel your Authorization to allow use of your health information at any time by telling Los Angeles County – Department of Mental Health in writing. You must sign your revocation request and mail or deliver it to:

County of Los Angeles – Department of Mental Health
Patients' Rights Office
550 South Vermont Avenue
Los Angeles, CA 90020

If you revoke this Authorization, we may still use and share your health information that has already been obtained for reasons related to prior reliance of this Authorization.

BENEFICIARY/CLIENT GRIEVANCE/APPEAL & AUTHORIZATION FORM
(Continued)

Authorization Approval: By signing this form, I authorize the use or disclosure of the health information described above. I understand that my health information used or disclosed as a result of my signing this Authorization may not be further used or disclosed unless another authorization is received from me or such use or disclosure is specifically permitted or required by law.

Signature of Client/Client's Representative **Date**

If signed by client's personal representative, state relationship and authority to do so.

YOU HAVE THE RIGHT TO FREE LANGUAGE ASSISTANCE SERVICE.

CALL THE PATIENTS' RIGHTS OFFICE FOR ASSISTANCE AT:

NON-HOSPITAL GRIEVANCES/APPEALS- (213) 738-4949
HOSPITAL GRIEVANCES/APPEALS - (800) 700-9996 or (213) 738-4888

- **Did you complete the information requested on the form?**
- **Did you list your phone number and address where we can contact you?**
- **Did you sign both the Grievance or Appeal section on page 2 and the Authorization section on this page?**

Please mail to:

County of Los Angeles – Department of Mental Health
Patients' Rights Office
550 South Vermont Avenue
Los Angeles, CA 90020

Please don't forget a postage stamp.

CRITERION 8

DMH Policy and Procedure 202.29

(Attachment 13)

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT **BENEFICIARY PROBLEM RESOLUTION PROCESS**	POLICY NO. **202.29**	EFFECTIVE DATE **09/01/04**	PAGE **1 of 8**
APPROVED BY:  Director	SUPERSEDES	ORIGINAL ISSUE DATE	DISTRIBUTION LEVEL(S) **1**

PURPOSE

1.1 To ensure that a Medi-Cal beneficiary's grievances with Department of Mental Health (DMH) Specialty Mental Health Services are addressed in a sensitive, timely, appropriate, and culturally competent manner.

POLICY

2.1 Medi-Cal beneficiaries who are dissatisfied with Specialty Mental Health Services may register and pursue grievances or, when authorized services are denied, terminated, suspended, or reduced, may appeal the authorized decision.

DEFINITION

3.1 A "Grievance" is defined as an expression of dissatisfaction about any matter other than an action as defined below.

3.2 An "Action" occurs when the Local Mental Health Plan (LMHP):

- 3.2.1 denies or limits authorization of a requested service;
- 3.2.2 reduces, suspends, or terminates a previously authorized service;
- 3.2.3 denies, in whole or in part, payment for a service;
- 3.2.4 fails to provide services in a timely manner; or
- 3.2.5 fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals.

3.3 An "Appeal" is defined as a request by the beneficiary or his/her representative for review of an action as defined above.

3.4 A "State Fair Hearing" (SFH) is defined as an independent review conducted by the State Department of Social Services and is the final arbiter of grievances and appeals for action taken by the LMHP as defined in section 3.2.

3.5 "Aid Paid Pending" allows the beneficiary to continue obtaining Specialty Mental Health Services while pursuing an appeals or a State Fair Hearing.

3.6 An "Expedited Appeal" is defined as an oral or written request by the beneficiary to review an action as defined when using the standard resolution process could jeopardize the beneficiary's life, health, or ability to attain, maintain, or regain maximum function.

3.7 A "Notice of Action" (NOA) is defined as a written notice to the beneficiary when Specialty Mental Health Services are denied, reduced, modified, or terminated by the LMHP under any of the situations defined in section 3.2.

3.8 "Specialty Mental Health Services" are defined as:

3.8.1 Rehabilitative services, including mental health services, medication support services, day treatment, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and psychiatric health facility services;

3.8.2 Psychiatric inpatient hospital services;

3.8.3 Targeted case management;

3.8.4 Psychiatrist services;

3.8.5 Early and Periodic Screening, Diagnosis, and Treatment Supplemental Specialty Mental Health Services (EPSDT); and

3.8.6 Psychiatric nursing facility services.

3.9 "Beneficiary Rights" are defined as the rights to:

- Be treated with respect and with due consideration for his/her dignity and privacy.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- Participate in decisions regarding his/ her health care, including the right to refuse treatment
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Request and receive a copy of his/her medical records, and request that they be amended or corrected.
- Receive information in accordance with Title 42, CFR, Section 438.10 that describes information requirements.
- Be furnished health care services in accordance with Title 42, CFR, Sections 438.206 through438.210, which cover requirements for availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.

SUBJECT:	POLICY NO.	EFFECTIVE DATE	PAGE
BENEFICIARY PROBLEM RESOLUTION PROCESS	**202.29**	**09/1/04**	**3 of 8**

PROCEDURE

4.1 If a Medi-Cal beneficiary voices dissatisfaction with a facility and/or a clinician, a staff person shall inform the beneficiary about the services provided by the Patients' Rights office and offer a copy of the Beneficiary/Client Grievance or Appeal and Authorization form (Attachment I).

4.2 All grievances as defined above, and all requests for appeals because of a NOA, will be received and resolved, to the extent possible, by the Patients' Rights Office (PRO). A Patients' Rights Advocate (PRA), working in the PRO, will assist Medi-Cal beneficiaries in resolving all grievances and appeals.

4.2.1 The LMHP, through a NOA, will formally notify the beneficiary of an action taken by the LMHP which:

4.2.1.1 denies or limits authorization of a request service;
4.2.1.2 reduces, suspends, or terminates a previously authorized service;
4.2.1.3 denies, in whole or in part, payment for service;
4.2.1.4 fails to provide services in a timely manner; or
4.2.1.5 fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals.

4.3 All decisions concerning grievances and appeals will be made by the Patients' Rights Office. All appeals to the decision of the Patients' Rights Office in response to a notice of action (NOA) will be made through a State Fair Hearing.

4.3.1 The beneficiary may present his/her grievance or appeal, orally or in writing, by contacting the Patients' Rights Office. The Patients' Rights Office must respond in writing to an oral grievance whether or not it is subsequently submitted in writing.

4.3.2 An oral appeal in response to an action must be followed up by a written signed appeal, except in the case of expedited appeals. (see section 7.1 for timelines for expedited appeals).

4.4 The Patients' Rights Advocate will provide the beneficiary with a Grievance and Appeals Procedure brochure, which shall contain the following information:

4.4.1 A description of the services available;

4.4.2 A description of the process for obtaining services, including the LMHP's Statewide toll-free telephone number; and

4.4.3 A description of the LMHP's Beneficiary Problem Resolution Process, including the grievance, appeal, and action processes, and the availability of a State Fair Hearing.

4.5 The Patients' Rights Office will make available a Beneficiary/Client Grievance/Appeals and Authorization form, along with self-addressed envelopes, to beneficiaries at all LMHP provider sites.

4.6 The Patients' Rights Advocate will assist all clients in registering grievances and appeals and assist the beneficiary in preparing written grievances or appeals or in filing for a State Fair Hearing.

4.7 A Medi-Cal beneficiary who has a grievance or wishes to file an appeal concerning an action by the LMHP NOA, may be represented by another person of the beneficiary's choosing.

4.8 When a beneficiary lodges a grievance or requests a State Fair Hearing, whether orally or in writing, the Patients' Rights Advocate will record the grievance or appeal on the Problem Resolution Log.

Grievances and Appeals

5.1 When a beneficiary desires to register a grievance or challenge an action by the LMHP (appeal), the beneficiary will contact the Patients' Rights Office orally or in writing, or visit the Patients' Rights Office and request that a Patients' Rights Advocate resolve the grievance, or assist in challenging an action by the LMHP. A written statement by the beneficiary outlining his/her concerns must follow all oral appeals, with the exception of expedited appeals. Beneficiaries will be encouraged to complete the Beneficiary/Client Grievance or Appeal and Authorization Form and/or the Request for Medi-Cal Fair Hearing Form, if applicable.

5.2 Completion of the Beneficiary/Client Grievance or Appeal and Authorization Form shall constitute client/personal representative authorization for use and disclosure of any necessary Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations.

5.3 All communication involving use or disclosure of PHI during the Grievance and/or Appeal process shall be in accordance with the HIPAA Privacy Regulations, applicable State law, and DMH's HIPAA Privacy Policies and Procedures. (See DMH Policy 500.1, "Use and Disclosure of Protected Health Information (PHI) Requiring Authorization" and Policy 500.2, "Use and Disclosure of Protected Health Information (PHI) Without Authorization".)

5.4 The beneficiary may contact the Patients' Rights Office directly or may designate another person to act on his/her behalf.

5.4.1 Evidence supporting the claim of the beneficiary may be presented directly to the Patients' Rights Office. Written claims are not required.

5.5 The Patients' Rights Advocate assigned to the beneficiary will register the grievance or appeal, whether presented orally or in writing, on the Problem Resolution Log within one day after the appeal or complaint is lodged.

5.6 The Patients' Rights Advocate will acknowledge the receipt of a grievance or appeal to the beneficiary in writing.

5.7 The Patients' Rights Advocate will assess the nature of the grievance or appeal and assist the beneficiary/client in completing the Beneficiary/Client Grievance or Appeal and Authorization Form or the Request for Medi-Cal Fair Hearing form, if necessary.

5.8 Even though the beneficiary begins with an appeal, he/she may ask for a State Fair Hearing at any time during his/her efforts to resolve issues resulting from an action.

5.9 When the grievance or appeal issue has been fully vetted, the Patients' Rights Advocate will attempt to mediate and resolve the issues raised by the beneficiary. After all attempts at resolution have been made, the Patients' Rights Advocate will notify the beneficiary in writing of the results of the mediation attempts and the decision made.

5.10 The written response to an appeal resulting from an action will clearly indicate that the Medi-Cal beneficiary may request a State Fair Hearing if not satisfied with the decision by the Patients' Rights Office.

5.11 If the beneficiary's appeal is related to action as per section 3.2, and the beneficiary requests an extension of benefits, the LMHP will continue to provide the authorized services until the appeal is satisfied, or the beneficiary withdraws the appeal, or ten (10) days have passed since the LMHP has ruled against the beneficiary, or a State Fair Hearing results in an adverse decision to the beneficiary. The reference to continuation of services in these circumstances is referred to as "Aid Paid Pending."

5.12 When the grievance is satisfied or resolved, or the appeal is finalized, the Patients' Rights Advocate will record the final disposition in the Problem Resolution Log, including the date the decision is sent to the beneficiary or his/her designee. A written notice will be sent and must contain the results of the grievance or appeal resolution process, the date the grievance or appeal decision was made, the beneficiary's right to a State Fair Hearing if the problem was a result of an action and was not resolved to the beneficiary's satisfaction during the appeal process, and the beneficiary's right to request benefits during the appeal, and the procedures for requesting the State Fair Hearing.

5.12.1 The Patients' Rights Advocate who decides any issue related to a grievance or appeal shall not be the same individual who has been involved in any previous level of review or decision making, whether in a formal or informal manner.

5.12.2 If the grievance or appeal involves clinical issues, the Patients' Rights Advocate shall have appropriate clinical expertise.

5.12.2.1 Appropriate clinical expertise does not necessarily mean specialty skills such as prescribing or evaluating medication services or other discipline related expertise, e.g., psychological testing.

5.13 Information (including aggregate data) concerning grievances and appeals shall be sent on a regular basis to the Quality Improvement Committee (QIC) for review and analysis, and to assist the QIC in evaluating the effectiveness of the appeal and grievance process, and to make changes in service delivery as needed.

State Fair Hearing (Final) Level of Appeal

6.1 In response to an action, the Medi-Cal beneficiary may request a State Fair Hearing. Clients who are not Medi-Cal recipients may not request a State Fair Hearing.

6.2 The Patients' Rights Advocate will assist the beneficiary in filling out the Request for Medi-Cal Fair Hearing form (Attachment II) and will ensure that the form is mailed correctly, including postage, if necessary. The Patients' Rights Office may fax this information as appropriate.

6.3 If the beneficiary's appeal is related to action by the LMHP which involves the termination, suspension, or reduction of a previously authorized course of treatment by an authorized provider, as per section 3.2, and the beneficiary requests an extension of benefits, the LMHP will continue to provide the authorized services until the appeal is satisfied, or the beneficiary withdraws the appeal, or ten (10) days have passed since the LMHP has ruled against the beneficiary, or a State Fair Hearing results in an adverse decision to the beneficiary. The reference to continuation of services in these circumstances is referred to as "Aid Paid Pending."

6.4 The Patients' Rights Advocate of the beneficiary's choice may represent the beneficiary at the State Fair Hearing. The advocate who assisted in the grievance or appeals process may not represent the beneficiary at the State Fair Hearing, however.

6.5 When the appeal is finalized by the State Fair Hearing, the Patients' Rights Advocate will record the final disposition in the Problem Resolution Log, including the date that written information about the decision was sent to the beneficiary or his/her designee.

SUBJECT:	POLICY NO.	EFFECTIVE DATE	PAGE
BENEFICIARY PROBLEM RESOLUTION PROCESS	**202.29**	**09/1/04**	**7 of 8**

Expedited Resolution of Appeals

7.1 An expedited resolution process may be requested by the beneficiary when, based on information supplied by the beneficiary, his/her provider of services or another responsible party, the Patients' Rights Office determines that the length of time needed for a standard resolution could jeopardize the beneficiary's life, health. or ability to attain, maintain, or regain maximum function.

7.1.1 If the LMHP denies a request for an expedited resolution of appeals, the Patients' Rights Office will give the beneficiary prompt oral notice of the denial and will follow-up within two (2) calendar days with a written notice.

7.1.2 When granted, the expedited resolution of appeals must be resolved within three (3) working days.

7.2 The Patients' Rights Advocate will record the beneficiary's request for an Expedited Resolution and the outcome of the request in the Problem Resolution Log.

Written Notification of Disposition for All Grievances and Appeals

8.1 For all grievances and appeals, a written notification of the resolution or outcome of the grievance or appeal shall be presented to the beneficiary. The content of the written notice must include the following:

8.1.1 The results of the resolution process and the date it was completed.

8.1.2 For appeals not resolved wholly in favor of the beneficiary:

8.1.2.1 The right to request a State Fair Hearing and how to do so;

8.1.2.2 The right to request to receive benefits while the hearing is pending; and

8.1.2.3 How to make the request.

8.2 The State Fair Hearing is the final arbiter of all appeals and there are no other appeal levels.

SUBJECT:	POLICY NO.	EFFECTIVE DATE	PAGE
BENEFICIARY PROBLEM RESOLUTION PROCESS	**202.29**	**09/1/04**	**8 of 8**

Timeframes for All Grievances and Appeals

9.1 All grievances presented to the LMHP must be resolved within 60 calendar days of the date on which the complaint was logged on the Problem Resolution Log.

9.2 All standard appeals must by resolved within 45 calendar days of the receipt of the appeal by the Patients' Rights Office.

9.3 These timeframes may be extended by up to 14 days when the beneficiary requests the extension or the LMHP shows there is a need for additional information and how the delay is in the beneficiary's interest.

9.4 For an expedited request for continued services after services have been denied, reduced, or terminated by the LMHP, the LMHP must resolve the issue within three (3) working days. Oral requests for expedited appeals do not have to be followed with a written request.

9.5 When the LMHP does not address and resolve grievances and/or appeals within the stated timeframes, the lack of timeliness is an issue for grievance.

AUTHORITY

Code of Federal Regulations, Title 42, Chapter IV, Part 438, Section 438.400ff
California Code of Regulations, Title IX, Chapter 11, Section 1850.205ff
Code of Federal Regulations Part 160-164; Section 164.508 "Use and Disclosure for Which an Authorization is Required"
DMH Policy 500.1 "Use and Disclosure of Protected Health Information Requiring Authorization"
DMH Policy 500.2 "Use and Disclosure of Protected Health Information Without Authorization"

ATTACHMENTS

Attachment I Beneficiary/Client Grievance Or Appeal And Authorization form
Attachment II Request for Medi-Cal Fair Hearing form

REVIEW DATE

This policy shall be reviewed on or before September 15, 2009.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
PATIENTS' RIGHTS OFFICE

Confidential Client Information: Welfare and Institutions Code 5328

BENEFICIARY/CLIENT GRIEVANCE OR APPEAL AND AUTHORIZATION FORM

You may file a GRIEVANCE at any time.
You may authorize another person to act on your behalf.

You have the right to file an APPEAL with the Patients' Rights Office or to request a State Fair Hearing when the Local Mental Health Plan:

1. **Denies or limits authorization of a requested service;**
2. **Reduces, suspends, or terminates a previously authorized service;**
3. **Denies, in whole or in part, payment for a service;**
4. **Fails to provide services in a timely manner; or**
5. **Fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals or the resolution of expedited appeals.**

Only clients who are Medi-Cal recipients may request a State Fair Hearing.

Person Filing the Grievance or Appeal

LAST NAME	FIRST NAME	M.I.	BIRTH DATE	MEDI-CAL #

ADDRESS	CITY	STATE	ZIP	HOME PHONE

Grievance or Appeal Filed Against

NAME OF FACILITY/PROVIDER/PROGRAM	PHONE

ADDRESS	CITY	STATE	ZIP CODE

BENEFICIARY/CLIENT GRIEVANCE/APPEAL & AUTHORIZATION FORM (Continued)

You will not be subject to discrimination or any other penalty for filing a grievance or appeal. Your confidentiality will be protected at all times in accordance with State and Federal law.

DESCRIPTION OF GRIEVANCE or APPEAL: (Please submit any supporting written documents with the grievance or appeal. Use additional sheets if needed.)

_____

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_____

_____

_____

_____

_____

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_____

_____ _____

Signature of Client/Client's Representative **Date**

_____

If signed by client's personal representative, state relationship and authority to do so.

- ✓ **Please read and sign the Authorization for Use and Disclosure of Health Information on pages 3 and 4 which gives permission to the Los Angeles County – Department of Mental Health, Patients' Rights Office to investigate your grievance or appeal.**

BENEFICIARY/CLIENT GRIEVANCE/APPEAL & AUTHORIZATION FORM (Continued)

AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION:

If you sign this document, you give permission to the Los Angeles County – Department of Mental Health, Patients' Rights Office to investigate your grievance or appeal. This Authorization will allow your health care providers to disclose the following health information to Los Angeles County – Department of Mental Health, Patients' Rights Office to investigate your grievance or appeal:

- Your past and current medical records; and
- Other information relating to your grievance or appeal and/or denial or rights.

Expiration Date:
This Authorization will expire on the date of the resolution of your grievance or appeal.

Your Rights Regarding This Authorization:
If you agree to sign this Authorization, you must be provided with a signed copy of this form.

You do not have to sign this Authorization, and your refusal will not affect your ability to obtain treatment.

You can revoke or cancel your Authorization to allow use of your health information at any time by telling Los Angeles County – Department of Mental Health in writing. You must sign your revocation request and mail or deliver it to:

County of Los Angeles – Department of Mental Health
Patients' Rights Office
550 South Vermont Avenue
Los Angeles, CA 90020

If you revoke this Authorization, we may still use and share your health information that has already been obtained for reasons related to prior reliance of this Authorization.

BENEFICIARY/CLIENT GRIEVANCE/APPEAL & AUTHORIZATION FORM (Continued)

Authorization Approval: By signing this form, I authorize the use or disclosure of the health information described above. I understand that my health information used or disclosed as a result of my signing this Authorization may not be further used or disclosed unless another authorization is received from me or such use or disclosure is specifically permitted or required by law.

Signature of Client/Client's Representative	**Date**

If signed by client's personal representative, state relationship and authority to do so.

YOU HAVE THE RIGHT TO FREE LANGUAGE ASSISTANCE SERVICE.

CALL THE PATIENTS' RIGHTS OFFICE FOR ASSISTANCE AT:

NON-HOSPITAL GRIEVANCES/APPEALS- (213) 738-4949
HOSPITAL GRIEVANCES/APPEALS - (800) 700-9996 or (213) 738-4888

- **Did you complete the information requested on the form?**
- **Did you list your phone number and address where we can contact you?**
- **Did you sign both the grievance or appeal section on page 2 and the authorization section on this page?**
- **Please mail to:**

  County of Los Angeles – Department of Mental Health
  Patients' Rights Office
  550 South Vermont Avenue
  Los Angeles, CA 90020
- **Please don't forget a postage stamp.**

REQUEST FOR MEDI-CAL FAIR HEARING
COUNTY SPECIALTY MENTAL HEALTH SERVICES

TO: Chief ALJ, Administrative Adjudication Division (AAD)
California Department of Social Services (CDSS)
744 "P" Street, Sacramento, CA 95814
Phone: (916) 657-3550

Re: Medi-Cal Fair Hearing – Specialty Mental Health Medi-Cal Services

Respondent: Local Mental Health Plan, County of _____

_____ _____ _____
Recipient's Name Date of Birth Medi-Cal Number

_____ _____
Social Security Number Phone Number (include area code)

_____ _____
Street Address City, State, Zip

Filed by (if different from above)**:**

_____ _____
Name Relationship

_____ _____
Address Phone Number (include area code)

Reason for Requesting Hearing The Mental Health Plan has:

_____ Denied or limited authorization of a requested service;
_____ Reduced, suspended, or terminated a previously authorized service;
_____ Denied, in whole or in part, payment for a service;
_____ Failed to provide services in a timely manner; or
_____ Failed to act within the timeframes for disposition of standard grievances, the resolution of standard appeals or the resolution of expedited appeals.

__ Interpreter needed? Language: _____ __ Home hearing needed?

__ Other accommodations needed:

_____

_____ _____
Signature **Date**

(You can mail this in or fax it to (916) 229-4110. You can also call in a hearing request to 1-800-743-8525, but the line is often busy.)

c: County Patient Rights Office

CRITERION 8

LACDMH Annual Beneficiary Grievance/Appeal/State Fair Hearing Report

(Attachment 14)

County of Los Angeles - Department of Mental Health

Quality Improvement Work Plan Implementation Status Report
Dated 10/20/09
Prepared by: Program Support Bureau, Quality Improvement Division

NAME OF REPORT:

LAC-DMH ANNUAL BENEFICIARY GRIEVANCE/APPEAL REPORT FY 2008/2009

QI IMPLEMENTATION STATUS REPORT

The Patients' Rights Office (PRO) prepared and submitted to the State the LAC-DMH ANNUAL BENEFICIARY GRIEVANCE/APPEAL/STATE FAIR HEARING REPORT for Fiscal Year 2008/2009 consistent with LAC DMH Policy and Procedure 202.29. (See Attached LAC-DMH Report and LAC-DMH Report with Subcategories).

The QI Division and the QI Work Plan Monitoring of Beneficiary Satisfaction (#6) occurs bi-annually and is reported at Departmental QIC meetings. The seven reporting categories are: Access, Termination of Services, Denied Services, Change of Provider, Quality of Care, Confidentiality and Other.

Summary of Findings

1. There were a total of 695 Grievances/Appeals and State Fair Hearings in FY 2008-09, and of these there were: 672 Grievances (96.7%), 6 Appeals (.9%) and 17 State Fair Hearings (.024%). The largest numbers of Grievances/ Appeals and State Fair Hearings were for Quality of Care at 502 (72.2%). The majority of Quality of Care Grievances/Appeals and State Fair Hearings were: Treatment Concerns at 112 (22.3%), Medication at 106 (21.1%), Provider Relations at 102 (20.3%) and Treatment Disagreements at 65 (12.9%). Second to Quality of Care was other at 139 (20%). The majority of other included: Housing at 27 (19.4%), Lost/Stolen Belongings at 25 (18.0%), Money/ Funding/Billing at 15 (10.8%) and Non Provider Concerns at 15 (10.8%).

2. In regards to Disposition, 668 (96.1%) of the 695 Grievances/Appeals and State Fair Hearings were resolved. None are Still Pending, and 27 (.039%) were Referred Out.

3. PRO submitted the Annual Report to the State consistent with LAC-DMH Policy and Procedure 202.29 requirements.

Action Requested/Needed

1. Review collection and processing of data to ensure accurate/complete reporting for the identification of areas for QI improvement.

2. Reassess bi-annual QI Work Plan Goal (III, 6) for Grievance, Appeal, State Fair Hearings.

3. Compare and analyze this year's data as compared to last year.

Recommended Policy Change(s)

1. As part of a continuous Quality Improvement process initiate trending analysis (06-07, 07-08, 08-09) for the LAC-DMH Annual Beneficiary Grievance/Appeal categories and include in reporting at the Departmental QI meetings (Nov. 9, 2009). Trending data evidences high numbers and percents for subcategories of Quality of Care: 1. Provider Relations, 2. Medication, 3. Treatment Disagreement and for Other: 1. Housing. Thresholds should be established for use in identifying areas for potential improvement.

2. Review QI Work Plan Goal (III, 6) timeline for Dept. QIC. Review/ Recommendations (Nov 9, 2009) in connection with Annual Report to State (Annually).

3. Create Focus Work group to work on Integrated Computer Tracking System including Statement of Work (SOW).
    a. Make appropriate revisions to forms (i.e. Report names for Categories and Subcategories data).
    b. Standardize definitions for Categories and Subcategories.
    c. Establish percent benchmarks for Categories/Subcategories.
    d. Electronic tracking of initial complaints/problems to Resolution/ Referred Out.

LOS ANGELES COUNTY
ANNUAL BENEFICIARY GRIEVANCE/APPEAL REPORT
FISCAL YEAR 2008/2009

CATEGORY	NUMBER BY CATEGORY	CATEGORIES					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	7	6	1					7	0
Termination of Services	8	5	3					8	0
DENIED SERVICES (NOA-A Assessment)	8	2			6			8	0
CHANGE OF PROVIDER	13	13						13	0
QUALITY OF CARE:	502	493	2		7		7	495	0
CONFIDENTIALITY	18	18					7	11	0
OTHER:	139	135			4		13	126	0
TOTALS	695	672	6	0	17	0	27	668	0

Report: July 1, 2008 - June 30, 2009
Prepared by: Ebony Loot
DMH, Patients' Rights Bureau
Telephone #: (213) 738-2524
Date: 10/23/09

LOS ANGELES COUNTY
ANNUAL BENEFICIARY GRIEVANCE/APPEAL REPORT
FISCAL YEAR 2008/2009

CATEGORY	NUMBER BY CATEGORY	CATEGORIES					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	7	6	1					7	0
Termination of Services	8	5	3					8	0
DENIED SERVICES **(NOA-A Assessment)**	8	2			6			8	0
CHANGE OF PROVIDER	13	13						13	0
QUALITY OF CARE:	502	493	2		7		7	495	0
Provider Relations	102								
Medication	106								
Discharge/Transfer	52								
Patients' Rights Materials	3								
Treatment Concerns	112								
Delayed Services	1								
Abuse	58								
Referrals	3								
Treatment disagreement	65								
Reduction of Services	0								
CONFIDENTIALITY	18	18					7	11	0
OTHER:	139	135			4		13	126	0
Housing	27								
Lost/Stolen Belongings	25								
Social Security	9								
Unable to Understand	5								
Smoking	9								
Legal	13								
Money/Funding/Billing	15								
Use of Phone	11								
Non Provider Concerns	15								
Forms	1								
Medi-cal	2								
Miscellaneous (other)	7								
TOTALS	695	672	6	0	17	0	27	668	0

Report: July 1, 2008 - June 30, 2009
Prepared by: Ebony Loot
DMH, Patients' Rights Bureau
Telephone #: (213) 738-2524
Date: 10/23/0

LAC-DMH ANNUAL BENEFICIARY GRIEVANCE/APPEAL REPORT
Trending Table FY 06-07, 07-08, 08-09
Date 10/28/09

CATEGORY (Domain)	NUMBER BY CATEGORY			CATEGORIES															DISPOSITION								
				Grievance			Appeal			Expedited Appeal			State Fair Hearing			Expedited State Fair Hearing			Referred Out			Resolved			Still Pending		
	06-07	07-08	08-09	06-07	07-08	08-09	06-07	07-08	08-09	06-07	07-08	08-09	06-07	07-08	08-09	06-07	07-08	08-09	06-07	07-08	08-09	06-07	07-08	08-09	06-07	07-08	08-09
ACCESS	8	10	7	1	8	6	6	2	1	0	0	0	1	0	0	0	0	0	1	0	0	7	10	7	0	0	0
Termination of Services	11	10	8	0	0	5	10	9	3	0	0	0	1	1	0	0	0	0	1	0	0	10	10	8	0	0	0
DENIED SERVICES (NOA-A Assessment)	20	18	8	0	0	2	17	11	0	0	0	0	3	7	6	0	0	0	0	0	0	20	18	8	0	0	0
CHANGE OF PROVIDER	26	15	13	25	15	13	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	26	15	13	0	0	0
QUALITY OF CARE:	506	500	502	497	480	493	5	7	2	0	0	0	4	13	7	0	0	0	17	17	7	489	483	495	0	0	0
CONFIDENTIALITY	21	30	18	21	30	18	0	0	0	0	0	0	0	0	0	0	0	0	6	6	7	15	24	11	0	0	0
OTHER:	143	128	139	136	114	135	0	0	0	0	0	0	7	14	4	0	0	0	12	19	13	131	109	126	0	0	0
TOTALS	735	711	695	680	647	672	38	29	6	0	0	0	17	35	17	0	0	0	37	42	27	698	670	668	0	0	0

QUALITY OF CARE:	06-07	07-08	08-09	Avg.	%
Total	506	500	502	502.7	
Provider Relations	189	87	102	126.0	25.1%
Medication	107	86	106	99.7	19.8%
* Treatment Disagreement	Not in 06	104	65	84.5	16.8%
Treatment Concerns	50	63	112	75.0	14.9%
Discharge/Transfer	73	85	52	70.0	13.9%
Abuse	75	61	58	64.7	12.9%
Patients' Rights Materials	6	3	3	4.0	0.8%
Delayed Services	3	6	1	3.3	0.7%
Referrals	3	4	3	3.3	0.7%
* Reduction of Services	Not in 06	1	0	0.5	0.1%

*** Footnote: Quality of Care subcategories for Treatment Disagreements and Reduction of Services were not used in 06-07 data. Average calculated using 07-08 and 08-09.**

OTHER:	06-07	07-08	08-09	Avg.	%
Total	143	128	139	136.7	
Housing	23	31	27	27.0	19.8%
Lost/Stolen Belongings	16	16	25	19.0	13.9%
Legal	22	13	13	16.0	11.7%
Non Provider Concerns	28	5	15	16.0	11.7%
Money/Funding/Billing	16	16	15	15.7	11.5%
Miscellaneous (other)	11	11	7	9.7	7.1%
Social Security	8	11	9	9.3	6.8%
Smoking	5	7	9	7.0	5.1%
Use of Phone	3	7	11	7.0	5.1%
Unable to Understand	5	3	5	4.3	3.2%
Forms	4	7	1	4.0	2.9%
Medi-Cal	2	1	2	1.7	1.2%