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**County of Los Angeles – Department of Mental Health**

# **Mental Health Services Act (MHSA)**

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

Effective: November 1, 2006  
Revised: July 7, 2016



Published by

Countywide Programs Administration

- ❖ Children
- ❖ Transition-age Youth
- ❖ Adults
- ❖ Older Adults

Robin Kay, Ph.D.  
Acting Director

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH**

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<b>OUTREACH AND ENGAGEMENT FOR CLIENTS IN INSTITUTIONS</b>	<b>I.A.</b>	<b>5/11/2007</b>	<b>1 of 3</b>

**PURPOSE:** To inform agencies with the following intensive services programs, Assertive Community Treatment (ACT), AB 2034, Full Service Partnership (FSP), and Specialized Foster Care Intensive In-home Mental Health Services (IIHMHS), of the outreach and engagement expectations for referrals of clients residing in institutions.

**DEFINITION:**

1. Outreach and engagement are services provided to potential FSP clients prior to enrollment in a FSP program. Outreach and engagement services are used to build a relationship between the FSP program and potential client and to determine if the potential client is appropriate for FSP services.

- a. Outreach is defined as the initial step in connecting, or reconnecting, an individual or family to needed mental health services. Outreach is primarily directed toward individuals and families who might not use services due to lack of awareness or active avoidance, and who would otherwise be ignored or underserved. Outreach is a process rather than an outcome, with a focus on establishing rapport and a goal of eventually engaging people in the services they need and will accept.<sup>1</sup>

- b. Engagement is defined as the process by which a trusting relationship between a service provider and an individual or family is established. This provides a context for assessing needs, defining service goals and agreeing on a plan for delivering the services. The engagement period can be lengthy; the time from initial contact to engagement can range from a few hours to two years or longer.<sup>1</sup>

2. Institution includes county or fee-for-service (FFS) hospitals; Institutions for Mental Disease (IMD); Skilled Nursing Facilities (SNF); State Hospitals (SH); Psychiatric Health Facilities (PHF); Community Treatment Facilities (CTF); jail; juvenile hall; Probation camps; California Youth Authority (CYA); and Level 12-14 group homes.

**GUIDELINES:** Clients referred to an agency while residing in an institution must be provided with outreach and engagement services prior to discharge and enrollment in an intensive services program.

1. Upon receiving a referral for a client in an in-patient hospital, emergency room or urgent care center, agency staff shall

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conduct a face-to-face assessment within twenty-four (24) hours of receiving the referral to determine eligibility. For clients in all other institutional settings, agency staff shall conduct a face-to-face assessment within seventy-two (72) hours of receiving the referral to determine eligibility (see II. Eligibility Criteria)

2. Once eligibility is determined, the agency will begin outreach and engagement services, which include:
  - Regular Client Contact – The agency staff must maintain regular contact with the client and, if a minor, his/her parent/guardian. Regular client/family contact should occur as often as necessary, but not less than once a week.
  - Contact With Institutions – In order to ensure continuity of care, the agency staff must maintain regular contact with those responsible for overseeing the client’s care while in the institution. Regular contact is a weekly phone call or personal visit, at minimum.
    - For minor clients residing in Probation camps, the designated contact staff will generally be the DMH TAY System Navigators deployed in the Probation camps and responsible for linkage to aftercare resources.
    - For minor clients who are court dependents or wards, this also includes regular contact with responsible individuals from other county departments, such as Children and Family Services (Children’s Social Worker), Probation (Deputy Probation Officer) and/or Mental Health (Children’s Countywide Case Manager), if applicable.
  - Discharge Planning – The agency staff must work cooperatively with the institution to coordinate discharge. The agency staff shall assist with locating residential placement/housing, assuring the client has adequate prescriptions or medication supply upon discharge\*, and with the transportation of the client from the institution to their pre-arranged residential placement/housing. (For



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minor clients, this may also include assistance with educational placement.) These activities should be done in collaboration with the institution treatment staff, DMH liaisons, conservators and families. \*Refer to the DMH Medical Director’s WebLink below for important prescription guidelines for uninsured clients.

- For clients residing in IMD’s, the FSP agency staff shall be responsible for locating residential placement/housing and for transporting the client from the institution to their pre-arranged residential placement/housing.
- 3. Upon discharge from the institution, the agency may begin the enrollment process. If the client consents to services, a Full Service Partnership Referral and Authorization Form must be submitted (see III. Referral, Authorization and Enrollment). The enrollment date must be effective after the client is released from the institution.
- 4. Services provided to potential FSP clients prior to enrollment must be claimed through Community Outreach Services (COS) using a special Community Outreach Services claim form in the Integrated System (IS). Outreach and engagement services typically fall under the COS category of “Community Client Services” (refer to *DMH Community Outreach Services Manual* for service definitions, codes and claiming instructions).

**FORMS:**

- Full Service Partnership Referral and Authorization Form
- Community Outreach Services claim form

**REFERENCES**

- <sup>1</sup>Erickson, S. & Page, J. (1998). *To Dance With Grace: Outreach & Engagement to Persons on the Street*. Paper prepared for the National Symposium on Homelessness Research, United States Department of Health & Human Services.
- <http://www.rshaner.medem.com> →Pharmacy→Fund-One Initiative: Letter and Information (posted 4/20/07)→*Changes in DMH Pharmacy Operation That Affect Prescriptions Involving Potential Polypharmacy With Specific Highly Expensive Antipsychotic Medications*.
- Community Outreach Services Manual (pending release 1/07)
- <http://dmh.lacounty.info/hipaa/r3COS.htm> (COS claim tutorial on IS)

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<b>OUTREACH AND ENGAGEMENT FOR INDIVIDUALS AND FAMILIES IN THE COMMUNITY</b>	<b>I.B.</b>	<b>11/1/2006</b>	<b>1 of 4</b>

**PURPOSE:** To inform Full Service Partnership (FSP) agencies of the outreach and engagement expectations for individuals and families residing in the community.

**DEFINITION:** Outreach and engagement are services provided to potential FSP clients prior to enrollment in a FSP program. Outreach and engagement services are used to build a relationship between the FSP program and potential client and to determine if the potential client is appropriate for FSP services.

1. Outreach is defined as the initial step in connecting, or reconnecting, an individual or family to needed mental health services. Outreach is primarily directed toward individuals and families who might not use services due to lack of awareness or active avoidance, and who would otherwise be ignored or underserved. Outreach is a process rather than an outcome, with a focus on establishing rapport and a goal of eventually engaging people in the services they need and will accept.<sup>1</sup>
2. Engagement is defined as the process by which a trusting relationship between a service provider and an individual or family is established. This provides a context for assessing needs, defining service goals and agreeing on a plan for delivering the services. The engagement period can be lengthy; the time from initial contact to engagement can range from a few hours to two years or longer.<sup>1</sup>

**GUIDELINES:**

1. There are three circumstances under which an FSP agency may provide outreach and engagement services to individuals or families residing in the community:

- a. Agency-initiated Outreach to FSP Focal Populations – FSP agencies may choose to conduct outreach and engagement services to individuals or families that appear to meet FSP focal population criteria (see II.A. Focal Populations per Age Group for criteria).

- i. The FSP agency will outreach to the prospective client until such time a determination is made as to

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the individual's appropriateness for, and interest in, a FSP program.

- ii. If the individual/family does not agree to or is determined inappropriate for FSP services, the agency shall ensure linkage to other appropriate services, as needed.
  - iii. If the individual/family meets FSP age, focal population and level-of-service criteria and agrees to FSP services, the FSP agency will submit a completed Full Service Partnership Referral and Authorization Form to the appropriate Impact Unit requesting pre-authorization to enroll (see III. Referral, Authorization and Enrollment for procedure).
- b. Walk-in/Self-referral – Prospective FSP clients seeking mental health services may present themselves to an FSP agency. If during the agency's screening process the individual or family appears to meet FSP focal population criteria (see II.A. Focal Populations per Age Group for criteria), the FSP agency may choose to conduct outreach and engagement services to the prospective client.
- i. The FSP agency will outreach to the prospective client until such time a determination is made as to the individual's appropriateness for, and interest in, a FSP program.
  - ii. If the individual/family does not agree to or is determined inappropriate for FSP services, the agency shall ensure linkage to other appropriate services, as needed.
  - iii. If the individual/family meets FSP age, focal population and level-of-service criteria and agrees to FSP services, the FSP agency will submit a completed Full Service Partnership Referral and Authorization Form to the appropriate Impact Unit requesting pre-authorization to enroll (see III.

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Referral, Authorization and Enrollment for procedure).

- c. Referral from Impact Unit/Service Area Navigator – Referrals for outreach and engagement to a potential FSP client will be sent to the FSP agency by the Impact Unit staff. The Impact Unit staff will have completed the Full Service Partnership Referral and Authorization Form to the extent possible and the Impact Unit Coordinator will have pre-authorized FSP enrollment based upon preliminary information about the individual (and family, if appropriate).
- i. Upon receiving a referral from the Impact Unit for a potential FSP client residing in the community, agency staff shall initiate outreach and engagement services within seventy-two (72) hours to determine the individual's appropriateness for, and interest in, a FSP program. Discussions related to the extent and duration of outreach activities shall be held in Impact Unit meetings based the specific needs of the potential FSP client.
  - ii. Once a determination has been made, the FSP agency will notify the Impact Unit of the outcome of the outreach activities by completing the "FSP Agency" section under "Disposition" on Page 4 of the original Full Service Partnership Referral and Authorization Form and submitting it to the Impact Unit that made the referral.
  - iii. If the individual/family does not agree to or is determined inappropriate for FSP services, the agency shall collaborate with the Impact Unit staff to ensure linkage to other services.
  - iv. If the FSP agency declines to enroll the eligible individual who has been pre-authorized for enrollment, the agency shall follow III.B. Procedure for Filing Appeals Related to FSP Client Enrollment, Disenrollment or Transfer.

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- v. If the individual/family agrees to FSP services and the agency confirms their intent to enroll, the Impact Unit will forward the completed Full Service Partnership Referral and Authorization Form to Countywide Programs Administration for enrollment authorization (see III. Referral, Authorization and Enrollment for procedure).
  
- 2. Services provided to potential FSP clients prior to enrollment must be claimed through Community Outreach Services (COS) using a special Community Outreach Services claim form in the Integrated System (IS). Outreach and engagement services typically fall under the COS category of “Community Client Services” (refer to *DMH Community Outreach Services Manual* for service definitions, codes and claiming instructions).
  
- 3. The DMH has developed a one-page brochure for each of the four FSP age groups which describes the services that are available through the FSP program. The brochure includes standardized advisement providing information about the HIPAA Privacy Practices Notice and how information that is received by the DMH will be handled and maintained. The brochure will be provided by DMH staff to potential FSP clients when, in the opinion of the outreach worker or other staff, it is appropriate and not contraindicated in the process of outreach and engagement to the potential client. The provision of a brochure or similar notification is important to ensure that all prospective clients are aware of the scope of services provided under FSP.

**FORMS:**

- Community Outreach Services claim form
- Full Service Partnership Referral and Authorization Form

**REFERENCES:**

- <sup>1</sup>Erickson, S. & Page, J. (1998). *To Dance with Grace: Outreach & Engagement to Persons on the Street*. Paper prepared for the National Symposium on Homelessness Research, United States Department of Health & Human Services.
- Community Outreach Services Manual (pending release 1/07)
- <http://dmh.lacounty.info/hipaa/r3COS.htm> (COS claim tutorial on IS)

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**PURPOSE:** To establish Full Service Partnership (FSP) eligibility criteria based on focal populations identified in the Mental Health Services Act and developed by the Department of Mental Health and its Stakeholders.

- DEFINITION:**
1. Child Focal Population (ages 0-15)
    - a. Zero to five-year-old (0-5) with serious emotional disturbance (SED)<sup>1</sup> who is at high risk of expulsion from pre-school, is involved with or at high risk of being detained by Department of Children and Family Services, and/or has a parent/caregiver with SED or severe and persistent mental illness, or who has a substance abuse disorder or co-occurring disorders.
    - b. Child/youth with SED who has been removed or is at risk of removal from their home by DCFS and/or is in transition to a less restrictive placement.
    - c. Child/youth with SED who is experiencing the following at school: suspension or expulsion, violent behaviors, drug possession or use, and/or suicidal and/or homicidal ideation.
    - d. Child/youth with SED who is involved with Probation, is on psychotropic medication, and is transitioning back into a less structured home/community setting.

<sup>1</sup>A child/youth is considered seriously emotionally disturbed (SED) if he/she exhibits one or more of the following characteristics, over a long period of time and to a marked degree, which adversely affects his/her functioning:

- (1) An inability to learn which cannot be explained by intellectual, sensory, or health factors;
- (2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- (3) Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations;
- (4) A general pervasive mood of unhappiness or depression;
- (5) A tendency to develop physical symptoms or fears associated with personal or school problems. [34 C.F.R. Sec. 300.7(b)(9); 5 Cal. Code Regs. Sec. 3030(i).]

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2. Transition-age Youth (TAY) Focal Population (ages 16-25)

A transition-age youth must have a serious emotional disturbance (SED) or a severe and persistent mental illness (SPMI)<sup>2</sup> and meet one or more of the following criteria:

- a. Homeless or currently at risk of homelessness.
- b. Youth aging out of:
  - Child mental health system
  - Child welfare system
  - Juvenile justice system
- c. Youth leaving long-term institutional care:
  - Level 12-14 group homes
  - Community Treatment Facilities (CTF)
  - Institutes for Mental Disease (IMD)
  - State Hospitals
  - Probation camps
- c. Youth experiencing first psychotic break.
- d. Co-occurring substance abuse issues are assumed to cross-cut along the entire TAY focal population described above.

<sup>2</sup>For transition-age youth, severe and persistent mental illness (SPMI) may include significant functional impairment in one or more major areas of functioning, (e.g., interpersonal relations, emotional, vocational, educational or self-care) for at least six (6) months due to a major mental illness. The individual's functioning is clearly below that which had been achieved before the onset of symptoms. If the disturbance begins in childhood or adolescence, however, there may be a failure to achieve the level of functioning that would have been expected for the individual rather than deterioration in functioning.

3. Adult Focal Population (ages 26-59)

To be considered for enrollment, prospective FSP clients must have

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a current Axis I DSM-IV diagnosis of a major psychiatric disorder *and* demonstrate a need for an intensive FSP program by virtue of their history and current level of functioning.

Prospective FSP clients must also meet *one or more* of the following criteria:

- a. Homeless – Client must have been homeless a total of 120 days during the last 12 months.
- b. Jail – Client must have been incarcerated on two (2) or more separate occasions that total at least 30 days during the last 12 months and must have a documented history of mental illness prior to incarceration.

OR

Nine months or more in AB 109 program in the past 12 months and at imminent risk for jail, institutionalization, and/or homelessness

- c. Acute/Long Term Psychiatric Facilities:
  - Institutions of Mental Disease (IMD) – Client must have been admitted to an IMD for a minimum of 6 months during the last 12 months.
  - State Hospital – Client must have been admitted to a State Hospital for a minimum of 6 months during the last 12 months.
  - Psychiatric Emergency Services (PES) – Client must have at least 10 episodes of emergent care in the past 12 months.
  - Urgent Care Center (UCC) – Client must have at least 10 episodes of urgent care in the past 12 months.
  - County Hospital – Client must have been hospitalized two (2) or more times totaling at least 28 days of acute psychiatric hospitalizations in the past 12 months.
  - Fee For Service Hospital (FFS) – Client must have been hospitalized two (2) or more times totaling at least 28 days of acute psychiatric



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hospitalizations in the past 12 months.

- d. Family Dependent – Client must have at least one (1) year living with family with minimal contact with the mental health system and would be at risk of institutionalization without the family’s care.

4. Older Adult Focal Population (ages 60+)

To be considered for enrollment, prospective FSP clients must have a current Axis I DSM-IV diagnosis of a major psychiatric disorder *and* demonstrate a need for an intensive FSP program by virtue of their history and current level of functioning.

A minimum of 30% of enrolled FSP clients must also meet *one or more* of the following criteria:

- a. Homelessness – Client was homeless a total of 120 days during the last 12 months.
- b. Incarceration – Client was incarcerated on two (2) or more separate occasions that total at least 30 days during the last 12 months and must have documented history of mental illness prior to incarceration.

OR

Nine months or more in AB 109 program in the past 12 months and at imminent risk for jail, institutionalization, and/or homelessness

- c. Hospitalizations – Client was hospitalized two (2) or more times totaling at least 28 days of acute psychiatric hospitalizations in the past 12 months.

Additional priority populations include:

- d. Imminent risk of homelessness, (e.g., at risk of eviction due to code violations), or;
- e. Risk of going to jail, (e.g., multiple interactions with law enforcement over 6 months or more), or;

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- f. Imminent risk for placement in a Skilled Nursing Facility (SNF) or nursing home, or being released from SNF or nursing home, and without intensive services would not be able to be maintained/released into the community, or;
- g. Presence of a co-occurring disorder, (e.g., substance abuse, developmental, medical and/or cognitive disorder), or;
- h. Recurrent history or serious risk of abuse or self-neglect, including individuals who are typically isolated, (e.g., APS-referred clients), or;
- i. Serious risk of suicide (not imminent), or;
- j. Current clients who are aging up in the system, (e.g., clients who have suffered from severe mental disorders in earlier years who are now becoming senior citizens, perhaps currently in an ACT or AB2034-like intensive services program).

**GUIDELINES:**

1. FSP enrollment is contingent upon potential clients meeting FSP eligibility criteria, including focal population and level-of-service requirements. To avoid supplantation of services, clients already linked to intensive mental health services, such as Assertive Community Treatment (ACT), AB 2034, Children’s System of Care (SOC), Wraparound, Specialized Foster Care Intensive In-home Mental Health Services (IIHMHS), and Day Treatment are not eligible for the FSP program.
2. Upon determining a client meets both focal population and level-of-service criteria, complete a Full Service Partnership Referral and Authorization Form and submit it to the Impact Unit in the desired Service Area (see III.A. Referral Procedures and the Role of the Impact Unit).

**FORMS:**

- Full Service Partnership Referral and Authorization Form

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**PURPOSE:** To provide operational definitions and examples of Full Service Partnership (FSP) eligibility criteria identified in the Mental Health Services Act and established by the Department of Mental Health and its Stakeholders.

- DEFINITION:**
1. Level of Service
    - a. Unserved – Those who are not receiving mental health services, particularly those who are from racial/ethnic populations that have not had access to mental health services.
    - b. Underserved – Those who are receiving some mental health services, though they are insufficient to achieve desired outcomes. For example, Client X has been receiving general out patient services for several years but continues to be homeless and in and out of jail and the hospital. Due to high case loads the staff is unable to provide the necessary services. Clinic Y case managers and clinicians have attempted to meet Client X’s frequent requests for assistance with her ancillary needs, which include substance abuse treatment, legal issues, housing, etc. However, the assistance needed to accomplish the above-mentioned ancillary needs would include transporting the client to appointments, seeking housing, negotiating rental contracts, providing help with filling out applications and helping the client navigate through outside agencies/services, such as the court system. These services and the level of support required by this client is far beyond what can be provided by traditional outpatient services. Without the increase in services and more intensive support, it can be expected that Client X would be unable to achieve her goals or make progress in her recovery.
    - c. Inappropriately Served – Those who are receiving some mental health services though they are inappropriate to achieve desired outcomes because of cultural, ethnic, linguistic, physical or other needs specific to the client. These are often individuals who are from racial/ethnic

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
COUNTYWIDE PROGRAMS – FULL SERVICE PARTNERSHIP  
GUIDELINES**

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
<b>ELIGIBILITY CRITERIA – OPERATIONAL DEFINITIONS AND EXAMPLES</b>	<b>II.B.</b>	<b>11/1/2006</b>	<b>2 of 2</b>

populations that have not had access to mental health services due to barriers such as poor identification of their needs, poor engagement and outreach, limited language access, and lack of culturally-competent service within existing mental health programs. For example, Client Y is from the Clatsop Nehalem Tribe and, while he is proficient in English, he prefers to speak in Tillamook, his primary language. Although he has been receiving clinical/case management services in a traditional outpatient clinic, lack of cultural understanding and competency on the part of his clinicians has resulted in misunderstandings. For example, Client Y looks at the floor during conversations with clinicians, even when he is talking. Clinicians have interpreted this as avoidant pathological behavior. This lack of cultural understanding and competency has led to Client Y's increased dissatisfaction with the services and adversely impacted his progress toward recovery.

**GUIDELINES:**

1. FSP enrollment is contingent upon potential clients meeting FSP eligibility criteria, including focal population and level-of-service requirements. To avoid supplantation of services, clients already linked to intensive mental health services, such as Assertive Community Treatment (ACT), AB 2034, Children's System of Care (SOC), Wraparound and Specialized Foster Care Intensive In-home Mental Health Services (IIHMHS), are not eligible for the FSP program.
2. Upon determining a client meets both focal population and level-of-service criteria, complete a Full Service Partnership Referral and Authorization Form and submit it to the Impact Unit in the desired Service Area (see III.A. Referral Procedures and the Role of the Impact Unit).

**FORMS:**

- Full Service Partnership Referral and Authorization Form

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
COUNTYWIDE PROGRAMS – FULL SERVICE PARTNERSHIP  
GUIDELINES**

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
<b>ELIGIBILITY CRITERIA – EXCLUSIONARY ISSUES FOR MEDICARE HMO, THIRD PARTY INSURED AND PAROLEES</b>	<b>II.C.</b>	<b>1/8/2008</b>	<b>1 of 2</b>

**PURPOSE:** To establish guidelines for clients referred to a Full Service Partnership (FSP) program who may be ineligible for FSP enrollment due to benefits criteria for the following categories:

1. HMO Medicare and Third Party-Insured
2. Parolees

**DEFINITION:**

1. With the exception of a Medi-Cal pre-paid health plan (see Guideline 3 below), an agency that refers a client of a pre-paid health plan, must first look to those entities as responsible for the provision of mental health services as defined by their contracts, unless the prepaid health plan or the client, as appropriate, is willing to pay for the full cost of their care.
2. The California Department of Correction and Rehabilitation (CDCR) is responsible for the State’s parole system and the provision of specific and intensive levels of service to its parolees to enable them to successfully reintegrate into the community, including, but not limited to, substance abuse treatment, mental health services, case management and supervision.

**GUIDELINES:**

1. If a private prepaid health plan member or parolee is being referred to a FSP program, the referral agency should be advised that their client’s health care plan or parole agency is responsible for managing their care.
2. In the event that a FSP client is found out to be a beneficiary of a prepaid health plan or a parolee, the client must be immediately referred back to the referring agency, health plan, and/or parole agency for disposition and continued services. All FSP services need to be terminated if the benefit source is unwilling to pay full cost of services.
3. The above definitions and guidelines do not apply to beneficiaries with Medi-Cal pre-paid health plans (e.g., Health Maintenance Organization (HMO), Prepaid Health Plan (PHP), Managed Care Plan (MCP), Primary Care Physician Plan (PCCP), and Primary Care Case Management (PCCP)). These beneficiaries are to be provided services as any other Medi-Cal beneficiary.

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SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
<b>ELIGIBILITY CRITERIA – EXCLUSIONARY ISSUES FOR MEDICARE HMO, THIRD PARTY INSURED AND PAROLEES</b>	<b>II.C.</b>	<b>1/8/2008</b>	<b>2 of 2</b>

**AUTHORITY/  
REFERENCE:**

- DMH Policy and Procedure 401.8 (9/1/04)
- DMH Revenue Management Bulletin (3/05)
- California Department of Correction and Rehabilitation Parole Service Description (1/06)

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COUNTYWIDE PROGRAMS – FULL SERVICE PARTNERSHIP  
GUIDELINES**

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
FAMILY SUPPORT SERVICES	II.D.	11/01/06	1 of 3
		REVISION DATE	DISTRIBUTION LEVEL
		08/04/2009	

**PURPOSE:** To establish Family Support Services eligibility criteria and service delivery standards based on Stakeholder input and consensus received during the development of the County’s Mental Health Services Act (MHSA) Community Services and Supports (CSS) Plan.

**DEFINITIONS:** Family Support Services (FSS) are voluntary mental health support services provided to the significant support persons of a child enrolled in a Full Service Partnership (FSP) program.

Significant support persons are individuals such as a parent/caregiver/guardian, sibling, family relative or other person living in the same household as the FSP enrolled child who has a significant impact on the success of the child’s treatment and outcomes.

**GUIDELINES:** 1. Eligibility Criteria

Significant support persons (typically family members) of a FSP enrolled child who have their own ongoing mental health needs which require more than collateral services and who:

1.1. Has Medi-Cal and does not meet Medical Necessity for his/her own services.

**OR**

1.2. Is uninsured and does not meet Target Population for his/her own services

2. Range of Services

2.1. The FSS program should offer eligible significant support persons a full array of clinical services that complement the FSP program’s peer support and parent advocacy services and include individual, couples and group therapy, psychiatry/medication support, crisis intervention, case management/linkage, and parenting education.

2.2. Treatment should incorporate services for substance abuse and domestic violence whenever necessary.

3. Service Delivery Standards

Service delivery standards should:

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GUIDELINES**

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
<b>FAMILY SUPPORT SERVICES</b>	<b>II.D.</b>	<b>11/01/06</b>	<b>2 of 3</b>
		REVISION DATE	DISTRIBUTION LEVEL
		<b>08/04/2009</b>	

- 3.1. Integrate the family member and/or significant support person’s treatment with that of the FSP enrolled child associated with them
- 3.2. Utilize joint planning to address both individual and family needs
- 3.3. Focus on wellness and empowering parents and caregivers to fully participate in their family’s lives and within their communities.
- 3.4. Target the reduction or elimination of symptoms

**4. Claiming and Recordkeeping**

FSP agencies have two options for claiming FSS services through the Integrated System, commonly known as the IS.

Regardless of the method used, all FSS services must be claimed under the MHS – Family Support Services Plan (C-02)

*Reference Source: DMH Organizational Provider’s Manual*

**4.1. Claiming Method # 1:**

The treating clinician opens a record in the IS and establishes a Client ID# for the FSS recipient.

Enter “NO” at the Medi-Cal option because Mode 15 Service Function Codes are included in each agency’s IS Provider File for Targeted Case Management, Mental Health Services (individual, group, collateral), Medication Support and Crisis Intervention.

- 4.1.1. FSS provider agencies are required maintain separate clinical records for FSS recipients that comply with the current rules governing the documentation of direct services that are reimbursed through County General Funds (CFG).

FSS provider agencies are also required to complete and maintain the following clinical record forms:



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SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
<b>FAMILY SUPPORT SERVICES</b>	<b>II.D.</b>	<b>11/01/06</b>	<b>3 of 3</b>
		REVISION DATE	DISTRIBUTION LEVEL
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- Consent for Services
- Client Care/Coordination Plan
- Assessment
- Progress Notes

*(See Attachments 1 – 6)*

**4.2. Claiming Method # 2:**

Claiming FSS through Community Outreach Service (COS).  
(See Attachment #7.)

4.2.1. All FSS COS claims must include the FSP enrolled child’s client ID and IS number on:

- a.) the hardcopy COS form in “Agency Name” and
- b.) in the (IS-COS) “Service Location Information”

4.2.2. All FSS COS claims must also identify the relationship (grandmother, mother, father, sibling, etc.) between the FSS recipient and the FSP enrolled child by entering a relationship identifier on:

- a.) the hardcopy COS form in “Service Type Desc” box and
- b.) in the (IS-COS) “Service Type Desc” field.

**ATTACHMENTS:**

- #1 - Adult Initial Assessment (Forms MH 644 & 532)
- #2 - Child/Adolescent Assessment (Forms MH 536 & 533)
- #3 - Annual Assessment Update (Form MH 637)
- #4 - Client Care/Coordination Plan (Forms MH 651 & 636)
- #5 - Client Care Plan Continuation Page
- #6 - Change of Diagnosis (Form MH 501)
- #7 – COS Form Samples

# ADULT INITIAL ASSESSMENT

Admit Date: \_\_\_\_\_

<b>I. Demographic Data:</b>
Age: _____ Gender: _____ Ethnicity: _____ Marital Status: _____ Preferred Language: _____
Referral Source: _____

<b>II. Reason for Referral/Chief Complaint</b>
Describe precipitating event(s), current symptoms and impairments in life functioning, including intensity and duration, from the perspective of the client as well as significant others:

<b>III. Psychiatric History:</b>
<b>A. Hospitalizations</b> [date(s) & location(s)]. <b>Outpatient treatment</b> [date(s) & location(s)]. History and onset of current symptoms/manifestations/precipitating events (i.e., aggressive behaviors, suicidal, homicidal). Treated & non-treated history.
<b>B. Describe the impact of treatment and non-treatment history</b> on the client's level of functioning, e.g., ability to maintain residence, daily living and social activities, health care, and/or employment.
<b>C. Family history of mental illness</b>

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	Agency: _____	Provider #: _____
	<b>Los Angeles County – Department of Mental Health</b>	

# ADULT INITIAL ASSESSMENT

<b>IV. Medical History</b>											
MD Name: _____			MD Phone: _____			Date of Last Physical Exam: _____					
<b>Major medical problem (treated or untreated)</b> (Indicate problems with check: Y or N for client, Fam for family history.)											
Fam	Y	N	Fam	Y	N	Fam	Y	N	Fam	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure/neuro disorder			Cardiovascular disease/symp			Liver disease			Weight/appetite chg		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Head trauma			Thyroid disease/symp			Renal disease/symp			Diarrhea		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Sleep disorder			Asthma/lung disease			Hypertension			Cancer		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Vision/glaucoma			Blood disorder			Diabetes			Sexual dysfunction		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Allergies (If Yes, specify):			Mammogram			HIV Test			Sexually trans disease		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Pap smear			If yes, date: _____			If yes, date: _____			If yes, date: _____		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Comments on above medical problems, other medical problems, and any hospitalizations, including dates and reasons.											

<b>V. Medications</b>			
List "all" past and present medications used, prescribed/non-prescribed, psychotropic, by name, dosage, frequency. Indicate from client's perspective what seems to be working and not working.			
Medication	Dosage/Frequency	Period Taken	Effectiveness/Response/Side Effects/Reactions

<b>VI. Substance Use/Abuse</b>			
<b>"MH659 -Co-Occurring Joint Action Council Screening Instrument"</b>			
1. Were any of the questions checked "Yes" in Section 2 "Alcohol & Drug Use"?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<b>If yes, complete MH633</b>
2. Were any of the questions checked "Yes" in Section 3 "Trauma/Domestic Violence"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If yes, answer 2a</b>
2a. Was the Trauma or Domestic Violence related to substance use?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<b>If yes, complete MH633</b>
<i>Be sure to document re: Trauma or Domestic Violence in Part A of "Psychosocial History" on page 3 of the Initial Assessment.</i>			
<b>How is Mental Health impacted by substance use (Clinician's Perspective)?</b> Must be completed if any services will be directed towards Substance Use/Abuse.			
* MH 633 "Supplemental Co-Occurring Disorders Assessment" completed on: _____			

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# ADULT INITIAL ASSESSMENT

## VII. Psychosocial History

- A. Family & Relationships:** Family constellation, family of origin and current family, family dynamics, cultural factors, nature of relationships, domestic violence, physical or sexual abuse, home safety issues (i.e., the presence of firearms.)
- B. Dependent Care Issues:** # \_\_\_\_\_ of Adults, # \_\_\_\_\_ dependent children, age(s) of child(ren), school attendance/behavior problems learning problems, special need(s), including physical impairments, discipline issues, juvenile court history, dependent care needs; any unattended needs of children, child support, child custody, and guardianship issues, foster care/group home placement.
- C. Current Living Arrangement & Social Support Systems:** Type of setting and associated problems, support from community, religious, government agencies, and other sources (i.e., Section 8 Housing, SRO, Board and Care, Semi-independent, family and transitional living, etc.)
- D. Education:** Highest grade level completed, educational goals. Skill level: literacy level, vocabulary, general knowledge, math skills, school problems, motivation.
- E. Employment History/Employment Readiness/Mean of Financial Support:** Longest period of employment, employment history, military service, work related problems, money management, source of income. Areas of strength.
- F. Legal History and Current Legal Status:** Parole, probation, arrests, convictions, divorce, child custody, conservatorship

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Name:

IS#:

Agency:

Provider #:

Los Angeles County – Department of Mental Health

## ADULT INITIAL ASSESSMENT



# ADULT INITIAL ASSESSMENT

<b>VIII. Mental Status Evaluation</b>		
<b>Length of current treatment:</b> _____ <b>Is this part of a 5150?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Medication:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Client is:</b> <input type="checkbox"/> Stable <input type="checkbox"/> Unstable		
<b>Instructions:</b> Check all descriptions that apply		
<p style="text-align: center;"><b><u>General Description</u></b></p> <p><b>Grooming &amp; Hygiene:</b> <input type="checkbox"/> Well Groomed  <input type="checkbox"/> Average <input type="checkbox"/> Dirty <input type="checkbox"/> Odorous <input type="checkbox"/> Disheveled  <input type="checkbox"/> Bizarre            Comments:</p> <p><b>Eye Contact:</b> <input type="checkbox"/> Normal for culture  <input type="checkbox"/> Little <input type="checkbox"/> Avoids <input type="checkbox"/> Erratic            Comments:</p> <p><b>Motor Activity:</b> <input type="checkbox"/> Calm <input type="checkbox"/> Restless  <input type="checkbox"/> Agitated <input type="checkbox"/> Tremors/Tics <input type="checkbox"/> Posturing <input type="checkbox"/> Rigid  <input type="checkbox"/> Retarded <input type="checkbox"/> Akathesis <input type="checkbox"/> E.P.S.            Comments:</p> <p><b>Speech:</b> <input type="checkbox"/> Unimpaired <input type="checkbox"/> Soft  <input type="checkbox"/> Slowed <input type="checkbox"/> Mute <input type="checkbox"/> Pressured <input type="checkbox"/> Loud  <input type="checkbox"/> Excessive <input type="checkbox"/> Slurred <input type="checkbox"/> Incoherent  <input type="checkbox"/> Poverty of Content            Comments:</p> <p><b>Interactional Style:</b> <input type="checkbox"/> Culturally congruent  <input type="checkbox"/> Cooperative <input type="checkbox"/> Sensitive  <input type="checkbox"/> Guarded/Suspicious <input type="checkbox"/> Overly Dramatic  <input type="checkbox"/> Negative <input type="checkbox"/> Silly            Comments:</p> <p><b>Orientation:</b> <input type="checkbox"/> Oriented  <input type="checkbox"/> Disoriented to:  <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Person <input type="checkbox"/> Situation            Comments:</p> <p><b>Intellectual Functioning:</b> <input type="checkbox"/> Unimpaired  <input type="checkbox"/> Impaired            Comments:</p> <p><b>Memory:</b> <input type="checkbox"/> Unimpaired  <input type="checkbox"/> Impaired re: <input type="checkbox"/> Immediate <input type="checkbox"/> Remote <input type="checkbox"/> Recent  <input type="checkbox"/> Amnesia            Comments:</p> <p><b>Fund of Knowledge:</b> <input type="checkbox"/> Average  <input type="checkbox"/> Below Average <input type="checkbox"/> Above Average            Comments:</p>	<p style="text-align: center;"><b><u>Mood and Affect</u></b></p> <p><b>Mood:</b> <input type="checkbox"/> Euthymic <input type="checkbox"/> Dysphoric <input type="checkbox"/> Tearful  <input type="checkbox"/> Irritable <input type="checkbox"/> Lack of Pleasure  <input type="checkbox"/> Hopeless/Worthless <input type="checkbox"/> Anxious  <input type="checkbox"/> Known Stressor <input type="checkbox"/> Unknown Stressor            Comments:</p> <p><b>Affect:</b> <input type="checkbox"/> Appropriate <input type="checkbox"/> Labile <input type="checkbox"/> Expansive  <input type="checkbox"/> Constricted <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input type="checkbox"/> Sad  <input type="checkbox"/> Worried            Comments:</p> <p style="text-align: center;"><b><u>Perceptual Disturbance</u></b></p> <p><input type="checkbox"/> None Apparent</p> <p><b>Hallucinations:</b> <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory  <input type="checkbox"/> Tactile <input type="checkbox"/> Auditory: <input type="checkbox"/> Command  <input type="checkbox"/> Persecutory <input type="checkbox"/> Other            Comments:</p> <p><b>Self-Perceptions:</b> <input type="checkbox"/> Depersonalizations  <input type="checkbox"/> Ideas of Reference            Comments:</p> <p style="text-align: center;"><b><u>Thought Process Disturbances</u></b></p> <p><input type="checkbox"/> None Apparent</p> <p><b>Associations:</b> <input type="checkbox"/> Unimpaired <input type="checkbox"/> Loose  <input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial <input type="checkbox"/> Confabulous  <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Word Salad            Comments:</p> <p><b>Concentration:</b> <input type="checkbox"/> Intact <input type="checkbox"/> Impaired by:  <input type="checkbox"/> Rumination <input type="checkbox"/> Thought Blocking  <input type="checkbox"/> Clouding of Consciousness <input type="checkbox"/> Fragmented            Comments:</p> <p><b>Abstractions:</b> <input type="checkbox"/> Intact <input type="checkbox"/> Concrete            Comments:</p> <p><b>Judgments:</b> <input type="checkbox"/> Intact  <input type="checkbox"/> Impaired re: <input type="checkbox"/> Minimum <input type="checkbox"/> Moderate <input type="checkbox"/> Severe            Comments:</p> <p><b>Insight:</b> <input type="checkbox"/> Adequate  <input type="checkbox"/> Impaired re: <input type="checkbox"/> Minimum <input type="checkbox"/> Moderate <input type="checkbox"/> Severe            Comments:</p> <p><b>Serial 7's:</b> <input type="checkbox"/> Intact <input type="checkbox"/> Poor            Comments:</p>	<p style="text-align: center;"><b><u>Thought Content Disturbance</u></b></p> <p><input type="checkbox"/> None Apparent</p> <p><b>Delusions:</b> <input type="checkbox"/> Persecutory <input type="checkbox"/> Paranoid <input type="checkbox"/> Grandiose  <input type="checkbox"/> Somatic <input type="checkbox"/> Religious <input type="checkbox"/> Nihilistic  <input type="checkbox"/> Being Controlled            Comments:</p> <p><b>Ideations:</b> <input type="checkbox"/> Bizarre <input type="checkbox"/> Phobic <input type="checkbox"/> Suspicious  <input type="checkbox"/> Obsessive <input type="checkbox"/> Blames Others <input type="checkbox"/> Persecutory  <input type="checkbox"/> Assaultive Ideas <input type="checkbox"/> Magical Thinking  <input type="checkbox"/> Irrational/Excessive Worry  <input type="checkbox"/> Sexual Preoccupation  <input type="checkbox"/> Excessive/Inappropriate Religiosity  <input type="checkbox"/> Excessive/Inappropriate Guilt            Comments:</p> <p><b>Behavioral Disturbances:</b> <input type="checkbox"/> None <input type="checkbox"/> Aggressive  <input type="checkbox"/> Uncooperative <input type="checkbox"/> Demanding <input type="checkbox"/> Demeaning  <input type="checkbox"/> Belligerent <input type="checkbox"/> Violent <input type="checkbox"/> Destructive  <input type="checkbox"/> Self-Destructive <input type="checkbox"/> Poor Impulse Control  <input type="checkbox"/> Excessive/Inappropriate Display of Anger  <input type="checkbox"/> Manipulative <input type="checkbox"/> Antisocial            Comments:</p> <p><b>Suicidal/Homicidal:</b> <input type="checkbox"/> Denies Ideation Only  <input type="checkbox"/> Threatening <input type="checkbox"/> Plan <input type="checkbox"/> Past Attempts            Comments:</p> <p><b>Passive:</b> <input type="checkbox"/> Amotivational <input type="checkbox"/> Apathetic  <input type="checkbox"/> Isolated <input type="checkbox"/> Withdrawn <input type="checkbox"/> Evasive <input type="checkbox"/> Dependent            Comments:</p> <p><b>Other:</b> <input type="checkbox"/> Disorganized <input type="checkbox"/> Bizarre  <input type="checkbox"/> Obsessive/compulsive <input type="checkbox"/> Ritualistic  <input type="checkbox"/> Excessive/Inappropriate Crying            Comments:</p>

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# ADULT INITIAL ASSESSMENT

## IX. Summary and Diagnosis

**I. Diagnostic Summary:** (Be sure to include significant strengths/weaknesses, observations/descriptions, symptoms/impairments in life functioning, i.e., Work, School, Home, Community, Living Arrangements, etc, and justification for diagnosis)

## II. Admission Diagnosis (check one Principle and one Secondary)

**Axis I**  Prin  Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
(Medications cannot be prescribed with a deferred diagnosis)

Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_

Code \_\_\_\_\_ Nomenclature \_\_\_\_\_

Code \_\_\_\_\_ Nomenclature \_\_\_\_\_

Code \_\_\_\_\_ Nomenclature \_\_\_\_\_

**Axis II**  Prin  Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_

Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_

Code \_\_\_\_\_ Nomenclature \_\_\_\_\_

**Axis III** \_\_\_\_\_ Code \_\_\_\_\_

\_\_\_\_\_ Code \_\_\_\_\_

\_\_\_\_\_ Code \_\_\_\_\_

**Axis IV** Psychological and Environmental Problems which may affect diagnosis, treatment, or prognosis

**Primary Problem #:** \_\_\_\_

**Check as many that apply:**

- |  |   |   |   |
|--|---|---|---|
| 1. <input type="checkbox"/> Primary support group            | 2. <input type="checkbox"/> Social environment      | 3. <input type="checkbox"/> Educational           | 4. <input type="checkbox"/> Occupational                  |
| 5. <input type="checkbox"/> Housing                          | 6. <input type="checkbox"/> Economics               | 7. <input type="checkbox"/> Access to health care | 8. <input type="checkbox"/> Interaction with legal system |
| 9. <input type="checkbox"/> Other psychosocial/environmental | 10. <input type="checkbox"/> Inadequate information |   |   |

**Axis V** Current GAF: \_\_\_\_\_ DMH Dual Diagnosis Code: \_\_\_\_\_  
Above diagnosis from: \_\_\_\_\_ Dated: \_\_\_\_\_

## III. Disposition/Recommendations/Plan:

## IV. Signatures

\_\_\_\_\_  
Assessor's Signature & Discipline

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Signature & Discipline

\_\_\_\_\_  
Date

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Name:

IS#:

Agency:

Provider #:

Los Angeles County – Department of Mental Health

# EOB / UCC SHORT ASSESSMENT

Interviewed:  Client and/or  Other (name & relationship): \_\_\_\_\_  
Client's primary language \_\_\_\_\_ Interpretive services needed  Y  N

Service / Admit Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
(Last Service Date)

**Presenting Situations and Problem:**  
Behaviorally describe precipitating event, duration & impairment.

**Family/Support System:** current situation and psychosocial history.

**Psychiatric History:**  
Medications, Outpatient and Hospitalizations.  
Current Risk Factors:  
(check & explain any yes)  
suicide  Y  N  
recent trauma  Y  N  
substance use/abuse  Y  N  
homicide  Y  N  
victim/perpetrator of violence  Y  N

**Relevant Medical Conditions:**  
Include provider and date of last physical, allergies and medications. For children - relevant developmental history.  
Impairments:  
(check & explain any yes)  
hearing impairment  Y  N  
visual impairment  Y  N

(Check one primary & one secondary)

**Diagnosis:** Axis I  Prim  Sec \_\_\_\_\_ Code \_\_\_\_\_  
 Prim  Sec \_\_\_\_\_ Code \_\_\_\_\_  
 Axis II  Prim  Sec \_\_\_\_\_ Code \_\_\_\_\_  
 Axis III \_\_\_\_\_ Code \_\_\_\_\_  
 Axis IV Primary Problem \_\_\_\_\_ Dual Diagnosis Code \_\_\_\_\_  
 Axis V GAF Admit Highest \_\_\_\_\_ Admit / Discharge \_\_\_\_\_

**Disposition:**  Involuntary Hospital  Other \_\_\_\_\_

\_\_\_\_\_  
Signature & Discipline Date **See Progress Note for claim and attestation**

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**Name:** \_\_\_\_\_ **MIS #:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_ **Prov #:** \_\_\_\_\_  
 Los Angeles County - Department of Mental Health



# EOB / UCC SHORT ASSESSMENT

## Mental Status Evaluation

Instructions: Circle all descriptions that apply

### General Description

**Grooming & Hygiene:** Well groomed Average  
Dirty Odorous Disheveled Bizarre

Comments: \_\_\_\_\_

**Eye Contact:** Normal for culture Little  
Avoids Erratic

Comments: \_\_\_\_\_

**Motor Activity:** Calm Restless Agitated  
Tremors/Tics Posturing Rigid Retarded  
Akathesis E.P.S.

Comments: \_\_\_\_\_

**Speech:** Unimpaired Soft Slowed  
Mute Pressured Loud Excessive  
Slurred Incoherent Poverty of Content

Comments: \_\_\_\_\_

**Interactional Style:** Culturally congruent  
Cooperative Sensitive Guarded/Suspicious  
Overly dramatic Negative Silly

Comments: \_\_\_\_\_

**Orientation:** Oriented  
Disoriented: Time Place Person Situation

Comments: \_\_\_\_\_

**Intellectual Functioning:** Unimpaired Impaired

Comments: \_\_\_\_\_

**Memory:** Unimpaired  
Impaired: Immediate Remote Recent Amnesia

Comments: \_\_\_\_\_

**Fund of knowledge:** Average Below average  
Above average

Comments: \_\_\_\_\_

### Mood and Affect

**Mood:** Euthymic Dysphoric Tearful Irritable  
Lack of pleasure Hopeless / Worthless  
Anxious: Known stressor Unknown stressor  
Euphoric

Comments: \_\_\_\_\_

**Affect:** Appropriate Labile Expansive  
Constricted Blunted Flat Sad Worried

Comments: \_\_\_\_\_

### Perceptual Disturbance

**None Apparent**

**Hallucinations:** Visual Olfactory Tactile  
Auditory (command / persecutory / other)

Comments: \_\_\_\_\_

**Self-Perceptions:** Depersonalizations  
Ideas of reference

Comments: \_\_\_\_\_

### Thought Process Disturbances

**None Present**

**Associations:** Unimpaired Loose Tangential  
Circumstantial Confabulations Flight of Ideas  
Word Salad

**Concentration:** Intact Impaired: Rumination  
Thought blocking Clouding of Consciousness  
Fragmented

**Abstractions:** Intact Concrete

**Judgements:** Intact  
Impaired: minimum moderate severe

**Insight:** Adequate  
Impaired: minimum moderate severe

Comments: \_\_\_\_\_

**Serial 7's:** Intact Poor

Comments: \_\_\_\_\_

### Thought Content Disturbance

**None Apparent**

**Delusions:** Persecutory / Paranoid  
Grandiose Somatic Religious Nihilistic  
Being controlled

Comments: \_\_\_\_\_

**Ideations:** Bizarre Phobic Suspicious  
Obsessive Blames others Persecutory  
Assaultive ideas Magical thinking  
Irrational / Excessive worry  
Sexual preoccupation  
Excessive / Inappropriate religiosity  
Excessive / Inappropriate guilt

Comments: \_\_\_\_\_

**Behavioral Disturbance:** None  
Aggressive Uncooperative  
Demanding Demeaning Belligerent  
Violent / Destructive Self-destructive  
Poor impulse control  
Excessive / Inappropriate display of anger  
Manipulative Anti-social

Comments: \_\_\_\_\_

**Suicidal / Homicidal:** Denies Ideation only  
Threatening Plan Past attempts

Comments: \_\_\_\_\_

**Passive:** Amotivational Apathetic  
Isolated / Withdrawn Evasive Dependent

Comments: \_\_\_\_\_

**Other:** Disorganized / Bizarre  
Obsessive / Compulsive Ritualistic  
Excessive / Inappropriate Crying

Comments: \_\_\_\_\_

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Name:

MIS #:

Agency:

Prov #:

Los Angeles County - Department of Mental Health



Admit Date: \_\_\_\_\_

**Identifying Information**

**Child**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Other Names Used: \_\_\_\_\_ Gender:  Male  Female  
 Ethnicity: \_\_\_\_\_ Preferred Language: \_\_\_\_\_  
 Referred by (Name & Number): \_\_\_\_\_

**Agency of Primary Responsibility**

Refer to "MH 525: Contact Information" form for detailed contact information.  
 DMH  DCFS  
 Probation  School District  
 Others \_\_\_\_\_

**Biological Parents**

Mother's Name: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
 Preferred Language: \_\_\_\_\_  
 Interviewed:  Yes  No Interpreter Used:  Yes  No  
 Language Used for Interview: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
 Preferred Language: \_\_\_\_\_  
 Interviewed:  Yes  No Interpreter Used:  Yes  No  
 Language Used for Interview: \_\_\_\_\_

**Primary Caregiver** (Complete only if Biological Parent is not the Primary Caregiver)

Adoptive  Guardian  Foster  Kinship/Relative  Group Home  Other

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
 Preferred Language: \_\_\_\_\_ Language Used for Interview: \_\_\_\_\_ Interpreter Used:  Yes  No

**Reason for Referral/Chief Complaint**

<p>Why Referred?</p> <p>Current primary symptoms/behaviors impairments in life functioning</p> <p>Describe onset, duration, and frequency</p> <p>Strengths of child and family:                  Athletics, Clubs                  Affiliations,                  Social, Personal,                  Relational</p>	
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Name: \_\_\_\_\_ MIS#: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Provider #: \_\_\_\_\_

Los Angeles County – Department of Mental Health

**Medical and Psychiatric History**

**History of Presenting Problem**

**Symptoms/Behaviors**

How a problem  
Caregiver perception  
of cause  
Attempted interventions  
and responses

**Relevant Factors**

Environment  
(School/Home)  
Relationships  
(Loss/Separation)  
Traumatic Events  
Sexual/physical/emotional  
abuse  
Sleep Patterns  
Eating Patterns  
Hygiene Changes

**Problem suggestive of:**

MR  
LD  
PDD  
ADD & Disruptive  
Behavior  
Feeding & Eating  
Tic  
Communication  
Elimination  
Other  
Schiz/Psychotic  
Mood  
Anxiety

**Additional Problem Areas/Associated Behaviors**

Peer Problems  
Other

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**Medical and Psychiatric History (continued)**

Suicidality/Homicidality  
# of attempts, method  
Interventions  
When  
Facility (Name or Type)  
Type of intervention  
Duration  
Medication: dosage  
response, adverse  
reactions  
Recommendations  
Response to treatment  
Parent and Child  
Satisfaction

**Prior Mental Health History**

Records requested from: \_\_\_\_\_

**Substance Use Overview & Attitudes/Exposure (family & peers experience)**

MH554 *Substance Use Self-Evaluation* Completed:  Yes  No Explain: \_\_\_\_\_

MH552 *Parent/Caregiver Questionnaire* Completed:  Yes  No Explain: \_\_\_\_\_

(For any Yes on either above form or for use reported from any other source,  
complete MH553 *Child/Adolescent Substance Use Assessment*)

Illness (Acute/Chronic)  
Medications  
Allergies  
Accidents  
Head Injuries  
Seizure/other neurological  
Pregnancy  
Sexually Transmitted  
diseases  
HIV  
Vaccinations  
Hospitalizations/Surgeries  
Vision/Hearing  
Dental Health

**Medical History**

Pediatrician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Exam: \_\_\_\_\_ Glasses:  Yes  No Braces:  Yes  No

Records requested from: \_\_\_\_\_

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Name: \_\_\_\_\_ MIS#: \_\_\_\_\_  
Agency: \_\_\_\_\_ Provider #: \_\_\_\_\_

Los Angeles County – Department of Mental Health



**Medical and Psychiatric History (continued)**

**Developmental History**

Neonatal: Prenatal Care? \_\_\_\_\_ Term: Mos. \_\_\_\_\_ Birth Wt \_\_\_\_\_  
 Place of Delivery: \_\_\_\_\_ Age of Mother: \_\_\_\_\_ Age of Father: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Did Mother use alcohol, cigarettes, drugs? Specify: \_\_\_\_\_  
 Illness, accidents, stresses during pregnancy or at the time of pregnancy:  
 \_\_\_\_\_  
 Type of Delivery: \_\_\_\_\_ Duration of Labor: \_\_\_\_\_  
 Post Partum complications: \_\_\_\_\_  
 Comments (include family and environmental stressors during pregnancy and at birth):

<b>Developmental Milestones</b> (Describe if not within normal limits)		<b>Environmental Stressors</b> Moves; schools; losses of fam/friends, changes in fam composition; SES, lifestyle; exposure to fam conflict/violence; major illnesses; abuse; placements, etc.
Infancy (0-3) Motor – sit, crawl, walk Speech; Eat; Sleep Toilet training Coordination Temperament Separation Early Years (4-6) Social Adjustment Separation Sexual Behaviors Self-Care Latency (7-11) School adjustment Peer & adult relations/friends Interest/hobbies Impulse control Self-Care Adolescence (12-on) Separation/individ. Sexual orientation Sexual behavior Gender identity Relationships/Support Systems Independent funct. Moral development		Infancy (0-3)           Early Years (4-6)           Latency (7-11)           Adolescence (12-on)

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 Agency: \_\_\_\_\_ Provider #: \_\_\_\_\_

Los Angeles County – Department of Mental Health

**Other Information**

Type of School  
Academic Performance  
Grade Retention  
School Changes:  
Age & Grade  
Attitude/Behavior  
Attendance/Truancy  
Suspension

**School History, Current Status & Aspirations**

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
 Special Education: \_\_\_\_\_ Special Classes: \_\_\_\_\_  
 Current/Past IEP and Dates: \_\_\_\_\_  
 AB 3632:  Yes  No Services: \_\_\_\_\_

Jobs  
ILP Programs  
Training  
Job Related Problems  
Career Interests

**Vocational History, Current Status & Aspirations**

Arrests/Offenses  
Tickets/Warnings  
Probation/Stipulations  
Current/Prior  
Incarceration  
Placement

**Juvenile Court (Delinquency) History**

Nature of  
Allegations/Abuse  
Age of occurrence  
Offender  
DCFS or Police  
Intervention  
Dependency Court or  
Criminal Court action  
Child Response  
Parents response to  
disclosure  
Placements and type  
Services and type

**Child Abuse & Protective Services History**

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Los Angeles County – Department of Mental Health

<b>Current Living Situation</b>	
<p>Be sure to address each <b>bolded</b> category below</p> <p><b>Family Composition</b> Siblings Stepparents/others Grandparents Extended Family Ethnicity/Culture Education Occupation Socio-Economics Religious Affiliation</p> <p><b>Family History</b> Medical Psychiatric Alcohol/Drug Legal/Criminal</p> <p><b>Family Relationships</b> (current and intergenerational) Quality of attachment (attunement, balance &amp; congruence) Disciplinary Style Conflict/Violence Problem Solving</p> <p><b>Family Strengths</b> Clt/Fam perspective Writer's perspective</p> <p><b>Family Needs</b> Clt/Fam perspective Writer's perspective</p>	<p><input type="checkbox"/> Biological   <input type="checkbox"/> Adoptive   <input type="checkbox"/> Guardian   <input type="checkbox"/> Foster   <input type="checkbox"/> Kinship/Relative   <input type="checkbox"/> Group Home   <input type="checkbox"/> Other</p>

<b>Child &amp; Family/Significant Other Stated Needs &amp; Expectations within the Context of their Culture</b>	
<p>What are family members/child: Expecting of MH Expecting from interagency system Willing to contribute</p>	

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<b>Relevant Past Living Situation</b> (Complete only if client has had more than one Living Situation)	
<p>Be sure to address each <b>bolded</b> category below</p> <p><b>Family Composition</b> Siblings Stepparents/others Grandparents Extended Family Ethnicity/Culture Education Occupation Socio-Economics Religious Affiliation</p> <p><b>Family History</b> Medical Psychiatric Alcohol/Drug Legal/Criminal</p> <p><b>Family Relationships</b> (current and intergenerational) Quality of attachment (attunement, balance &amp; congruence) Disciplinary Style Conflict/Violence Problem Solving</p> <p><b>Family Strengths</b> Clt/Fam perspective Writer's perspective</p> <p><b>Family Needs</b> Clt/Fam perspective Writer's perspective</p>	<p><input type="checkbox"/> Biological   <input type="checkbox"/> Adoptive   <input type="checkbox"/> Guardian   <input type="checkbox"/> Foster   <input type="checkbox"/> Kinship/Relative   <input type="checkbox"/> Group Home   <input type="checkbox"/> Other</p>

<b>Family/Child's Current Visitation &amp; Involvement Plan and Schedule</b> (Complete only if client does not reside with family of origin)	
<p>What is the family's current court-ordered visitation plan? Biological Parents Stepparents/Siblings Extended Family Frequency of visits, length, need for monitoring Engagement in child's assessment</p>	

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**Mental Status**

Provide a word picture of this child based on your observations.  
Be sure to address relevant features from each **bolded** category in the left column.

**Appearance**

Dress, grooming, unusual physical characteristics

**Behavior**

Activity level, mannerisms, eye contact, manner of relating to parent/therapist, motor behavior, aggression, impulsivity

**Expressive Speech**

Fluency, pressure, impediment, volume

**Thought Content**

Fears, worries, preoccupations, obsessions, delusions, hallucinations

**Thought Process**

Attention, concentration, distractibility, magical thinking, coherency of associations, flight of ideas, rumination, defenses (e.g. planning)

**Cognition**

Orientation, vocabulary, abstraction, intelligence

**Mood/Affect**

Depression, agitation, anxiety, hostility absent or unvarying, irritability

**Suicidality/Homicidality**

Thoughts, behavior, stated intent, risks to self or others

**Attitude/Insight/Strengths**

Adaptive capacity, strengths & assets, cooperation, insight, judgment, motivation for treatment.

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**Summary and Diagnosis**

**I. Diagnostic Summary:** (Be sure to include significant strengths/weaknesses, observations/descriptions, symptoms/impairments in life functioning i.e. Work, School, Home, Community, Living Arrangements, etc)

**II. Admission Diagnosis** (check one Principle and one Secondary)

**Axis I**  Prin  Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
(Medications cannot be prescribed with a deferred diagnosis)

Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
Code \_\_\_\_\_ Nomenclature \_\_\_\_\_

**Axis II**  Prin  Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
 Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
Code \_\_\_\_\_ Nomenclature \_\_\_\_\_

**Axis III** \_\_\_\_\_ Code \_\_\_\_\_  
\_\_\_\_\_ Code \_\_\_\_\_  
\_\_\_\_\_ Code \_\_\_\_\_

**Axis IV** Psychological and Environmental Problems which may affect diagnosis, treatment, or prognosis

**Primary Problem #:** \_\_\_\_

**Check as many that apply:**

- |  |   |   |   |
|--|---|---|---|
| 1. <input type="checkbox"/> Primary support group            | 2. <input type="checkbox"/> Social environment      | 3. <input type="checkbox"/> Educational           | 4. <input type="checkbox"/> Occupational                  |
| 5. <input type="checkbox"/> Housing                          | 6. <input type="checkbox"/> Economics               | 7. <input type="checkbox"/> Access to health care | 8. <input type="checkbox"/> Interaction with legal system |
| 9. <input type="checkbox"/> Other psychosocial/environmental | 10. <input type="checkbox"/> Inadequate information |   |   |

**Axis V** Current GAF: \_\_\_\_\_ DMH Dual Diagnosis Code: \_\_\_\_\_  
Above diagnosis from: \_\_\_\_\_ Dated: \_\_\_\_\_

**III. Disposition/Recommendations/Plan:**

**IV. Signatures**

\_\_\_\_\_  
Assessor's Signature & Discipline

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Signature & Discipline

\_\_\_\_\_  
Date

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Provider #:

Los Angeles County – Department of Mental Health

**CHILD/ADOLESCENT  
ASSESSMENT - SHORT FORMAT**

**Identifying Information**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First MI

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Referred By: \_\_\_\_\_  
Person or Agency Name, Phone #

Current Living Situation: \_\_\_\_\_  Ward  Dependent of Court

Primary Caretaker: Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Non-Custodial Parent: Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Legal Guardian/Foster Parent: Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Language: Primary Caretaker \_\_\_\_\_ Non-Custodial Parent \_\_\_\_\_ Guardian/Foster Parent \_\_\_\_\_

Informant: \_\_\_\_\_ Language: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Reason for Referral/Chief Complaint**

Referred Reason

Current Primary  
Symptoms/Behaviors

Recent History of  
Symptoms/Behaviors,  
Interventions &  
Responses to  
Interview, Including  
Psychotropic Meds

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Prov.#:

**Los Angeles County - Department of Mental Health**

**CHILD/ADOLESCENT  
ASSESSMENT - SHORT FORMAT**

**History**

**Include new and/or additional information or note sources for existing History, such as Child/Adolescent Initial Assessment.**

- Mental Health History including Meds
- Drug & Alcohol History & Treatment
- Medical History
- Family Mental Health & Medical History
- Developmental History
- School History
- Juvenile Court History
- Child Abuse & Protect. Services History
- Relevant Family Social History

**Mental Status**

- (See Child/Adol. Initial Assessment for detail of ME categories below)
- Appearance
- Behavior
- Expressive Speech
- Thought Content
- Thought Process
- Cognition
- Mood/Affect
- Suicidality/Homicidality
- Attitude/Insight/Strength

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**Name:** \_\_\_\_\_ **MIS #:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_ **Prov.#:** \_\_\_\_\_

**Los Angeles County - Department of Mental Health**



# CHILD/ADOLESCENT ASSESSMENT - SHORT FORMAT

## IX. Summary and Diagnosis

A. Diagnostic Summary: (Significant: strengths/weaknesses, observations/descriptions, or list of symptoms.)

B. Admission Diagnosis: (check one Prin and one Sec)

Axis I  Prin  Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
(Medications cannot be prescribed with a deferred diagnosis.)

Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
Code \_\_\_\_\_ Nomenclature \_\_\_\_\_

Axis II  Prin  Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
 Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
Code \_\_\_\_\_ Nomenclature \_\_\_\_\_

Axis III \_\_\_\_\_ Code \_\_\_\_\_  
\_\_\_\_\_ Code \_\_\_\_\_  
\_\_\_\_\_ Code \_\_\_\_\_

Axis IV Psychosocial and Environmental Problems which may affect diagnosis, treatment, or prognosis

Primary Problem \_\_\_\_\_ Check as many that apply:  1. primary support group  2. social environment  
 3. educational  4. occupational  5. housing  6. economics  7. access to health care  
 8. interaction with legal system  9. other psychosocial/environmental  10. inadequate information

Axis V Current GAF \_\_\_\_\_ DMH Dual Diagnosis Code \_\_\_\_\_

Above Diagnosis from \_\_\_\_\_ dated \_\_\_\_\_

C. Disposition/Recommendations/Plan:

## X. Signatures

\_\_\_\_\_  
Assessor's Signature & Discipline\* Date Co-Signature & Discipline\*\* Date  
\*LPHA or PHA student with LPHA co-signature \*\*Medicare requires signature of M.D. or licensed Ph.D.

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Name: \_\_\_\_\_ MIS #: \_\_\_\_\_  
Agency: \_\_\_\_\_ Prov.#: \_\_\_\_\_  
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### ANNUAL ASSESSMENT UPDATE

This form is to be completed annually and is to accompany the Client/Coordination Plan. Responses should focus on changes in the respective areas since the last assessment and addressed in Client Plan, if appropriate.

Primary Language: \_\_\_\_\_ Interpreter? Yes  No  Does the client request the family to act as interpreter? Yes  No

1. What progress has the client made toward meeting objectives as identified in the previous Client Plan?
  
2. Describe the client's current symptoms/problems. **(To be completed by Licensed Mental Health Professional)**
  
3. Describe any Co-Occurring (substance abuse) issues influencing symptoms, impairments and treatment.
  
4. Describe any cultural factors influencing symptoms, impairments, and treatment.
  
5. Does the diagnosis remain the same? Yes  No  If No, a Change of Diagnosis form has been completed by Licensed Mental Health Professional and the diagnosis changed in the IS.

**6. Current Status on Below Areas:**

**LIVING ARRANGEMENTS:** Identify Current Status. Check all that apply.

Homeless	Long Term Residential Program	Sober Living/Drug Rehabilitation Center
Shelter	Lives Alone - private home, rental unit	Supportive housing, Section 8, etc.
Board and Care	Lives with Family/Relatives	Satellite Housing (Semi - Independent Living)
Crisis Residential Program	Lives with other (unrelated)	Skilled Nursing Facility
Transitional Residential Program	Lives with spouse/children	At risk from removal from home
Foster Care	Group Home	Other:

Do mental health symptoms affect Living Arrangements? If yes, or client wants change, explain:

**SOCIAL SUPPORT:** Identify Current Status. Check all that apply.

Is the family or significant others involved in treatment? Yes  No  If yes, family/SO provides support in the following areas:  
 Emotional  Housing  Tx Compliance/Relapse Prevention  Recreation  Education  Transportation  Financial

Socializes with others	Is linked to self-help groups	Requires outreach
Develops and maintains friendships	Is linked to other social or support groups	Requires advocacy
Has support of clergy	Requires protection from abuse	Other:
Has a Power of Attorney; with whom?	Has an Advance Directive	Is Conserved; with whom?
Has a Payee for Finances; with whom?	Has a caretaker relationship; with whom?	

Do mental health symptoms affect Social Support? If yes, or client wants change, explain:

**FINANCIAL/BENEFITS:** Identify Current Status. Check all that apply.

Medi-Cal	GR/GA	SB 90	Indigent	Family Preservation
Medicare	Unemployment benefits	VA Benefits	Family Support	
Health Families	HMO	Private Insurance	Participates in CalWORKs	
SSI/SSDI	SDI	Employed	Other	

Do mental health symptoms affect Financial Status/Money Management capability? If yes, or client wants change explain:

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--	--



**DAILY ACTIVITY / VOCATIONAL / EDUCATIONAL:** Identify Current Status. Check all that apply.

<input type="checkbox"/> In School - identify level	<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Full Time Work	<input type="checkbox"/> Is illiterate
<input type="checkbox"/> Part - Time work	<input type="checkbox"/> Sheltered Workshop	<input type="checkbox"/> Retired	<input type="checkbox"/> Has learning disability
<input type="checkbox"/> Occupational training	<input type="checkbox"/> Adult Day Health Care	<input type="checkbox"/> Isolates	
<input type="checkbox"/> Attends a socialization program	<input type="checkbox"/> Senior Center Participation	<input type="checkbox"/> Has transportation needs	

Do mental health symptoms affect Daily Activity/Vocational/Educational functioning? If yes, or client wants change, explain:

**PHYSICAL HEALTH:** Identify Current Status. Check all that apply.

<input type="checkbox"/> Describe medical problems: Last Physical:	<input type="checkbox"/> Needs medication counseling	<input type="checkbox"/> Needs Visual, Hearing Support:
<input type="checkbox"/> Describe dental problems: Last Dental Appt.	<input type="checkbox"/> Needs Medication Management	<input type="checkbox"/> Needs Ambulatory Support:
<input type="checkbox"/> Allergies:	<input type="checkbox"/> Requires Home Health	<input type="checkbox"/> Other:
<input type="checkbox"/> Describe nutritional problems:		
<input type="checkbox"/> Describe any physical/developmental handicaps:		

Do mental health symptoms affect Physical Health? If yes, explain: \_\_\_\_\_

Do physical health problems affect Mental Health? If yes, explain: \_\_\_\_\_

**HOSPITALIZATION / CRISIS STABILIZATION / PMRT:** Not Applicable

Date(s) of hospitalizations last year:			
Identify reason(s):	<input type="checkbox"/> Med/Surg	<input type="checkbox"/> Psych	<input type="checkbox"/> Substance Abuse
Identify Status:	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Conservatorship
Was client admitted to an ER or Crisis Stabilization Unit, but not hospitalized within year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> How many times
Was client seen by PMRT within year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> How many times
Did any of the PMRT calls result in hospitalization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> How many times

**LEGAL:** Not Applicable

Did client have contact with police within year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify type:	
Was the contact related to mental health issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	or substance abuse issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the client incarcerated within year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes provide dates:	
Identify type of conviction	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony	<input type="checkbox"/> Probation	<input type="checkbox"/> Parole
Was the conviction related to mental health issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	or substance abuse issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did client become a ward of the court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was the client placed in Juvenile Hall/Camp within year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was treatment court ordered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of Probation/Parole Officer	
Was this placement related to mental health issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	or a substance abuse issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do mental health symptoms affect Legal Status? If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
Service Provider Signature

\_\_\_\_\_  
Date

How does client continue to meet Medical Necessity? (Diagnosis, Impairment, Intervention, EPSDT Criteria) ( To be completed by Licensed Mental Health Professional )

\_\_\_\_\_  
Annual Update reviewed and approved by:

\_\_\_\_\_  
Signature and Discipline (Licensed Mental Health Professional)

\_\_\_\_\_  
Date

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Name: \_\_\_\_\_ MIS#: \_\_\_\_\_  
Agency: \_\_\_\_\_ Prov#: \_\_\_\_\_  
Los Angeles County - Department of Mental Health

## SPECIAL PROGRAM CCCP

Annual Cycle Month: (Due prior to the 1<sup>st</sup> day of the Month)

- Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sep    Oct    Nov    Dec

Client Long Term Goals: (use client direct quote)

**Short-term Goals / Objectives:** Must be SMART: Specific, Measurable/Quantifiable, Attainable within this year, Realistic, and Time-bound. Must be linked to the client's functional impairment and diagnosis / symptomatology as documented in the Assessment.

Objective # 1 Effective Date: \_\_\_\_\_

**Clinical Interventions:** Must be related to the objective and achievable within the time frame of this Plan. Describe proposed intervention and duration (specify if time frame is less than 1 yr).

Type of Service:  MHS\*    TCM    Med Sup   Other \_\_\_\_\_

Client Involvement - Client agrees to participate by:

Signature(s)

\_\_\_\_\_ Print Name                      \_\_\_\_\_ Signature & Discipline                      \_\_\_\_\_ Date                      \_\_\_\_\_ Co-signature & Discipline                      \_\_\_\_\_ Date

Outcomes: To be completed either when the objective is obtained or prior to the beginning of the next cycle month.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Short-term Goals / Objectives:**

Objective # 2 Effective Date: \_\_\_\_\_

**Clinical Interventions:**

Type of Service:  MHS\*    TCM    Med Sup   Other \_\_\_\_\_

Client Involvement - Client agrees to participate by:

Signature(s)

\_\_\_\_\_ Print Name                      \_\_\_\_\_ Signature & Discipline                      \_\_\_\_\_ Date                      \_\_\_\_\_ Co-signature & Discipline                      \_\_\_\_\_ Date

Outcomes:

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

\*MHS includes individual, group, psychological testing, collateral and consultation services.

Family Involvement:  Biological    Other

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Date of contact: \_\_\_\_\_

Family agrees to participate?  Yes  No (If yes, please specify): \_\_\_\_\_

Additional Client Contacts / Relationships:	Interpretation	Client's Signature to the Care Plan
<input type="checkbox"/> DCFS <input type="checkbox"/> Probation <input type="checkbox"/> DPSS <input type="checkbox"/> Health <input type="checkbox"/> Outside Meds <input type="checkbox"/> Regional Center <input type="checkbox"/> Substance Abuse/12 Step <input type="checkbox"/> Consumer Run <input type="checkbox"/> Education/AB 3632 <input type="checkbox"/> Other _____	Prefer a language other than English: <input type="checkbox"/> Yes <input type="checkbox"/> No This plan was interpreted: <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____	Client's Signature: _____ Date: _____ Client offered a copy: <input type="checkbox"/> Yes <input type="checkbox"/> No Staff Initials: _____ Date: _____

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Name: \_\_\_\_\_ IS#: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Provider #: \_\_\_\_\_  
*Los Angeles County – Department of Mental Health*

### Special Program Client Care Coordination Plan



## CLIENT CARE COORDINATION PLAN

Annual Cycle Month: (Due prior to the 1<sup>st</sup> day of the Month)

- Jan  
  Feb  
  Mar  
  Apr  
  May  
  Jun  
  Jul  
  Aug  
  Sep  
  Oct  
  Nov  
  Dec

**Client Long Term Goals: (use client direct quote)**

**Short-term Goals / Objectives:** Must be SMART: Specific, Measurable/Quantifiable, Attainable within this year, Realistic, and Time-bound. Must be linked to the client's functional impairment and diagnosis / symptomatology as documented in the Assessment.

**Objective # 1** Effective Date: \_\_\_\_\_

**Clinical Interventions:** Must be related to the objective and achievable within the time frame of this Plan. Describe proposed intervention and duration (specify if time frame is less than 1 yr).

**Type of Service:**  MHS\*  TCM  Med Sup  Crisis Res  Trans Res  Long-Term Res  Calworks  TBS  Other \_\_\_\_\_

<b>Client Involvement</b>	<b>Family Involvement:</b> <input type="checkbox"/> Biological <input type="checkbox"/> Other (If other, please specify below)
Client agrees to participate by:	Family is available <input type="checkbox"/> Yes <input type="checkbox"/> No Client consents to family participation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Family agrees to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify)

**Outcomes:** To be completed either when the objective is obtained or prior to the beginning of the next cycle month. If not met, please specify what was or was not met and adjust objective accordingly.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Short-term Goals / Objectives:**

**Objective # 2** Effective Date: \_\_\_\_\_

**Clinical Interventions:**

**Type of Service:**  MHS\*  TCM  Med Sup  Crisis Res  Trans Res  Long-Term Res  Calworks  TBS  Other \_\_\_\_\_

<b>Client Involvement</b>	<b>Family Involvement:</b> <input type="checkbox"/> Biological <input type="checkbox"/> Other (If other, please specify below)
Client agrees to participate by:	Family is available <input type="checkbox"/> Yes <input type="checkbox"/> No Client consents to family participation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Family agrees to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify)

**Outcomes:**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Client Contacts/Relationships:** Refer to the "MH 525: Contact Information" form.

- DCFS  
  Probation  
  DPSS  
  Health  
  Outside Meds  
 Regional Center  
  Substance Abuse/12 Step  
  Consumer Run/NAMI  
 Education/AB 3632  
  Other \_\_\_\_\_

**Interpretation**

Prefer a language other than English:  Yes  No  
 This plan was interpreted:  Yes  No  
 Language: \_\_\_\_\_

\*MHS includes therapy/rehab (individual, family, or group), psychological testing, collateral and team conference/consultation services.

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**Name:** \_\_\_\_\_ **IS#:** \_\_\_\_\_  
**Agency:** *Los Angeles County – Department of Mental Health* **Provider #:** \_\_\_\_\_



## CLIENT CARE COORDINATION PLAN

- Signator or Co-Signator must be consistent with Scope of Practice.
- Signatures must be obtained when objectives are created (both initial and additional) and at each review period.
- One signature block can be used for multiple objectives created on the same day if the objectives are within the scope of the signator.

Objective Number(s)  <u>X&amp;Y</u>	Unlicensed Staff/Title	Used if Staff does not hold one of the licenses or registrations below. Second signature required.
	PhD/PsyD, LCSW, MFT, RN, CNS	<b>Required for all Objectives without MD/DO signature.</b> Includes licensed or registered and waived PhD/PsyD, licensed or registered/waivered LCSW & MFT, Licensed RN, Certified CNS.
	MD/DO, NP	<b>MD/DO Required for Medicare Clients/Private Insurance.</b> MD/DO or NP required for Medication Support goals.
	Client*	Document reason for lack of signature below. Signature should be obtained as soon as possible with regular updates in Progress Notes until obtained.
	Other*	Parent, Authorized Caregiver, Guardian, Conservator, or Personal Representative for treatment.

Objective Number(s)  _____	Unlicensed Staff/Title		Date:
	PhD/PsyD, LCSW, MFT, RN, CNS		Date:
	MD/DO, NP		Date:
	Client*		Date:
	Other*		Date:

Client was offered a copy of this objective:    Accepted    Declined                      Staff Initials:                      Date:

If the required Client/Other's signature is not above, please justify/explain the refusal or unavailability of the Client/Other and the plan for obtaining signature in the future.

Objective Number(s)  _____	Unlicensed Staff/Title		Date:
	PhD/PsyD, LCSW, MFT, RN, CNS		Date:
	MD/DO, NP		Date:
	Client*		Date:
	Other*		Date:

Client was offered a copy of this objective:    Accepted    Declined                      Staff Initials:                      Date:

If the required Client/Other's signature is not above, please justify/explain the refusal or unavailability of the Client/Other and the plan for obtaining signature in the future.

Objective Number(s)  _____	Unlicensed Staff/Title		Date:
	PhD/PsyD, LCSW, MFT, RN, CNS		Date:
	MD/DO, NP		Date:
	Client*		Date:
	Other*		Date:

Client was offered a copy of this objective:    Accepted    Declined                      Staff Initials:                      Date:

If the required Client/Other's signature is not above, please justify/explain the refusal or unavailability of the Client/Other and the plan for obtaining signature in the future.

\*The signature of the individual signing the Consent for Services is required. If unavailable, the signature of the caregiver may be obtained instead.

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	Agency:	Provider #:
<i>Los Angeles County – Department of Mental Health</i>		

# CLIENT CARE COORDINATION PLAN

Initial Assessment/Annual Assessment Update Completed on: \_\_\_\_\_

1 Week	30 Days	60 Days	3 Months	6 Months	Annual
<input type="checkbox"/> Crisis Residential	<input type="checkbox"/> Transitional Residential	<input type="checkbox"/> Long-Term Residential	<input type="checkbox"/> CalWORKS <input type="checkbox"/> Day Treatment Intensive (DTI) <input type="checkbox"/> TBS	<input type="checkbox"/> Day Rehab	<input type="checkbox"/> Mental Health Services (MHS) <input type="checkbox"/> Medication Support (MSS) <input type="checkbox"/> Targeted Case Management (TCM)

Objectives must be reviewed, updated, and recorded on the Signature and Coordination Pages prior to the first day of the cycle month. DR and DTI goals do not have to be on the Client Care and Signature pages but must be listed on the Coordination Page.

<b>Cycle Months:</b>	<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
	<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

Single Fixed Point of Responsibility (SFPR) Contact Information	
SFPR:	Phone Number:
Provider/Agency:	Fax Number:

Provider Name / Number	Contact Person / Team	Type of Service*	Start Date (Mo/Day/Yr)	End Date (Mo/Day/Yr)	Discharge or Transfer Date (Mo/Day/Yr)	SFPR's** Approval (Date & Initial)	Verbal Approval (Date & Initial)

\* Services listed should include MHS, TCM, Med Support, TBS, Day Treatment Intensive, or Day Rehab.  
\*\* For DT and DR note the Authorization Unit's approval date.

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**Client Care Plan Continuation Page**

<p><b>OBJECTIVES:</b> (Must be specific, measurable/quantifiable, attainable, realistic, time bound. Must relate to assessment, presenting problems/symptoms and functional impairment. Include cultural/linguistic, co-occurring factors, if appropriate. Include Med Support and Targeted Case Management, if appropriate)</p>	<p><b>CLINICAL INTERVENTIONS:</b> (Must be related to objective. List clinical interventions for each group/individual service. Includes Med Support and Targeted Case Management, if appropriate.)</p>	<p><b>Type/Frequency of Services to meet objectives:</b> (MHS - Ind and Grp); Med Sup; TCM; Soc; Residential; Voc; etc.</p>	<p><b>OUTCOMES/Date/Initials:</b> To be completed at the end of the Care Plan Review timeframe, 30 days, 3, 6, 12 months or more frequently as appropriate.</p>
<p><b>Client agrees to participate by:</b></p>			
<p>Date</p>			<p><b>Staff Signature/Title:</b></p>
<p><b>Client agrees to participate by:</b></p>			
<p>Date</p>			<p><b>Staff Signature/Title:</b></p>
<p><b>Client agrees to participate by:</b></p>			
<p>Date</p>			<p><b>Staff Signature/Title:</b></p>
<p><b>Client agrees to participate by:</b></p>			
<p>Date</p>			<p><b>Staff Signature/Title:</b></p>
<p><b>Client agrees to participate by:</b></p>			
<p>Date</p>			<p><b>Staff Signature/Title:</b></p>

# DIAGNOSIS INFORMATION

## Type of Diagnosis Information:

- Admission Diagnosis     
  Clerical Revision to Admission Diagnosis     
  Clerical Revision to Current Diagnosis  
 Clinical Update to Current Diagnosis     
  Other (please specify): \_\_\_\_\_

## New/Updated Diagnosis: (include full Current Five Axes Diagnosis)

Note: The medication monitoring computer program will compare both the Principle and Secondary Diagnosis with any prescribed medication. A diagnosis consistent with the usual use of a given medication MUST appear as either the Principle or Secondary Diagnosis in the current/discharge diagnosis fields of the IS. If a diagnosis is inconsistent for the usual use of a medication, the medication MUST be specifically authorized through review and approval procedures.

**Axis I**     Prin     Sec    Code \_\_\_\_\_    Nomenclature \_\_\_\_\_  
 (Medications cannot be prescribed with a deferred diagnosis)

Sec    Code \_\_\_\_\_    Nomenclature \_\_\_\_\_  
           Code \_\_\_\_\_    Nomenclature \_\_\_\_\_  
           Code \_\_\_\_\_    Nomenclature \_\_\_\_\_  
           Code \_\_\_\_\_    Nomenclature \_\_\_\_\_

**Axis II**     Prin     Sec    Code \_\_\_\_\_    Nomenclature \_\_\_\_\_

Sec    Code \_\_\_\_\_    Nomenclature \_\_\_\_\_  
           Code \_\_\_\_\_    Nomenclature \_\_\_\_\_

**Axis III** \_\_\_\_\_    Code \_\_\_\_\_  
 \_\_\_\_\_    Code \_\_\_\_\_  
 \_\_\_\_\_    Code \_\_\_\_\_

## Axis IV Psychological and Environmental Problems which may affect diagnosis, treatment, or prognosis

Check as many as apply:

1.  Primary Support Group    2.  Social Environment    3.  Educational    4.  Occupational  
 5.  Housing    6.  Economics    7.  Access to Health Care    8.  Interaction with Legal System  
 9.  Other Psychosocial/Environmental    10.  Inadequate information

**Axis V** Current GAF: \_\_\_\_\_    DMH Dual Diagnosis Code: \_\_\_\_\_

## Justification:

- See Initial Medication Support Service dated \_\_\_\_\_     See Assessment Addendum dated \_\_\_\_\_  
 Justification from current Diagnostic Manual:

\_\_\_\_\_  
Signature & Discipline

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-signature & Discipline (when required)

\_\_\_\_\_  
Date

Diagnosis has been entered in the IS by \_\_\_\_\_ (initials) on \_\_\_\_\_ (date).

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Name:

IS#:

Agency:

Provider #:

Los Angeles County – Department of Mental Health

# DIAGNOSIS INFORMATION



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

COMMUNITY OUTREACH SERVICES

CONFIDENTIAL CLIENT INFORMATION CALIFORNIA WELFARE & INSTITUTIONS CODE SEC.5238

<b>PROVIDER #:</b> 1234	<b>DATE OF SERVICE:</b> 6/3/2009	<b>RENDERING PROVIDER:</b> e123456 Jane Doe	
<b>SERVICE RECIPIENT TYPE:</b> 03 Individual		<b># OF PERSONS CONTACTED:</b> 1	
<b>SERVICE LOCATION INFORMATION</b> ENTER AGENCY SERVICE RECIPIENT AND ACTIVITY INFORMATION BELOW		<b>SERVICE TYPE DESC:</b> Stepfather	
<b>AGENCY NAME:</b> [[S # of FSP client]	<b>ADDRESS:</b> [address of stepfather]		
<b>AGENCY CONTACT:</b> [name of stepfather] (he is the referral contact)	<b>PHONE #:</b> [phone of stepfather]	<b>CITY / STATE / ZIP:</b> [address of stepfather]	
<b>PLEASE ENTER CODE TO INDICATE PREDOMINANT ETHNICITY AGE RANGE AND LANGUAGE OF TARGET GROUP</b>			
<b>PRIMARY LANGUAGE:</b> 01 English	<b>ETHNICITY:</b> 02 Black	<b>If Hispanic, indicate Origin:</b>	<b>If American Indian/Alaska Native, Indicate Tribe:</b>
<b>AGE CATEGORY:</b> 0-15	<b>DURATION:</b> (FMI - Fifteen Min. Increment) 2	<b>HANDICAP:</b> 99 Unknown	<b>PROGRAM AREA:</b> 36 Community Linkage/Monitoring Linkage
<b>FUNDING SOURCE:</b> MHSA - Fam Supp Svc			
<b>SERVICE CODE:</b> 231 Community Client Services			
<b>ADDITIONAL PARTICIPATING STAFF:</b>			

**CERTIFICATION OF CONSULTANT**

I CERTIFY THAT THE ABOVE COMMUNITY OUTREACH SERVICES WERE PROVIDED AS DOCUMENTED.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_





**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH**

**COMMUNITY OUTREACH SERVICES**

CONFIDENTIAL CLIENT INFORMATION CALIFORNIA WELFARE & INSTITUTIONS CODE SEC.5238

**PROGRESS NOTES/FUTURE PLANS/RECOMMENDATIONS**

**PROGRESS NOTES:** (Include presenting problems, goals, content, process and outcome)

Stepfather of FSP client called requesting services for his 18 month old grandson and 18 year old daughter who recently was referred to DCFS. 18 year old daughter is about to lose her housing due her child screaming at all times. Gathered information to determine needs and linked family to housing agency, outpatient counseling and parent group.

**FUTURE PLANS/RECOMMENDATIONS:** (Include major topics or problem areas to be addressed and any special problems or successful techniques which might be helpful in the future consultation)

Follow-up if requested by stepfather of FSP client.



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

COMMUNITY OUTREACH SERVICES

CONFIDENTIAL CLIENT INFORMATION CALIFORNIA WELFARE & INSTITUTIONS CODE SEC.5238

PROVIDER #: 5678	DATE OF SERVICE: 5/4/09	RENDERING PROVIDER: enk1234
SERVICE RECIPIENT TYPE: 03 Individual	# OF PERSONS CONTACTED: 1	
SERVICE LOCATION INFORMATION ENTER AGENCY SERVICE RECIPIENT AND ACTIVITY INFORMATION BELOW		SERVICE TYPE DESC: Foster Parent
AGENCY NAME: [IS # of FSP client]	ADDRESS: [address of foster parent]	
AGENCY CONTACT: [Name of the foster parent] (she is the referral source)	PHONE #: [Phone # of foster parent]	CITY / STATE / ZIP: [Address of the foster parent]
PLEASE ENTER CODE TO INDICATE PREDOMINANT ETHNICITY AGE RANGE AND LANGUAGE OF TARGET GROUP		
PRIMARY LANGUAGE: 01 English	ETHNICITY: 03 Hispanic	If Hispanic, indicate Origin: Puerto Rico
		If American Indian/Alaska Native, Indicate Tribe:
AGE CATEGORY: 0-15	DURATION: (FMI - Fifteen Min. Increment) 2	HANDICAP: 99 Unknown
		PROGRAM AREA: 36 Community Linkage/Monitoring Linkage
FUNDING SOURCE: MHSA - Fam Supp Svc		
SERVICE CODE: 231 Community Client Services		
ADDITIONAL PARTICIPATING STAFF:		

CERTIFICATION OF CONSULTANT

I CERTIFY THAT THE ABOVE COMMUNITY OUTREACH SERVICES WERE PROVIDED AS DOCUMENTED.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH**  
**COMMUNITY OUTREACH SERVICES**  
CONFIDENTIAL CLIENT INFORMATION CALIFORNIA WELFARE & INSTITUTIONS CODE SEC.5238

**PROGRESS NOTES/FUTURE PLANS/RECOMMENDATIONS**

**PROGRESS NOTES:** (Include presenting problems, goals, content, process and outcome)

Received call from foster parent of FSP client. Foster parent requested services for their own grandson who is having academic problems. Child is a year behind in school due to complications with asthma. Prior to excessive absences child performed at grade level or above. Linked foster parent's grandson to tutoring services and medical counseling to control asthma.

**FUTURE PLANS/RECOMMENDATIONS:** (Include major topics or problem areas to be addressed and any special problems or successful techniques which might be helpful in the future consultation)

Follow-up as needed.





COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

COMMUNITY OUTREACH SERVICES

CONFIDENTIAL CLIENT INFORMATION CALIFORNIA WELFARE & INSTITUTIONS CODE SEC.5238

<b>PROVIDER #:</b> 5678	<b>DATE OF SERVICE:</b> 5/4/09	<b>RENDERING PROVIDER:</b> enk1234	
<b>SERVICE RECIPIENT TYPE:</b> 03 Individual		<b># OF PERSONS CONTACTED:</b> 1	
<b>SERVICE LOCATION INFORMATION</b> ENTER AGENCY SERVICE RECIPIENT AND ACTIVITY INFORMATION BELOW		<b>SERVICE TYPE DESC:</b> Mother	
<b>AGENCY NAME:</b> [[S # of FSP client]]		<b>ADDRESS:</b> [address of mother]	
<b>AGENCY CONTACT:</b> [Name of the mother] (she is the referral source)	<b>PHONE #:</b> [Phone # of mother]	<b>CITY / STATE / ZIP:</b> [Address of the mother]	
<b>PLEASE ENTER CODE TO INDICATE PREDOMINANT ETHNICITY AGE RANGE AND LANGUAGE OF TARGET GROUP</b>			
<b>PRIMARY LANGUAGE:</b> 02 Spanish	<b>ETHNICITY:</b> 03 Hispanic	<b>If Hispanic, indicate Origin:</b> Central America	<b>If American Indian/Alaska Native, Indicate Tribe:</b>
<b>AGE CATEGORY:</b> 0-15	<b>DURATION:</b> (FMI - Fifteen Min. Increment) 3	<b>HANDICAP:</b> 80 Mental Disability	<b>PROGRAM AREA:</b> 36 Community Linkage/Monitoring Linkage
<b>FUNDING SOURCE:</b> MHS - Fam Supp Svc			
<b>SERVICE CODE:</b> 231 Community Client Services			
<b>ADDITIONAL PARTICIPATING STAFF:</b>			

CERTIFICATION OF CONSULTANT

I CERTIFY THAT THE ABOVE COMMUNITY OUTREACH SERVICES WERE PROVIDED AS DOCUMENTED.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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**PROGRESS NOTES/FUTURE PLANS/RECOMMENDATIONS**

**PROGRESS NOTES:** (Include presenting problems, goals, content, process and outcome)

Received a call from the mother of an FSP client whose sibling is returning home from a residential treatment center in Utah. Her daughter is a 15 years old, AB3632 client and mother is seeking services for her. Gathered information to determine the appropriate linkage. Referred to fee for service counseling center and a support group in her community.

**FUTURE PLANS/RECOMMENDATIONS:** (Include major topics or problem areas to be addressed and any special problems or successful techniques which might be helpful in the future consultation)

Follow-up as reunification with family occurs.

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**PURPOSE:**

To establish referral procedures for individuals referred to Full Service Partnership (FSP) programs and identify the special exception for American Indians. Individuals may be enrolled re-established to an FSP program using one of the three routes (see Referral Procedures below in Guidelines section) by which clients can be referred to a FSP program:

1. FSP agencies identify through outreach individuals who may qualify and submit Full Service Partnership Referral and Authorization Form to the Impact Unit for pre-authorization to enroll.
2. Individuals may be referred to the Impact Unit by a non-FSP entity, (e.g., mental health services providers, social service agencies, and the community). The Impact Unit will pre-authorize enrollment of the client and will direct these referrals to the appropriate agency for outreach and engagement.
3. Individuals may be referred to the Impact Unit by a non-FSP entity, (e.g., mental health services providers, social service agencies, and the community). The Impact Unit will pre-authorize enrollment of the client and will direct these referrals to the appropriate agency for enrollment.

**DEFINITION:**

1. Pre-authorization – Referrals are screened by the Impact Unit to ensure they meet criteria for a FSP program. Appropriate referrals are pre-authorized and forwarded to Countywide Programs Administration for final review and authorization.
2. Authorization – Countywide Programs staff makes the final determination as to the appropriateness of the individual for FSP services and indicates approval of authorization.
3. Impact Unit – The Service Area (SA) Impact Unit is comprised of Impact Unit Teams that process referrals, link clients to community resources, and provide consultation and follow-up. Impact Units can refer clients directly to intensive service

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providers. (For older adults, see III.A.1. Older Adult Centralized Impact Unit.)

4. Impact Unit Teams – Impact Unit Teams are comprised of SA representatives, such as SA Navigators, Parent Advocates, Housing Specialists, Hospital Liaisons, intensive services providers, and hospital/IMD representatives. The team’s responsibility is to discuss and determine the appropriate disposition for clients with intensive service needs, (e.g., FSP, Assertive Community Treatment (ACT), AB 2034 programs, and Wraparound).
5. Service Area Navigator – The SA Navigators were created through the MHSA Community Services and Supports (CSS) Plan to assist individuals and families in accessing mental health and other supportive services and to network with community-based organizations in order to strengthen the array of available services.
6. Impact Unit Coordinator – The Impact Unit Coordinator has the lead responsibility for processing referrals to FSP programs. The coordinator is a representative of either a SA or Countywide program (see X. DMH Contacts) and is part of the Impact Unit Team. The coordinator provides pre-authorization for enrollment into the FSP program, triages referrals to SA Navigators, and ensures all referrals to their SA are screened and linked to appropriate services and supports.

**GUIDELINES:**

(For older adults, see III.A.2. Older Adult FSP Referral Procedure.)

1. DMH authorization must be obtained prior to an agency enrolling an individual into a FSP program, opening a FSP episode on the Integrated System (IS) or the agency’s Data Collection System (DCS), or providing any billable services other than outreach. FSP agencies must obtain pre-authorization from the designated Impact Unit Coordinator and authorization from the appropriate Countywide Programs Administration.

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2. If a client is currently receiving outpatient mental health services and has an open episode on the IS, but is underserved or inappropriately served, the requesting agency must include written justification on the Full Service Partnership Referral and Authorization Form for a client to be considered for enrollment in a FSP program. Written justification must detail why the individual needs the supportive services of a FSP, including such information as the frequency of hospitalizations, incarcerations or episodes of homelessness.

The following referral procedures outline the three routes by which clients can be referred to a FSP program:

Referral Procedure 1:

1. FSP agency will outreach and engage clients that appear to meet focal population criteria.
2. When client agrees to participate in a FSP program, the FSP agency will complete the Full Service Partnership Referral and Authorization Form and submit it to the Impact Unit Coordinator for pre-authorization for enrollment. Incomplete or altered referral forms will be refused and returned to the referral source with a request to re-submit once the referral form has been completed/corrected.
3. Impact Unit Coordinator will screen referral for FSP eligibility within three (3) business days. Clients that meet FSP eligibility criteria will be pre-authorized and forwarded to Countywide Programs Administration. FSP agency will be notified by Impact Unit Coordinator of clients who do not meet FSP eligibility criteria and the FSP agency will collaborate with the SA Navigator to ensure linkage to other services.
4. Countywide Programs staff will review the referral and pre-authorization information and will notify the FSP agency and SA Impact Unit of authorization for enrollment (or lack thereof) within two (2) business days. Impact Unit Teams

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that have not received a response from Countywide Programs Administration within two (2) business days of sending a referral for authorization shall call to follow up. If Countywide Programs Administration does not respond within three (3) business days of receipt of the referral, it may be considered authorized for enrollment.

Referral Procedure 2:

1. For FSP referrals by a non-FSP entity, the Impact Unit Coordinator will obtain contact information and complete the Full Service Partnership Referral and Authorization Form.
2. Impact Unit Coordinator will screen referral for FSP eligibility within three (3) business days. Clients that meet FSP eligibility criteria will be pre-authorized and forwarded to an FSP agency with available slots for outreach and engagement.
3. The FSP agency to which the individual was referred will outreach to the prospective client within seventy-two (72) hours of receiving the referral and until such time a determination is made as to the individual's appropriateness for, and interest in, a FSP program. Discussions related to the extent and duration of outreach activities shall be held in Impact Unit meetings based the specific needs of the individual client.
  - a. If the referred individual is in an institution, (e.g., county or fee-for-service (FFS) hospital; Institutions for Mental Disease (IMD); Skilled Nursing Facility (SNF); State Hospital (SH); Psychiatric Health Facility (PHF); Community Treatment Facility (CTF); jail; juvenile hall; Probation camp; Level 12-14 group home), outreach and engagement should include communication between the FSP and the institution, regular contact with the client and, for minor clients, the parent/guardian, and participation in the client's discharge plan (see I.A. Outreach and Engagement



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for Clients in Institutions).

4. Once a determination has been made, the FSP agency will notify the Impact Unit of the outcome of the outreach activities.
  - a. If the individual does not agree to or is determined inappropriate for FSP services, the FSP agency will collaborate with the SA Navigator to ensure linkage to other services.
  - b. If the FSP agency declines to enroll a client who has been pre-authorized for enrollment, then III.B. Procedure for Filing Appeals Related to FSP Client Enrollment, Disenrollment or Transfer shall be followed.
  - c. If the individual agrees to FSP services, the FSP agency will confirm with the Impact Unit Coordinator their intent to enroll the individual. The Impact Unit will forward the completed Full Service Partnership Referral and Authorization Form to Countywide Programs Administration for enrollment authorization.
  
5. Countywide Programs staff will review the referral and pre-authorization information and will notify the FSP agency and SA Impact Unit of authorization for enrollment (or lack thereof) within two (2) business days. Impact Unit Teams that have not received a response from Countywide Programs Administration within two (2) business days of sending a referral for authorization shall call to follow up. If Countywide Programs Administration does not respond within three (3) business days of receipt of the referral, it may be considered authorized for enrollment.

Referral Procedure 3:

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1. For FSP referrals by a non-FSP entity, the Impact Unit Coordinator will obtain contact information and complete the Full Service Partnership Referral and Authorization Form.
2. Impact Unit Coordinator will screen referral for FSP eligibility within three (3) business days. Clients that meet FSP eligibility criteria and agree to FSP services will be pre-authorized and forwarded to an FSP agency with available slots for notification of intent to enroll.
3. Upon notification, the Impact Unit will forward the completed Full Service Partnership Referral and Authorization Form to Countywide Programs Administration for enrollment authorization.
4. Countywide Programs staff will review the referral and pre-authorization information and will notify the FSP agency and SA Impact Unit of authorization for enrollment (or lack thereof) within two (2) business days. Impact Unit Teams that have not received a response from Countywide Programs Administration within two (2) business days of sending a referral for authorization shall call to follow up. If Countywide Programs Administration does not respond within three (3) business days of receipt of the referral, it may be considered authorized for enrollment.
5. If the FSP agency declines to enroll a client who has been pre-authorized for enrollment, then III.B. Procedure for Filing Appeals Related to FSP Client Enrollment, Disenrollment or Transfer shall be followed.

Once the FSP agency has obtained the required authorization, it may open the client episode in the IS and DCS (see VII.A. Outcomes Data Collection or <http://dmhoma.pbwiki.com>).

**SPECIAL EXCEPTION:** Referrals for American Indians of all age groups who want/need culturally specific mental health services will be forwarded to the Service Area 7 Impact Unit for authorization rather than to the Impact Unit located in the Service Area where the individual

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resides.

**FORMS:**

- Full Service Partnership Referral and Authorization Form

**REFERENCES:**

- <http://dmhoma.pbwiki.com> (Los Angeles County DMH Outcome Measures Application (OMA) Wiki website)

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<b>OLDER ADULT CENTRALIZED IMPACT UNIT</b>	<b>III.A.1.</b>	<b>11/1/2006</b>	<b>1 of 2</b>

**PURPOSE:** To clearly define the roles and responsibilities for the Older Adult Centralized Impact Unit (CIU) related to the Older Adult Full Service Partnership (FSP) program.

**DEFINITION:** The Older Adult CIU is composed of Department of Mental Health (DMH) staff members and Older Adult FSP providers. The CIU is the body responsible for identifying clients who meet eligibility criteria for a FSP program. CIU members engage in regular coordination of care meetings to review referrals, process enrollment, monitor progress, and disenroll clients from FSP programs as appropriate. The CIU serves as an advisory and care coordination body; ultimate responsibility for enrollment and disenrollment rests with DMH.

**GUIDELINES:** CIU Membership

1. Attendance to the CIU may vary depending on the circumstances of each individual case. Core members who must be present in order to convene a CIU meeting include:
  - a. DMH Older Adult Programs Administrator
  - b. DMH Older Adult FSP Enrollment Coordinator
  - c. Clinical Expert
  - d. Representatives from Older Adult FSP Team
  
2. Participation of additional individuals may be arranged, as needed, according to the specific care coordination requirements of each potential FSP enrollee. Occasional participants may include, but are not limited to, the following:
  - a. Representative(s) from referring agencies
  - b. Representative(s) of client or family member
  - c. Representative(s) of housing providers
  - d. Representative(s) from Public Guardian

CIU Membership Roles

1. Enrollment Coordinator – Responsible for the initial screening of a referral. When a referral is received that provides adequate preliminary information, (i.e., referral form is completed correctly; referral meets general criteria for FSP; client has had a clinical evaluation prior to referral), then the Enrollment



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Coordinator will contact the referring party to inform them of client disposition. Enrollment Coordinator will convene a meeting of the CIU to review the case. Enrollment Coordinator will ensure the appropriate agency representatives are in attendance.

2. Older Adult Program Administrator – Responsible for facilitation of CIU case conferences. Also has responsibility for providing final approval of client enrollment in FSP program. This approval is necessary for FSP provider to begin billing for services provided to client.
3. DMH Clinical Expert – Has clinical expertise with Older Adults who have a severe mental illness. The function of the Clinical Expert is to provide a clinical opinion and consultation to the CIU.
4. Representatives from FSP Providers – Attend CIU conferences to participate in the authorization and enrollment of clients in an appropriate FSP program that best meets the client’s needs.
5. Occasional CIU Participants – Includes representative(s) from referring agency(cies) and/or representative(s) of client or family member. These participants will provide information about the client’s needs for coordination of care and treatment planning purposes.

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<b>OLDER ADULT FULL SERVICE PARTNERSHIP REFERRAL GUIDELINES</b>	<b>III.A.2.</b>	<b>11/1/2006</b>	<b>1 of 3</b>

**PURPOSE:** To establish procedures for referrals to Older Adult Full Service Partnership (FSP) programs.

**DEFINITION:** All clients referred to an Older Adult FSP will be processed following one of two procedures described below:

(A) For clients who have had clinical assessments completed prior to FSP referral, or

(B) For clients who have not had a clinical assessment prior to referral for FSP services.

**GUIDELINES:** Referral Procedure A:

Referring party is a mental health provider (inpatient or outpatient) and has completed a clinical assessment prior to referral.

1. Referring party submits completed Full Service Partnership Referral and Authorization Form to Impact Unit.
2. Impact Unit Coordinator screens the referral for FSP eligibility criteria.
  - a. If eligibility criteria are met, the Impact Unit Coordinator will contact referring party to schedule presentation at the Older Adult Impact Unit in order to arrive at a determination regarding authorization for enrollment.
  - b. If referral information is insufficient to determine whether eligibility criteria have been met, Impact Unit Coordinator will contact the referring party and request additional information or discuss return of the referral.
  - c. Impact Unit Coordinator will respond to non-emergent referrals within 72 hours of receipt of referral and within 24 hours to referrals from hospitals and IMDs when feasible.

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3. Older Adult Impact Unit reviews the FSP referral.

- If referral is appropriate, Impact Unit will assign client to a specific FSP program and authorize enrollment and billing for FSP services.
- If referral is not deemed appropriate for FSP enrollment, Impact Unit will return referral to source.
- The Older Adult Impact Unit will review referrals within ten (10) business days of receipt from Impact Unit Coordinator.

Referral Procedure B:

Referring party is not a mental health provider, (e.g., Adult Protective Services caseworker; senior apartment manager or ombudsman; Code Enforcement; law enforcement; Animal Control, Public Defender or prosecutors; city or county officials; etc.) and a clinical assessment has not been completed prior to referral.

1. Referring party submits completed Full Service Partnership Referral and Authorization Form to Impact Unit Coordinator for review.
2. Impact Unit Coordinator arranges clinical assessment for prospective client by either:
  - a. FSP program that is responsible for providing services in the geographic area in which the prospective client resides. The FSP program will provide outreach and engagement to complete the clinical assessment and submit it to the Impact Unit Coordinator, OR
  - b. GENESIS Program staff conducts outreach and engagement to complete the clinical assessment and submits it to the Impact Unit Coordinator.

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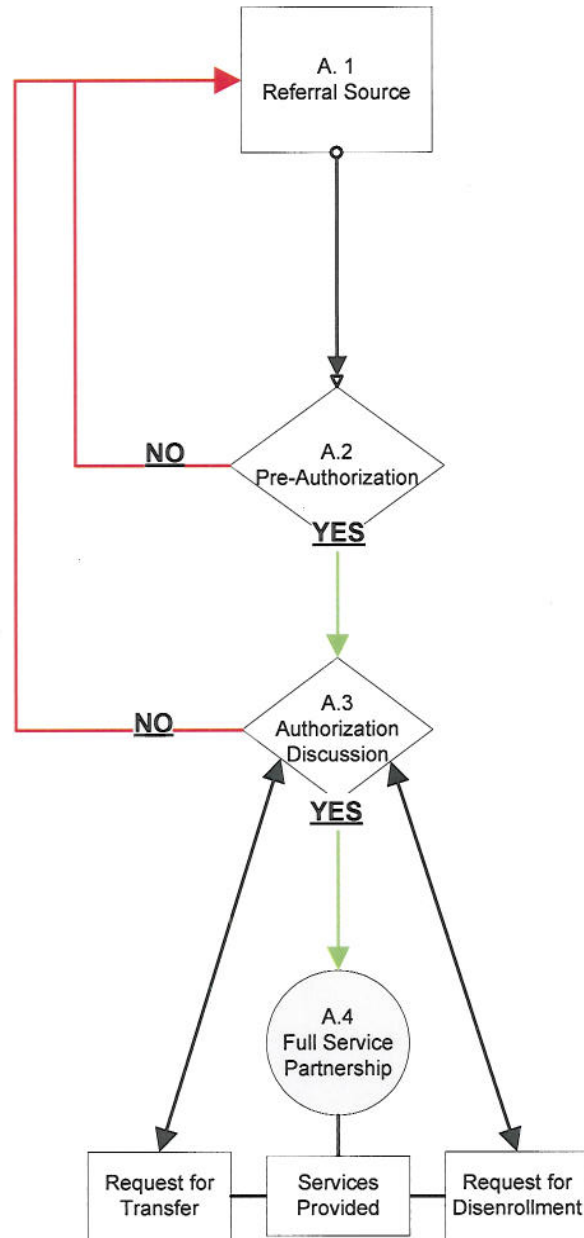
3. Impact Unit Coordinator screens the referral for FSP eligibility criteria.
  - a. If eligibility criteria are met, the Impact Unit Coordinator will contact referring party to schedule presentation at the Older Adult Impact Unit in order to arrive at a determination regarding authorization for enrollment.
  - b. If referral information is insufficient to determine whether eligibility criteria have been met, Impact Unit Coordinator will contact the referring party and request additional information or discuss return of the referral.
  - c. Impact Unit Coordinator will respond to non-emergent referrals within 72 hours of receipt of referral and within 24 hours to referrals from hospitals and IMDs when feasible.
  
4. Older Adult Impact Unit reviews the FSP referral.
  - a. If referral is appropriate, Impact Unit will assign client to a specific FSP program and authorize enrollment and billing for FSP services.
  - b. If referral is not deemed appropriate for FSP enrollment, the Impact Unit Coordinator will confer with the referring party, Service Area Navigators and others, as appropriate, to ensure client is linked with appropriate program for needs.
  - c. The Older Adult Impact Unit will review referral within ten (10) business days of receipt from Impact Unit Coordinator.

**FORMS:** ➤ Full Service Partnership Referral and Authorization Form

**ATTACHMENTS:** ➤ Attachment A – Referral Procedure (A) Flow Diagram  
➤ Attachment B – Referral Procedure (B) Flow Diagram

**OLDER ADULT FULL SERVICE PARTNERSHIP REFERRAL GUIDELINES**  
**Attachment A: Referral Procedure (A) Flow Diagram**

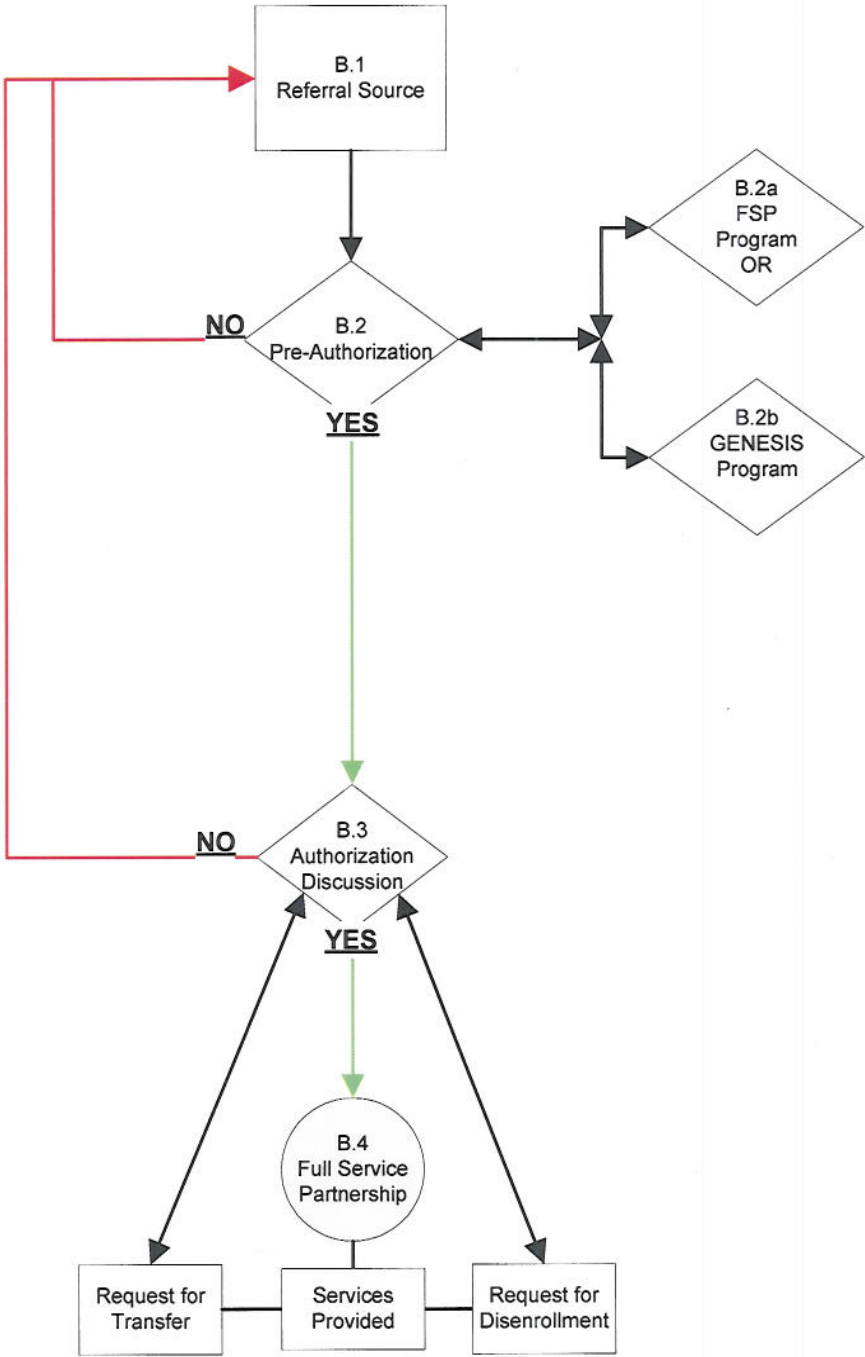
**Referral Source has completed  
Clinical Assessment**





**OLDER ADULT FULL SERVICE PARTNERSHIP REFERRAL GUIDELINES**  
Attachment B: Referral Procedure (B) Flow Diagram

**Referral Source has not completed a clinical assessment**



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PROCEDURE FOR FILING APPEALS RELATED TO FSP CLIENT ENROLLMENT, DISENROLLMENT OR TRANSFER	III.B.	11/1/2006	1 of 1
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**PURPOSE:** To establish guidelines for agency appeals in the event Full Service Partnership (FSP) agencies and DMH Impact Unit staff fail to reach agreement regarding client enrollment, reinstatement, re-establishment, or disenrollment or transfer.

- GUIDELINES:**
1. Agencies are expected to adhere to guidelines regarding enrollment, disenrollment and transfer of FSP clients that have been established for this purpose (see III. Referral, Authorization and Enrollment Guidelines). In the event that a disagreement occurs about an enrollment, disenrollment or transfer decision, Impact Unit participants shall attempt to reach consensus regarding the client's disposition through discussion in the Service Area Impact Unit (for Children, Transition-age Youth and Adults) or Centralized Impact Unit (for Older Adults).
  2. In the event that an agency elects to appeal an enrollment/disenrollment/transfer decision, the agency will complete the Full Service Partnership Appeal Form and submit it to the Service Area District Chief (see X. DMH Contacts) overseeing the area in which the agency is delivering FSP services. The Service Area District Chief will confer with the age-appropriate Countywide District Chief to make a joint determination regarding disposition.

Conditions under which an appeal may be filed include the following:

1. DMH Impact Unit refers an eligible client to an FSP agency that declines to enroll, reinstate, or re-establish the individual.
2. FSP agency requests authorization to enroll, reinstate, or re-establish a client and DMH Impact Unit or DMH Countywide Programs Administration denies permission to enroll.
3. FSP agency requests authorization to disenroll a client and DMH Impact Unit or DMH Countywide Programs Administration denies permission to disenroll.
4. FSP agency requests authorization to transfer a client between FSP programs and DMH Impact Unit or DMH Countywide Programs Administration denies permission to transfer.

**FORMS:** ➤ Full Service Partnership Appeal Form

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<b>FSP Reinstatement and Re-Establishment</b>	<b>III.C.</b>	<b>8/1/10</b>	<b>1 OF 4</b>
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**PURPOSE:** To provide guidelines and procedures for the reinstatement and re-establishment of clients into the Full Service Partnership (FSP) program up to one year after a client disenrolls from an FSP program.

**DEFINITIONS:** FSP Reinstatement is a reinstatement of FSP authorization within 60 days of disenrollment when an individual demonstrates a need for FSP level intensive services. A client reinstated to an FSP program will have their disenrollment status removed, and continue with FSP services.  
 For an individual to reinstate to FSP, they must meet all of the following criteria:

- a. The individual must have disenrolled from FSP within the past 60 days.
- b. The individual's clinical needs cannot be met in a lower level of service. (FCCS, Wellness, etc.)
- c. The individual must require an FSP level intensive service to maintain in the community.
- d. The individual must be at risk for meeting the appropriate age group FSP criteria for services. Because the individual has already enrolled in an FSP program, he/she does not need to meet Full FSP criteria for reinstatement.

FSP Re-establishment occurs when an individual who has been disenrolled from FSP within the previous 12 months presents a need for FSP level intensive services. A re-establishment requires the completion of a new Full Service Partnership Referral and Authorization Form, however the individual will not have to meet full FSP criteria for enrollment in the same way as an individual entering an FSP for the first time.

For an individual to re-establish into FSP, they must meet all of the following criteria:

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- a. The individual must have disenrolled from FSP within the past 12 months.
- b. The individual's clinical needs cannot be met in a lower level of service. (FCCS, Wellness, etc.)
- c. The individual must require an FSP level intensive service to maintain in the community.
- d. The individual must be at risk for meeting the appropriate age group FSP criteria for services. Because the individual has already enrolled in the FSP program, he/she does not need to meet full FSP criteria for re-establishment.
- e. Space must be available in the FSP program for the individual to re-establish in the FSP program.

**PROCEDURE:**

FSP Reinstatement

- a. Upon determination that the client meets reinstatement criteria, the FSP provider will complete a FSP Reinstatement Request Form and submit to the age appropriate Impact Unit Coordinator for pre-authorization of reinstatement.
- b. The Impact Unit Coordinator will review the reinstatement request within five (5) business days of receipt to determine the appropriateness of the reinstatement request.
- c. If the client is determined appropriate for reinstatement, the Impact Unit will forward the completed and signed FSP Reinstatement Request Form to Countywide Programs Administration for Authorization.
- d. Countywide Programs Administration will review the request for reinstatement and pre-authorization

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SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
<b>FSP Reinstatement and Re-Establishment</b>	<b>III.C.</b>	<b>8/1/10</b>	<b>3 OF 4</b>
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information and will notify FSP programs and the Impact Unit of authorization within two (2) business days.

- e. If a client is reinstated to an FSP program, the provider must delete the Key Event Change indicating disenrollment from the FSP program in the OMA.
- f. If the Impact Unit does not pre-authorize the reinstatement, the request will be returned to the agency.
- g. If the Countywide Programs Administration does not authorize the reinstatement, the denial is signed and forwarded to the appropriate Impact Unit. The denial is then forwarded to the FSP provider.
- h. If the FSP agency does not agree with the decision of the Impact Unit or Countywide Programs Administration, then the agency may file an appeal. (see III.B. Procedure for Filing Appeals Related to FSP Client Enrollment, Disenrollment, or Transfer)

FSP Re-Establishment

- a. Upon determination that the client meets re-establishment criteria, the FSP provider will complete a Full Service Partnership Referral and Authorization Form and submit to the age appropriate Impact Unit Coordinator for pre-authorization of re-establishment. The program will use the Focal Population most appropriate for the individual's current status.
- b. The Impact Unit Coordinator will review the re-enrollment request within five (5) business days of receipt to determine the appropriateness of the re-enrollment request.



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- c. If the Impact Unit does not authorize the re-establishment, the request will be returned to the agency.
- d. If the client is determined appropriate for re-enrollment, the Impact Unit will forward the completed and signed Full Service Partnership Referral and Authorization Form to Countywide Programs Administration for Authorization. The client will have a new authorization date, but will retain the previous partnership date for OMA purposes. Because the individual was enrolled within the past year, OMA data may continue to be collected under the previous baseline.
- e. Countywide Programs Administration will review the request for re-establishment information and will notify FSP programs and the Impact Unit of authorization within two (2) business days.
- f. If the Countywide Programs Administration does not authorize the re-establishment, the denial is signed and forwarded to the appropriate Impact Unit. The denial is then forwarded to the FSP provider.
- g. If the FSP agency does not agree with the decision of the Impact Unit or Countywide Programs Administration, then the agency may file an appeal. (see III.B. Procedure for Filing Appeals Related to FSP Client Enrollment, Disenrollment, or Transfer)

**FORM:**

- Full Service Partnership Reinstatement Authorization Form

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SUBJECT	GUIDELINE NO.	REVISION DATE	PAGE
<b>SPECIAL PROGRAM DESIGNATION FOR SINGLE FIXED POINT OF RESPONSIBILITY ON THE INTEGRATED SYSTEM</b>	<b>IV.</b>	<b>3/13/2007</b>	<b>1 of 1</b>

**PURPOSE:** To establish a procedure for assigning a Single Fixed Point of Responsibility (SFPR) on the Integrated System (IS) for clients enrolled in intensive services programs: Assertive Community Treatment (ACT), AB 2034, Full Service Partnership (FSP) for Children, Transition-age Youth (TAY), Adults and Older Adults, or Specialized Foster Care Intensive In-home Mental Health Services (IIHMHS).

**DEFINITION:** SFPR refers to the designation of responsibility to an agency or agency representative for completion of the Client Care Coordination Plan (CCCP) and for coordinating/authorizing mental health services.

**GUIDELINES:** When a client enrolled in an intensive services program is opened on the IS, the agency must indicate that the client is enrolled in a “special program” in the SFPR field on the “Other” tab of the Client Information Screen. The program in which the client is enrolled must be selected from the drop-down menu.

Once this is completed, two separate messages will appear for all enrolled clients alerting providers of their participation in an ACT, AB 2034, FSP or IIHMHS program:

1. When agencies view a client enrolled in an intensive services program, the following alert will appear on the IS Client Information Screen:

**“LAMH400 CALL SFPR WITHIN ONE WORKDAY TO  
COORDINATE SERVICES”**

2. When any other provider attempts to open an episode for a client who is enrolled in an intensive services program, the following alert will appear:

**“This is a <Special Program Name goes here> client. You must contact <Special Program Name> provider within one workday to coordinate services. For provider SFPR telephone number, see the SFPR icon on the Find Client results screen.”**

If the client has an existing SFPR in another program, the intensive services program must request that the SFPR be transferred as per DMH Policy No. 202.31, *Single Fixed Point of Responsibility*.

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SUBJECT	GUIDELINE NO.	REVISION DATE	PAGE
<b>AUTHORIZATION FOR THE DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI) FOR HOUSING AND EMPLOYMENT</b>	<b>V.A.</b>	<b>11/1/2006</b>	<b>1 of 2</b>

**PURPOSE:** To establish procedures to enable intensive services programs, Assertive Community Treatment (ACT), AB 2034, and Full Service Partnership (FSP), to work directly with potential landlords and employers on behalf of a client.

**DEFINITION:** Protected Health Information (PHI): PHI is defined in the Health Insurance Portability and Accountability Act (HIPAA) as “any health information, either oral or recorded in any form, that was created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university or health care clearinghouse, that details past, present, or future physical, mental health, or the general health condition of an individual.”

**GUIDELINES:** Prior to agency staff discussing/disclosing to any potential landlord and employer the fact that a client receives mental health services, it is necessary for the staff to 1) fully inform the client of the reasons for authorizing such disclosure, and the client’s options with respect to this issue, and 2) obtain an Authorization for Use or Disclosure of Protected Health Information signed by the client.

These guidelines pertain to both the direct and indirect, (i.e., by virtue of the staff being employed by a mental health agency), revelation of a client’s mental health status.

1. Prior to asking a client to sign the Authorization for Use or Disclosure of PHI, agency staff must:
  - a. Inform the client of the way in which PHI would be used to advocate for employment and housing needs on the client’s behalf, as well as the limitations of disclosure, (i.e., only relevant information and only to individuals who would assist the client with employment and housing issues).
  - b. Inform the client that s/he has the option of withdrawing the authorization at any time.

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Once the client has been fully informed and agrees to the disclosure of PHI, agency staff must request that the client sign the Authorization for Use or Disclosure of PHI.

2. Once a client has signed the authorization form, the agency staff may share relevant and necessary PHI with a potential landlord or employer. The case manager must exercise discretion in sharing PHI, sharing only the information necessary to obtain services for the client.

When a client refuses to sign (or once a client revokes an authorization), the case manager may not reveal PHI to prospective landlords or employers and should explain the implications of this restriction to the client.

**FORMS:**

- Authorization for Use or Disclosure of Protected Health Information “Potential Landlords and Employers” version (MH 602 Rev. 2/04)

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SUBJECT	GUIDELINE NO.	REVISION DATE	PAGE
<b>INTERRUPTION OF SERVICE DUE TO INSTITUTIONALIZATION</b>	<b>V.B.</b>	<b>5/11/2007</b>	<b>1 of 4</b>

**PURPOSE:** To establish guidelines for making decisions about whether a participant in the following intensive services programs, Assertive Community Treatment (ACT), AB 2034, Full Service Partnership (FSP) or Specialized Foster Care Intensive In-Home Mental Health Services (IIHMHS), should continue in the program while living in an institution, and to clarify billing and data issues for different institutional settings.

**DEFINITION:**

1. Interruption of service is defined as a temporary situation in which the client is expected to return to services within twelve (12) months or less from the date of last contact.
2. Discontinuation of service is defined as a long-term situation in which the client is not expected to return to services for more than twelve (12) months from the date of last contact.
3. Institution includes jail; prison; juvenile hall; Probation camp; California Youth Authority (CYA); Institutions for Mental Disease (IMD); State Hospital (SH); Skilled Nursing Facility (SNF); Psychiatric Health Facility (PHF); Community Treatment Facility (CTF); and Level 12-14 group home.

**GUIDELINES:** During a client’s stay in an institution, the agency must make a clinical determination about whether to keep the client actively enrolled in the intensive services program while living in the institution. All mental health treatment must be coordinated with, and permission granted by, institution staff if the intensive services program staff is going to enter the institution to continue providing services. All applicable claiming policies and procedures and data collection requirements must also be followed.

There are five categories of institutions that require special consideration upon entry of an intensive services program participant:

1. Incarceration in jail or prison, or detainment in Probation camp or CYA, that is anticipated to last less than ninety (90) days.
  - a. The intensive services program should continue to provide services during the client’s incarceration/ detention.
  - b. A “residential” Key Event Change (KEC) must be entered for the client in the agency’s Data Collection



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System (DCS). (See VII.A. Outcomes Data Collection or <http://dmhoma.pbwiki.com> .)

- c. For any services provided, the Medi-Cal box in the DMH Integrated System (IS) must be unchecked and Mental Health Services Act (MHSA) funds should be claimed.
2. Incarceration in jail or prison, or detainment in Probation camp or CYA, that is anticipated to last more than ninety (90) days.
    - a. The intensive services program may discontinue providing services during the client’s incarceration/ detention. If services are discontinued, the client episode in the IS must be closed.
    - b. A “discontinuation/interruption of community services” must be entered for the client in the agency’s DCS (see VII.A. Outcomes Data Collection or <http://dmhoma.pbwiki.com> ).
    - c. If/when the client is released from jail, prison, camp or CYA, the intensive services program is expected to prioritize the client for re-enrollment.
  3. Admission to an IMD, State Hospital or Level 12-14 group home that has a contract with DMH for comprehensive mental health services.
    - a. Upon admission, the intensive services program should close the client episode in the IS.
    - b. A “discontinuation/interruption of community services” must be entered for the client in the agency’s DCS (see VII.A. Outcomes Data Collection or <http://dmhoma.pbwiki.com> ).
    - c. Any continued services and supports provided during the client’s stay in the institution may not be claimed to Medi-Cal.
      - i. If the client episode in the IS is closed, Community Outreach Services (COS) can

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be claimed using a special Community Outreach Services claim form in the IS (refer to DMH *Community Outreach Services Manual* for service definitions, codes and claiming instructions).

- ii. If the client episode in the IS is not closed, the Medi-Cal box in the IS must be unchecked and MHSAs funds should be claimed.
  - iii. Thirty (30) days prior to discharge from the institution, agencies may begin billing Medi-Cal for case management/discharge planning services.
- d. If/when the client is released from the IMD, SH or Level 12-14 group home, the intensive services program is expected to prioritize the client for re-enrollment.
4. Admission to a Skilled Nursing Facility.
- a. Upon admission to a SNF, a clinical determination must be made about whether to continue to provide services to the intensive services program participant.
  - b. If the client continues to need mental health services, then he/she should remain enrolled in the intensive services program and the client episode in the IS should remain open. A “residential” KEC must be entered for the client in the agency’s DCS (see VII.A. Outcomes Data Collection or <http://dmhoma.pbwiki.com> ).
- Medi-Cal can be billed for eligible services provided in the SNF by the intensive services program staff.
- c. If the client does not need ongoing mental health services, then services should be terminated, the client episode in the IS should be closed, and a “discontinuation/interruption of community services” should be entered for the client in the agency’s DCS

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(see VII.A. Outcomes Data Collection or <http://dmhoma.pbwiki.com> ).

5. Admission to a Psychiatric Health Facility.

- a. Upon admission to a PHF, the client should remain enrolled in the intensive services program and the client episode in the IS should remain open.
- b. A “residential” KEC must be entered for the client in the agency’s DCS (see VII.A. Outcomes Data Collection or <http://dmhoma.pbwiki.com> ).
- c. For any services provided while the client is in the PHF, the Medi-Cal box in the IS must be unchecked and MHSa funds should be claimed. If this is not done, the PHF will be locked out from billing.

If the client remains enrolled in the intensive services program while in an institution, Service Plans and Coordination Plans continue to be due in accordance with the existing cycle dates. The case manager must note in the chart that the intensive services program is unable to complete the Plan(s) due to the client’s current status and enter the following note on the Plan(s): “Client in institution; unable to update.”

Upon the client’s discharge from the institution\*, the case manager must create Service and Coordination Plans to cover the current period. The cycle dates remain the same and the start date for providing services is the day after the client is discharged from the institution. \*Refer to the DMH Medical Director’s WebLink below for important prescription guidelines for uninsured clients.

**FORMS:**

- Community Outreach Services claim form

**REFERENCES:**

- Community Outreach Services Manual (pending release 1/07)
- <http://dmh.lacounty.info/hipaa/r3COS.htm> (COS claim tutorial on IS)
- <http://dmhoma.pbwiki.com> (Los Angeles County DMH Outcome Measures Application (OMA) Wiki website)
- <http://www.rshaner.medem.com> →Pharmacy→Fund-One Initiative: Letter and Information (posted 4/20/07)→*Changes in DMH Pharmacy Operation That Affect Prescriptions Involving Potential Polypharmacy With Specific Highly Expensive Antipsychotic Medications.*

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<b>TRANSFER OF CLIENTS BETWEEN FULL SERVICE PARTNERSHIP PROGRAMS</b>	<b>V.C.</b>	<b>11/1/2006</b>	<b>1 of 4</b>

**PURPOSE:** To establish a procedure for the transfer of a Full Service Partnership (FSP) client from one FSP program/agency to another FSP program/agency.

**DEFINITION:** A client may be transferred between FSP programs within the same agency, or between FSP agencies, provided the new FSP program/agency has an available slot and agrees to the transfer. (Hereafter, the term “program” refers to transfers between programs within the same agency or between agencies.) The reasons for transfer are as follows:

1. Client requested a transfer.
2. Client has moved out of Service Area.
3. Client has moved within Service Area but closer to another FSP agency.
4. Client’s linguistic/cultural needs.
5. Client aged out of current services.
6. Other (provide explanation)

**GUIDELINES:** Transferring clients between FSP programs must be coordinated between the current program, the new/receiving program, and the Impact Unit(s). Countywide Programs Administration must authorize all requests for client transfer from the current FSP program prior to an agency officially terminating services.

1. Upon determining that a client meets transfer criteria, current FSP program will complete Full Service Partnership Transfer Request Form and submit to the age-appropriate Impact Unit Coordinator for pre-authorization of transfer.
2. Impact Unit Coordinator will review transfer request within five (5) business days of receipt to determine appropriateness of transfer request and desired transfer location (if known).
  - a. If client meets transfer criteria and is transferring within the Service Area, Impact Unit Coordinator will identify





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- ii. If client is moving out of the Service Area, current Impact Unit will forward the completed and signed Full Service Partnership Transfer Request Form and Transfer/Assignment of Coordinator form to new/receiving Impact Unit. New/receiving Impact Unit will pre-authorize client transfer and forward both completed, signed forms to Countywide Programs Administration for authorization.

Current FSP program must continue services to client until Countywide Programs staff has authorized enrollment of client to new/receiving FSP program.

- 5. Countywide Programs staff will review request for transfer and pre-authorization information and will notify FSP programs and Impact Unit(s) of authorization for transfer within two (2) business days. Once transfer is authorized, current FSP program may close the case in the DMH Integrated System (IS) and relevant Data Collection System (see VII.A. Outcomes Data Collection or <http://dmhoma.pbwiki.com>). If a client declines services after his or her case has been transferred from one Service Area to another, this client's file is still open and will remain open in the system until a disenrollment form has been completed and authorized by the Countywide Administrative Unit. It is the responsibility of the receiving provider to submit a disenrollment form so that the client can be deemed inactive and the case can be closed **even if no services were ever provided to the transferred client.**

**Important Notice:** The **ONLY** time a Disposition Form is used to close a case that was authorized, but never enrolled, is when **NO** services were ever provided or billed by **ANY** FSP service provider.

- 6. If Countywide Programs Administration does not authorize client transfer they will complete and send Full Service Partnership Disenrollment /Transfer Request Supplemental Form to current FSP program and Impact Unit. FSP program must continue services.
- 7. If FSP agency does not agree with the decision of the Impact

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Unit or Countywide Programs Administration, then agency may file an appeal (see III.B. Procedure for Filing Appeals Related to FSP Client Enrollment, Disenrollment or Transfer).

**FORMS:**

- Full Service Partnership Transfer Request Form
- Full Service Partnership Disenrollment/Transfer Request Supplemental Form
- Transfer of Single Fixed Point of Responsibility (SFPR) (MH 530 Rev. 02/25/09)
- Disposition Form

**REFERENCES:**

- <http://dmhoma.pbwiki.com> (Los Angeles County DMH Outcome Measures Application (OMA) Wiki website)

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SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
<b>TRANSFER OF CLIENTS FROM ONE FSP AGE GROUP TO ANOTHER</b>	<b>V.D.</b>	<b>5/1/09</b>	<b>1 OF 3</b>

**PURPOSE:** To establish a procedure for the transfer of a client from one FSP age group to another FSP age group.

**DEFINITION:** A client may be transferred from one age group to another age group between FSP programs within the same agency or between FSP agencies, provided the new FSP program/agency has an available slot and the client agrees to the transfer. (Hereafter, the term “program” refers to transfers between programs within the same agency or between agencies. The reason for transfer is as follows:

1. Client aged out of current services or the client’s treatment needs are more appropriately served by another age group FSP.

**GUIDELINES:** When there is a need to transfer a client from one FSP age group to another FSP age group, the transfer must be coordinated between the current program, the new/receiving program, and the respective Impact Unit(s). The current FSP program should make reasonable efforts to ensure a successful transition for the client to the new FSP program, including providing services until a successful transition is achieved. The client’s existing FSP program is **not** allowed to stop serving the client, nor is the client’s existing FSP provider allowed to close the client’s case until the transfer has been approved by countywide administration and the required documentation completed.

Countywide Programs Administration must authorize all requests for client transfer from the current FSP program prior to an agency officially terminating services.

1. Per client’s transfer request, current Impact Unit initiates the process by discussing a transfer with the appropriate Impact Unit, the new FSP program, and the new age group Countywide Authorization Administration. After availability

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of a slot is confirmed, the transferring Impact Unit will submit a Full Service Partnership Transfer Request Form to the new impact team with a copy of original four-page referral to be attached.

2. Within 5 business days upon receipt of the Transfer Request Form, the client's new Impact Unit Coordinator must review the request and verify that the client meets the transfer criteria established in the FSP Guidelines under the V.C. heading.
3. Once reviewed and verified, the current Impact Unit Coordinator forwards the approved Transfer Request Form to the client's current age group Countywide Authorization Unit with all appropriate signatures. The appropriate signatures include the current FSP provider, the current Impact Unit, the receiving FSP provider, and the Receiving Impact Unit.
4. Once the current countywide age group receives the transfer request, the new age group countywide administration will be contacted to verify the transfer with an available slot. Once paperwork is signed off by the current countywide age group the paperwork will be forwarded to the new countywide age group for sign off.
5. After the transfer has been completed, an update will be entered into the FSP authorization database to reflect a transfer request had been made as well as the resulting disposition of Authorized or Not Authorized.
6. Upon acceptance of the transfer, the new FSP provider will coordinate the start of services with client's existing FSP provider. The client's new FSP provider will open a case and complete a Transfer/Assignment of Coordinator Form to submit to the client's existing FSP Coordinator for signature.

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7. The transferring FSP provider will complete an Outcome Measures Application (OMA) Key Event Change (KEC) that indicates the client's new provider site ID and will ensure all FSP outcomes are up to date and entered at the time of the transfer. If the client is transferring during a 3 Month Assessment window, the transferring agency will ensure it is completed.
8. The receiving FSP provider will do a KEC to indicate the client's new age group FSP program and update any relevant changes.
9. If a client declines services after his or her case has been transferred from one age group to another, this client's file is still open and will remain open in the system until a disenrollment form has been completed and authorized by the Countywide Administrative Unit. It is the responsibility of the receiving provider to submit a disenrollment form so that the client can be deemed inactive and the case can be closed ***even if no services were ever provided to the transferred client. Important Notice:*** The ***ONLY*** time a Disposition Form is used to close a case that was authorized, but never enrolled, is when ***NO*** services were ever provided or billed by ***ANY*** FSP service provider.

**FORMS:** Full Service Partnership Transfer Request Form  
 Full Service Partnership Disenrollment/Transfer Request Supplemental Form  
 Transfer of Single Fixed Point of Responsibility (SFPR) (MH 530 Rev. 02/25/09)  
 Full Service Partnership Referral and Authorization Form Disposition Form

**REFERENCES:** <http://dmhoma.pbwiki.com> (Los Angeles County DMH Outcome Measures Application (OMA) Wiki website)



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<b>FSP Services for Older Adults in Skilled Nursing Facilities</b>	<b>V. E.</b>	<b>5/1/09</b>	<b>Page 1 of 3</b>
		Revision Date	

**Purpose:** To provide guidelines for the delivery of FSP Services for older adults who reside in a Skilled Nursing Facility.

- Definitions:**
1. Skilled Nursing Facility (SNF) “A health facility or a distinct part of a hospital which provides continuous skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. It provides 24-hour inpatient care and, as a minimum, includes physician, skilled nursing, dietary, pharmaceutical services, and an activity program.” (CCR, Title 22, Social Security, Division 5 – Licensing, Chapter 3 – Skilled Nursing Facilities.)
  2. Skilled Nursing Facilities and other such facilities which are also Institutions of Mental Disease (IMD) “ A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care f persons with mental disease/illnesses, including medical attention, nursing care, and related services.” (Title 42, CFR, §435.1009(b)(2) and CCR, Title 9, Chapter 11, §1810.222.1)

- Guidelines:**
1. SNFs that meets the federal definition for Institute for Mental Disease (IMD) cannot receive reimbursement from Medi-Cal for mental health services provided in an IMD, unless, it is for the purpose of discharge planning. Targeted Case Management services may be claimed in these facilities for up to three (3), thirty (30) non-consecutive days prior to discharge.
  2. Only those consumers who have a primary mental health diagnosis that is included under Medi-Cal for reimbursement are eligible for FSP.
  3. DMH contracted and directly operated programs that choose to provide services in a non-IMD SNF, must develop an agreement with the SNF to provide services on site.

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4. DMH contracted and directly operated programs must confer with the SNF's administration in advance of delivering mental health services to determine the type of mental health treatment services that are offered by the SNF to prevent duplication of services.
5. DMH contracted and directly operated programs must work closely with the SNF's multi-disciplinary team to effectively plan treatment and to coordinate care.
6. DMH contracted and directly operated programs must use the appropriate Service Location code when entering data into the Integrated System for FSP. The correct Service Location Code is 31-Skilled Nursing Facility without STP.
7. DMH contracted and directly operated programs are required to pursue and collect all third-party revenue including Short-Doyle/Medi-Cal, Medicare, private insurance, other third-party revenue, and client fees.
8. DMH contracted and directly operated programs must bill Medicare for mental health eligible services before seeking reimbursement from Medi-Cal.

Consumers who are receiving FSP services and are transferred into a SNF

1. DMH and contract agency providers who are providing FSP services to an existing consumer that is transferred into a non-IMD SNF may continue to provide FSP up to 60 days from the time of the admission into the SNF.
  - a. DMH contracted and directly operated programs must notify and seek approval from the Older Adult IMPACT team within one (1) week of admission in to a SNF in order to continue to provide FSP services up to sixty (60) days from the date of admission to the SNF.

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Subject	Guideline No.	Effective Date	Page
<b>FSP Services for Older Adults in Skilled Nursing Facilities</b>	<b>V. E.</b>	<b>5/1/09</b>	<b>Page 3 of 3</b>
		Revision Date	

2. When a consumer resides in a non-IMD SNF for more than 60 days, DMH and contract agency providers must discontinue mental health treatment services and transfer the consumer's care to the SNF's clinical treatment team for on-going care. It is the expectation of DMH that a "warm hand-off" will be made by DMH or contract agency providers to ensure coordination of care in such transitions.
  - a. DMH providers are expected to disenroll consumers who are in a SNF for more than sixty (60) days according to FSP disenrollment guidelines.
  - b. This guideline supercedes the FSP guideline on Interruption of Services due to Institutionalization.

Older Adults being discharged from a SNF

1. A referral process will be established between the SNF and the DMH providers to identify potential referrals to FSP prior to the resident's discharge.
2. DMH contracted and directly programs may seek approval for enrollment into FSP for a resident of a SNF 30 days prior to their discharge date.

**References:**

State Department of Mental Health Letter No. 02-06, "Medi-Cal Coverage for Beneficiaries in Institutions for Mental Disease"

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SUBJECT	GUIDELINE NO.	REVISION DATE	PAGE
<b>Serving Clients in Residential Settings</b>	<b>V.F.</b>	<b>8/21/09</b>	<b>1 of 1</b>

**PURPOSE:** To establish guidelines for collaborative working relationships between FSP programs and residential facilities housing FSP clients.

**DEFINITION:** Residential Services - Adults: Boards and Care, Transitional and long term Residential programs, Crisis Residential programs, Residential drug treatment programs, Skilled Nursing Facilities (SNF), Psychiatric Health Facilities (PHF) or other programs where clients live and are offered some level of mental health service.  
Residential Services- Children: Rate Classification Level (RCL) 11 and below group homes. Individuals residing in and receiving treatment from RCL 12 and 14 Group Homes and Community Treatment Facilities (CTF) are not eligible for FSP services without countywide pre-approval.

**GUIDELINES:** FSP programs are responsible for providing a culturally and linguistically appropriate array of mental health services as defined in LAC-DMH RFS 1 or 2. The FSP team becomes the client's Single Fixed Point of Responsibility and assumes the responsibilities documented in LAC-DMH policy 202.31. The FSP program assumes overall responsibility for care coordination, including determining with the client/family the role of the residential program in providing services to the client.

1. Care should be coordinated in order to maximize quality of care and avoid service duplication.
2. Within program guidelines, client choice should be a key factor in care coordination efforts with residential programs.
3. For each FSP client living in a residential care program, services should be tailored to the needs and wishes of the client. The FSP program should involve the family when appropriate, in conjunction with the residential program, shall outline service responsibilities per the coordination page of the Client Care Coordination Plan (CCCP).
4. The FSP team should meet regularly with residential treatment staff to review services and the client's response to treatment and should modify treatment plans accordingly.
5. Medication services should be provided by the FSP psychiatrist, with limited exceptions.
6. California Code of Regulations, Title 9, Division 1, Section 532 specifies the service requirements for residents of Long-Term Residential Treatment Programs.

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SUBJECT	GUIDELINE NO.	REVISION DATE	PAGE
<b>OUTCOMES DATA COLLECTION</b>	<b>VII.A.</b>	<b>11/1/2006</b>	<b>1 of 1</b>

**PURPOSE:** To establish a procedure to collect Full Service Partnership (FSP) client outcomes data using the DMH Outcome Measures Application.

**DEFINITION:** Outcome Measures Application (OMA): An electronic application for collecting, tracking and reporting outcomes data for clients enrolled in FSP programs.

**GUIDELINES:** All FSP agencies must complete a Baseline Assessment, report Key Event Changes as they occur, and complete 3-Month Quarterly Assessments for all FSP clients.

1. A Baseline Assessment must be completed and entered into the OMA or sent electronically to DMH via XML data transmission within thirty (30) days of the Partnership date. A client has only one baseline created for life. The only exception to this is if a client is restarting a Partnership more than twelve (12) months after discontinuation/disenrollment from a FSP program.
2. A Key Event Change (KEC) must be completed each time the agency is reporting a change in status from the Baseline Assessment in certain categories. These categories include residential status, employment, education, crisis/PMRT, and benefits establishment. Complete only the section pertaining to the reported change.
3. If a client is being transferred from one FSP program/agency to another, disenrolled, or the Partnership is being restarted after less than 12 months from an interruption/discontinuation, a full KEC must be completed. In the case of a transfer, a full KEC must be completed by the program/agency transferring the client and the program/agency receiving the client.
4. 3-Month Assessments (3M) should be completed near every 3-month anniversary of the Partnership date. Agencies have from fifteen (15) days prior to thirty (30) days after the anniversary date to complete the assessment. If the 3M assessment cannot be completed within this forty-five (45)-day window, it should be skipped altogether and completed when the next one is due.

**FORMS:** ➤ Outcome Measures Application Baseline Assessment, Key Event Change, and 3M Quarterly Assessment for Children, Transition-age Youth (TAY), Adults, and Older Adults (3 forms for each age group)

**REFERENCES:** ➤ <http://dmhoma.pbwiki.com> (Los Angeles County DMH Outcome Measures Application (OMA) Wiki website)

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SUBJECT	GUIDELINE NO.	REVISION DATE	PAGE
<b>OUTCOMES DATA CERTIFICATION</b>	<b>VII.B.</b>	<b>11/1/2006</b>	<b>1 of 1</b>

**PURPOSE:** To establish a procedure to certify the accuracy of outcome data for the following intensive services programs: Assertive Community Treatment (ACT), Full Service Partnership (FSP), AB 2034, and Specialized Foster Care Intensive In-home Mental Health Services (IIHMHS).

**DEFINITION:** Data Certification: The process of reviewing state- and county-mandated outcome data for accuracy and signing the Certification of Accuracy of Data form indicating that the data are accurate.

**GUIDELINES:** All agencies must certify the accuracy of their outcome data. Outcome data inputted into a Data Collection System (DCS)\* and submitted to DMH detailing client Baseline, 3-Month Quarterly (3M) and Key Event Tracking/Change (KET/KEC) data must be certified quarterly.

1. DMH will provide each agency with a dataset entered by their staff for the three (3) previous months for their review.
2. Each agency is required to review the dataset and certify its accuracy on a Certification of Accuracy of Data form. It is recommended that this process be part of the agency's supervisory staff meeting.
3. In the event there are inaccuracies, they must be corrected immediately and resubmitted to DMH, which will submit the corrected data to the state or state-designated recipient. Corrections should be made directly into the DMH OMA or relevant DCS. The agency should make DMH aware of the inaccuracies they have corrected in case they are outside of the window for the 3M or beyond ninety (90) days for the Baseline.
4. Data certification is due within fourteen (14) calendar days of the certification request. The completed Certification of Accuracy of Data form should be faxed and then mailed to the appropriate Countywide Programs Administration.

\*Agencies providing FSP and/or IIHMHS have the option of inputting data directly into the DMH Outcomes Measures Application (OMA) or submitting the data electronically to DMH via XML data transmission (see VII.A. Outcomes Data Collection or <http://dmhoma.pbwiki.com>).

**FORMS:** ➤ Certification of Accuracy of Outcome Data

**REFERENCES:** ➤ <http://dmhoma.pbwiki.com> (Los Angeles County DMH Outcome Measures Application (OMA) Wiki website)



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<b>DISENROLLMENT GUIDELINES</b>	<b>VIII.</b>	<b>11/1/2006</b>	<b>1 of 3</b>

**PURPOSE:** To establish a procedure for the disenrollment of a Full Service Partnership (FSP) client from a FSP program.

**DEFINITION:** Disenrollment can apply to either an interruption or a discontinuation of service. An interruption of service is defined as a temporary situation in which the client is expected to return to services within twelve (12) months or less from the date of last contact. A discontinuation of service is defined as a long-term situation in which the client is not expected to return to services for more than twelve (12) months from the date of last contact. The reasons for disenrollment are as follows:

1. Target population criteria are not met. Client is found not to meet target population; in most cases, clients who are discovered to have no major mental illness or serious emotional disturbance (SED).
2. Client decided to discontinue Full Service Partnership participation after partnership established. Client has either withdrawn consent or refused services.
3. Client moved to another county/service area. Client relocated to a geographic area either outside or within L.A. County, and has discontinued FSP services.
4. After repeated attempts to contact client, client cannot be located. Client is missing, has not made contact with FSP agency. Agency may request disenrollment of a client after multiple documented outreach attempts for at least thirty (30) days but not more than ninety (90) days.
5. Community services/program interrupted – Client’s circumstances reflect a need for residential/institutional mental health services at this time (such as, an Institute for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC) or State Hospital (SH)). Client is admitted to an IMD, MHRC or SH.
6. Community services/program interrupted – Client will be detained in juvenile hall or will be serving camp/ranch/ CYA/jail/prison sentence. Client is anticipated to remain in one of these facilities for over ninety (90) days.

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7. Client has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate. Client has successfully met his/her goals, as demonstrated by involvement in meaningful activities, such as, employment, education, volunteerism or other social activities and is living in the least restrictive environment possible, such as an apartment. The client no longer needs intensive services.
8. Client is deceased. This includes clients who died from either natural or unnatural causes after their date of enrollment.

**GUIDELINES:**

Countywide Programs Administration must authorize all requests for client disenrollment from the FSP program prior to an agency officially terminating services.

1. Upon determining that a client meets disenrollment criteria, the FSP agency will complete the Full Service Partnership Disenrollment Request Form and submit it to the age-appropriate Impact Unit Coordinator for pre-authorization of disenrollment.
2. Impact Unit Coordinator will review the disenrollment request within five (5) business days of receipt. Clients that meet FSP disenrollment criteria will be pre-authorized and forwarded to Countywide Programs Administration. For clients that do not meet disenrollment criteria, Impact Unit Coordinator will complete and send Full Service Partnership Disenrollment/Transfer Request Supplemental Form to FSP program. FSP program must continue services.
3. Countywide Programs staff will review the request for disenrollment and pre-authorization information and will notify the FSP program and Impact Unit of authorization for disenrollment within two (2) business days. Once disenrollment is authorized, the FSP program may close the case in the DMH Integrated System (IS) and relevant Data Collection System (see VII.A. Outcomes Data Collection or <http://dmhoma.pbwiki.com>).

If Countywide Programs staff does not authorize client for disenrollment they will complete and send Full Service Partnership Disenrollment /Transfer Request Supplemental Form to FSP program and Impact Unit. FSP program must continue services.

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4. If FSP agency does not agree with the decision of the Impact Unit or Countywide Programs Administration, then agency may file an appeal (see III.B. Procedure for Filing Appeals Related to FSP Client Enrollment, Disenrollment or Transfer).

A client transferring from one FSP program to another FSP program is not considered a disenrollment (see V.C. Transfer of Clients Between Full Service Partnership Programs).

**FORMS:**

- Full Service Partnership Disenrollment Request Form
- Full Service Partnership Disenrollment/Transfer Request Supplemental Form

**REFERENCES:**

- <http://dmhoma.pbwiki.com> (Los Angeles County DMH Outcome Measures Application (OMA) Wiki website)

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SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
<b>24/7 CRISIS COVERAGE</b>	<b>IX.</b>	<b>3/20/2007</b>	<b>1 of 3</b>
		REVISION DATE	DISTRIBUTION LEVEL
		<b>9/29/2011</b>	

**PURPOSE:** To establish a procedure for 24/7 crisis response FSP programs

**DEFINITION:** Crisis coverage: An on-call and in-person response system that includes LPS-designated staff to address clients in crisis 24 hours a day, 7 days a week (during and after regular program hours, and on weekends and holidays).

**GUIDELINES:** Per California Code of Regulations, Title 9, Div. 1, Chapter 14 (MHSA regulations), in the event of an emergency a personal services coordinator, case manager or other qualified individual known to the client/family must respond to the client/family 24 hours a day, 7 days a week to provide during and after-hours intervention.

1. Each FSP program must have LPS-designated staff available to respond to a client in crisis for the purpose of evaluation and initiation of a 5150/5585.
2. In the event ACCESS received a call from a client, ACCESS will link the client to the FSP program for response. The FSP program must respond to the request for assistance and ensure that the client's needs are addressed, either on the telephone or in-person depending upon the FSP staff's assessment.
3. The Department of Health Services (DHS) and DMH have a centralized procedure for admission of indigent clients that are evaluated in non-hospital community settings by DMH Directly Operated facilities and LPS designated contracted out-patient programs. If the client meets 5150/5585 criteria, provider will:
4. Call DHS Central Dispatch Office (CDO) (formerly called Medical Alert Center – MAC) **(866) 941-4401** to request destination assignment for the client.
5. Provide CDO with the following information:
  - Your Service Provider, e.g., PMRT, MET, HOPE, Downtown MHC, etc.
  - Your name
  - Client's name
  - City/location of the client
  - CDO operator will provide you with a call reference number and also provide the name of the County hospital ER or another facility assigned to receive the client.

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- Call ACCESS 1-800-854-7771 to request ambulance with an accepting physician name.
  - Document CDO (MAC) call reference number on the front of a sealed envelope containing the 5150/5585 application.
6. Call County hospital ER or other facility assigned by CDO and advise: *“Per CDO, we are sending (client’s name) to your ER. Estimated time of arrival is approximately (hrs/min).”* Provide County hospital ER with brief report regarding client.
  7. Clinician must not leave the scene until the ambulance transports client. Call ACCESS to provide ambulance arrival and departure time.
  8. If you encounter any problems with CDO, contact Robert Moore, CDO supervisor at (213) 590-3322 (cell) or (562) 347-1701 (office). If your concern is not resolved, contact your manager.
  9. Providers evaluating indigent clients for 5150/5585 in **private hospital medical emergency rooms (Non-LPS Designated)** shall address the following:
    - A. Client should be medically cleared and medically stabilized for transfer as defined under Emergency Medical Treatment and Active Labor Act (EMTALA).
    - B. FSP provider determines that client meets 5150/5585 criteria for involuntary detention.
    - C. Private hospital medical emergency room physicians contacts the nearest open DHS PED, speaks directly to the physician to present the transfer and to negotiate the transfer acceptance.
    - D. If accepted, the private general medical emergency room arranges transfer.
    - E. When all DHS PEDs are on diversion, or when a transfer is denied, the provider instructs the private general medical emergency room to contact the nearest DHS PED to negotiate the transfer acceptance based on DHS PED capacity until the client is accepted or until other circumstances arise.
    - F. When accepted, the sending physician makes the transportation arrangements.
    - G. FSP provider who completes the 5150/5585 hold must communicate daily with the private general medical emergency room in order to monitor the client transfer

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status.

**ATTACHMENT:**      ➤ LPS Designated Facilities



## COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

### **Procedure for Using Central Dispatch Office (MAC) for 5150/5585s to DHS Psychiatric Emergency Departments (PED) *from Non-Hospital Community Settings***

The Department of Health Services (DHS) and DMH have a centralized procedure for admission of indigent clients that are evaluated in non-hospital community settings by DMH Directly Operated facilities and LPS designated contracted out-patient programs. If the client meets 5150/5585 criteria, DMH/Contract Provider staff will:

1. Call DHS Central Dispatch Office (CDO) (formerly called Medical Alert Center – MAC) **(866) 941-4401** to request destination assignment for the client.
2. Provide CDO with the following information:
  - Your Service Provider, e.g., PMRT, MET, HOPE, Downtown MHC, etc.
  - Your name
  - Client's name
  - City/location of the client
  - CDO operator will provide you with a call reference number and also provide the name of the County hospital ER or another facility assigned to receive the client.
  - Call ACCESS 1-800-854-7771 to request ambulance with an accepting physician name.
  - Document CDO (MAC) call reference number on the front of a sealed envelope containing the 5150/5585 application.
3. Call County hospital ER or other facility assigned by CDO and advise: "*Per CDO, we are sending (client's name) to your ER. Estimated time of arrival is approximately (hrs/min).*" Provide County hospital ER with brief report regarding client.
4. Clinician must not leave the scene until the ambulance transports client. Call ACCESS to provide ambulance arrival and departure time.

If you encounter any problems with CDO, contact Robert Moore, CDO supervisor at (213) 590-3322 (cell) or (562) 347-1701 (office). If your concern is not resolved, contact your manager.

## COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

### ***Procedure for 5150/5585 Transfers to DHS Psychiatric Emergency Departments (PED) from Private Hospital Emergency Rooms (Non-LPS Designated)***

1. Directly Operated/Contract Provider staff is assured that the client is medically cleared and medically stabilized for transfer as defined under Emergency Medical Treatment and Active Labor Act (EMTALA).
2. Directly Operated/Contract Provider staff determines that client meets 5150/5585 criteria for involuntary detention.
3. Private general medical emergency room physician contacts the nearest open DHS PED, speaks directly to the physician to present the transfer and to negotiate the transfer acceptance.
4. If accepted, the private general medical emergency room arranges transfer.
5. When all DHS PEDs are on diversion, or when a transfer is denied, the Directly Operated/Contract Provider staff instructs the private general medical emergency room to contact the nearest DHS PED to negotiate the transfer acceptance based on DHS PED capacity until the client is accepted or until other circumstances arise.
6. When accepted, the sending physician makes the transportation arrangements.
7. Directly Operated/Contract Provider staff who completes the 5150/5585 hold must communicate daily with the private general medical emergency room in order to monitor the client transfer status.



**LPS DESIGNATED PSYCHIATRIC HOSPITALS:** Handout for Clients/Families/Significant Others  
(Please circle accepting hospital and provide name of accepting doctor)

<p><b>Antelope Valley Hospital</b> 1600 W. Avenue J Lancaster, Ca 93534 (661) 949-5000 (661) 949-5250 (intake) <i>Doctor:</i> _____</p>	<p><b>Bellflower Medical Center</b> 9542 E. Artesia Blvd Bellflower, Ca 90706 (562) 925-8355 (562) 565-2325 (intake) <i>Doctor:</i> _____</p>	<p><b>BHC Alhambra Hospital</b> 4619 N. Rosemead Blvd Rosemead, Ca 91770 (626) 286-1191 (626) 286-1191 x268 (intake) <i>Doctor:</i> _____</p>
<p><b>Brotman Medical Center</b> 3828 Delmas Terrace Culver City, Ca 90231 (310) 836-7000 (310) 836-7000 ext. 6600 (intake) <i>Doctor:</i> _____</p>	<p><b>Cedars-Sinai Medical Center</b>  <b>Not LPS designated as of November 2010</b></p>	<p><b>Charter Oak Hospital</b> 1161 E. Covina Blvd Covina, Ca 91724 (626) 966-1632 (626) 859-5275 (intake) <i>Doctor:</i> _____</p>
<p><b>College Hospital of Cerritos</b> 10802 College Place Cerritos, Ca 90703 (562) 924-9581 (800) 352-3301 (intake) <i>Doctor:</i> _____</p>	<p><b>College Hospital (Costa Mesa)</b> 301 Victoria Street Costa Mesa, Ca 92627 (949) 642-2734 (800) 352-3301 (intake) <i>Doctor:</i> _____</p>	<p><b>Del Amo Hospital</b> 23700 Camino Del Sol Torrance, Ca 90505 (310) 530-1151 (310) 784-2219 (intake) <i>Doctor:</i> _____</p>
<p><b>East Valley Hospital</b> 150 W. Route 66 Street Glendora, Ca 91740 (626) 852-5000 (626) 852-5063 (intake) <i>Doctor:</i> _____</p>	<p><b>Encino-Tarzana Reg. Med. Center</b> 16237 Ventura Blvd Encino, Ca 91436 (818) 995-5000 (818) 995-5174 (intake) <i>Doctor:</i> _____</p>	<p><b>EXODUS UCC EAST</b> 1920 Marengo St. LA, Ca. 90033 (323) 276-6400 (800) 829-3923 (intake) <i>Doctor:</i> _____</p>
<p><b>EXODUS UCC WEST</b> 3722 Del Mas Terrace Culver City, Ca. 90232 (310) 253-9494 (800) 829-3923 (intake) <i>Doctor:</i> _____</p>	<p><b>Gateways Hospital</b> 1891 Effie Street Los Angeles, Ca 90026 (323) 644-2000 (323) 644-2000 x303 (intake) <i>Doctor:</i> _____</p>	<p><b>Glendale Adventist Medical Center</b> 1509 Wilson Terrace Glendale, Ca 91206 (818) 409-8000 (818) 409-8234 (intake) <i>Doctor:</i> _____</p>
<p><b>Harbor UCLA/General Hospital</b> 1000 W. Carson Street Torrance, Ca 90509 (310) 222-3144 <i>Doctor:</i> _____</p>	<p><b>Henry Mayo Newhall Mem. Hospital</b> 23845 W. McBean Parkway Valencia, Ca 91355 (661) 253-8000 (661) 253-8954 (intake) <i>Doctor:</i> _____</p>	<p><b>Huntington Memorial-Della Martin</b> 100 W. California Blvd Pasadena, Ca 91109 (626) 397-5000 (626) 397-2324 (intake) <i>Doctor:</i> _____</p>
<p><b>Ingleside Hospital</b> 7500 E. Hellman Avenue Rosemead, Ca 91770 (626) 288-1160 (888) 819-9888 (intake) <i>Doctor:</i> _____</p>	<p><b>Kedren Community Health Center</b> 4211 S. Avalon Blvd Los Angeles, Ca 90011 (323) 233-0425 (323) 233-0425 x130/301 (intake) <i>Doctor:</i> _____</p>	<p><b>LA JEWISH HOME</b> 7150 Tampa Ave. Reseda, Ca. 91335 (818) 758-5042 (intake) <i>Doctor:</i> _____</p>
<p><b>LAC/USC</b> 1983 Marengo St. Los Angeles, Ca 90033 (323) 409-7085 <i>Doctor:</i> _____</p>	<p><b>LA Metro-Hawthorne Campus</b> 13300 Hawthorne Blvd Hawthorne, Ca 91250 (310) 679-3321 (800) 787-4357 (intake) <i>Doctor:</i> _____</p>	<p><b>LA Metro-Western Campus</b> 2231 S. Western Ave Los Angeles, Ca 90018 (323) 730-7300 (800) 787-4357 (intake) <i>Doctor:</i> _____</p>

**LPS DESIGNATED PSYCHIATRIC HOSPITALS: Handout for Clients/Families/Significant Others**  
 (Please circle accepting hospital and provide name of accepting doctor)

<p><b>Las Encinas Hospital</b>                  2900 E. Del Mar Blvd                  Pasadena, Ca 91109                  (626) 795-9901                  (626) 356-2690 (intake)</p> <p>Doctor: _____</p>	<p><b>Mission Community Hospital</b>                  14850 Roscoe Blvd                  Panorama City, Ca 91402                  (818) 787-2222                  (800) 608-4624 (intake)</p> <p>Doctor: _____</p>	<p><b>Northridge Hospital</b>                  18300 Roscoe Blvd                  Northridge, Ca 91326                  (818) 885-8500                  (818) 885-5484 (intake)</p> <p>Doctor: _____</p>
<p><b>Olive View Medical Center</b>                  1445 Olive View                  Sylmar, Ca 91342                  (818) 364-4343</p> <p>Doctor: _____</p>	<p><b>OVMC UCC</b>                  14659 Olive View Dr.                  Sylmar, Ca. 91342                  (818) 485-0888 (intake)</p> <p>Doctor: _____</p>	<p><b>Pacific Hospital of Long Beach</b>                  2776 Pacific Avenue                  Long Beach, CA 90806                  (562) 997-2100                  (800) 633-7888 (intake)</p> <p>Doctor: _____</p>
<p><b>Pacifica of the Valley</b>                  9449 San Fernando Rd                  Sun Valley, Ca 91352                  (818) 767-3310                  (800) 522-1154 (intake)</p> <p>Doctor: _____</p>	<p><b>Parkside West Hospital</b>                  210 San Bernardino Rd                  Covina, Ca 91724                  (626) 938-7650                  (626) 859-5275 (intake)</p> <p>Doctor: _____</p>	<p><b>San Gabriel Hosp. BH</b>                  438 W. Las Tunas Dr.                  San Gabriel, Ca. 91776                  (626) 300-7300 (intake)</p> <p>Doctor: _____</p>
<p><b>Sherman Oaks Hospital</b>                  4929 Van Nuys Blvd                  Sherman Oaks, Ca 91403                  (818) 981-7111                  (818) 205-1900 (intake)</p> <p>Doctor: _____</p>	<p><b>Silver Lake Medical Center</b>                  1711 W. Temple St.                  Los Angeles, Ca. 90026                  (213) 989-6100                  (888) 819-9888 (intake)</p> <p>Doctor: _____</p>	<p><b>St. Francis Medical Center</b>                  3630 E. Imperial Highway                  Lynwood, Ca 90262                  (310) 900-8900                  (310) 900-8256 (intake)</p> <p>Doctor: _____</p>
<p><b>UCLA NPI (Resnick NeuroPsych)</b>                  150 Medical Plaza                  Los Angeles, Ca 90095                  (800) 825-9989                  (310) 267-8009 (intake)</p> <p>Doctor: _____</p>	<p><b>V.A. Greater Los Angeles Health Care</b>                  11301 Wilshire Blvd                  Los Angeles, Ca 90073                  (310) 268-3169</p> <p>Doctor: _____</p>	<p><b>V.A. Long Beach Health Care System</b>                  5901 East 7th Street                  Long Beach, Ca 90822                  (562) 826-5438</p> <p>Doctor: _____</p>
<p><b>Verdugo Hills Hospital</b>                  1812 Verdugo Blvd                  Glendale, Ca 91208                  (818) 790-7100                  (818) 952-2270 (intake)</p> <p>Doctor: _____</p>	<p><b>White Memorial Hospital</b>                  1720 Cesar Chavez Ave                  Los Angeles, Ca 90033                  (323) 268-5000 x5057 (intake)</p> <p>Doctor: _____</p>	<p><b>OTHER: (HOSPITAL INFO)</b></p> <p>Doctor: _____</p>

**DMH ACCESS 1-800-854-7771**  
**TDD:562-6512549**  
**Didi Hirsh MHC for Suicide Prevention Crisis line:**  
**1-877-7-CRISIS**  
**National MH Crisis line 1-800-273-8255**

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
COUNTYWIDE PROGRAMS – FULL SERVICE PARTNERSHIP  
GUIDELINES**

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
FIELD-BASED SERVICES	X.	<b>8/09/2009</b>	<b>1 OF 1</b>
		REVISION DATE	DISTRIBUTION LEVEL
		<b>3/19/2012</b>	

**PURPOSE:** To establish parameters for what constitutes a field-based service.

- DEFINITION:**
1. Field-based services are those services provided in a location that has a different address than the clinic site. The choice of service delivery site is based on the client’s recovery goals and possible transportation limitations. Examples include churches, parks, libraries, physical health care settings and residences.
  
  2. Services provided within the same building, even if the building houses different programs are not field-based. The exception to this would be where a client residence and treatment program reside at the same address.

**GUIDELINE:** Mental health services will be delivered at a site conducive and comfortable to the client, with the goal to engage and retain the client in services. It is the responsibility of the provider to identify the most appropriate Service Location Code to describe the location in which services were provided. The complete listing of Service Location Codes may be found in the Integrated Systems Codes Manual.

Agencies are expected to provide services to clients in field-based settings according to individual client needs and desires. While the *preferred* performance-based criteria is at least 65%, if this percentage falls consistently below 40%, DMH may contact the agency to determine whether the services are in fact being delivered in the settings most conducive to individual client needs and desires or if additional agency technical assistance or support is required.

This percentage is calculated based on the total minutes billed within a month, excluding service location codes 11 and 53.

**ATTACHMENT** DMH-CIOB Service Location Codes

***SERVICE LOCATION CODES***

Identifies the location of service at which services were rendered.

<b><u>Codes</u></b>	<b><u>Description</u></b>
03	School
04	Homeless Shelter (Effective 12-3-2007)
<b>09</b>	<b>Prison/Correctional Facility</b> (Effective 2-23-2009) <i>(Not applicable to FFS 2 providers)</i>
11	Office
12	Home
13	Assisted Living Facility (Effective 12-3-2007)
14	Group Home (Effective 12-3-2007)
<b>16</b>	<b>Temporary Lodging, e.g. hotel</b> (Effective 2-23-2009)
20	Urgent Care
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room – Hospital
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility – Without STP
32	Nursing Facility – With STP
33	Custodial Care Facility
34	Hospice
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
71	State or Local Public Health Clinic
99	Other Unlisted Facility



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
MHSa CLIENT SUPPORTIVE SERVICES GUIDELINES**

SUBJECT	GUIDELINE NO.	EFFECTIVE DATE	PAGE
CLIENT SUPPORTIVE SERVICES	XI.	11/24/09	1 of 11
		REVISION DATE	DISTRIBUTION LEVEL:
		8/16/13	2

**PURPOSE:** To provide clarification and guidance to the Department of Mental Health’s directly operated programs and contract providers on the proper use, billing and expense claiming of Mental Health Services Act (MHSa) Client Supportive Services (CSS) Funds.

**DEFINITIONS: Client Supportive Services (CSS)**

Services provided by MHSa programs that are not billed through units of service that support a client in his/her recovery, including housing, employment, education, and integrated treatment of co-occurring mental illness and substance abuse disorders.

**CSS Funds**

CSS funds are allocated as an aggregate pool of funds that should only be used under special circumstances and as a last resort. They are client specific and are only intended to cover the cost of additional and/or alternative supports and services directly related to the client’s service plan that lack funding or for which there is no traditional payment mechanism available.

The service provider is responsible for utilizing CSS funds in a manner that is clearly tied to the client’s treatment and recovery goals.

Items must be used in the fiscal year in which they are purchased. When using CSS funds to purchase services, the services must be delivered to the recipient in the fiscal year in which they were purchased.

If an expense need is determined to be ongoing, the program must develop a plan for client self-sufficiency related to the ongoing expense.

For housing expenses that span beyond 6 months, contract providers must submit to the MHSa Age Group District Chief the *Supplemental Information Request Form* (Attachment) indicating how the ongoing expense directly relates to the client/family’s

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MHSA CLIENT SUPPORTIVE SERVICES GUIDELINES**

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Client Care Coordination Plan and steps the provider has taken to secure alternative sources of funding (Section 8, employment, family financial support, etc.).

For other ongoing expenses such as medication, household utilities or ongoing gift cards for specific clients that span beyond 3 months, contract providers must submit to the MHSA Age Group District Chief the *Supplemental Information Request Form* (Attachment) indicating how the ongoing expense directly relates to the client/family’s Client Care Coordination Plan and steps the provider has taken to secure alternative sources of funding for the expense.

**Mode of Service**

Mode of Service describes a classification of service types used for Client and Services Information System (CSI) and Cost Reporting. This allows any mental health services type recognized by DMH to be grouped with similar services. Modes of Service not allowable under CSS are:

- 05 (24 Hour Services)
- 10 (Less than 24 Hour Day Treatment Program Services)
- 15 (Outpatient Services)
- 45 (Outreach Services)
- 60 (Support Services)

**Service Function Codes (SFC)**

Numeric billing codes used to identify a service or service category within a Mode of Service used for billing purposes.

The following SFCs pertain to the use of CSS:

1. **SFC 70:** Expenses related to providing housing supports, including housing subsidies for permanent, transitional and temporary housing; master leases, security deposits and other fiscal housing supports. SFC 70 is only authorized for

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MHTSA CLIENT SUPPORTIVE SERVICES GUIDELINES**

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FSP programs and MHTSA Innovation programs. Examples of common SFC 70 expenses are listed in the CSS Expenditure Coding Guide, (Attachment).

SFC 70 **does not** include:

- the capital development expenses such purchasing, building and/or rehabilitating housing,
- the salaries and benefits of staff used to provide client housing supports,
- costs reported under Modes 05, 10, 15 or 45
- Units of Service

2. **SFC 71:** Expenses related to the operational costs of providing housing supports to clients including building repair and maintenance, utilities and other operating costs incurred in providing client housing supports. Examples of common SFC 71 expenses are listed in the CSS Expenditure Coding Guide (Attachment).

SFC 71 **does not** include:

- the capital costs used to purchase, build and/or rehabilitate housing,
- the salaries and benefits of staff used to provide client housing supports,
- costs reported under Modes 05, 10, or 15,
- Units of Service

3. **SFC 72:** Flexible client support expenditures relating to personal, community integration and/or educational client/family/caregiver services and supports.

**Gift Cards**

DMH directly operated programs should follow the DMH Gift Card Policy and Procedure. Contract providers who choose to purchase gift cards should purchase a small batch of gift

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MHA CLIENT SUPPORTIVE SERVICES GUIDELINES**

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cards to cover the cost of personal, community integration and/or educational/family services and supports. A small batch refers to a limited supply anticipated to cover categorical expenditures over a 2 month period of time. Gift cards should not be routinely given to individual clients and should only be used to supplement a client’s resources. Gift card allocations per month per client should not exceed \$150, unless prior written approval is received from the MHA age group District Chief.

Items must be used in the fiscal year in which they are purchased. When using CSS funds to purchase services, the services must be delivered to the recipient in the fiscal year in which they were purchased.

Contract providers are responsible for ensuring the cards are properly secured and accounted for by maintaining a gift card tracking system that includes the following information, at a minimum:

- Gift card vendor name
- Gift card serial number
- Date gift card was issued
- Name of client gift card was issued to
- Signature of client upon receipt of gift card
- Gift card balance
- Copies of receipts for purchases made with gift card
- Name and signature of authorized personnel who issued the gift card.

This gift card tracking system shall include a tracking log/database and internal procedures and controls including, but not limited to, dispersal and safety/security of the gift cards and how the items or services purchased relate to the client’s service plan. The log/database should also be used to keep track that gift card distribution does not exceed \$150/month for each client. Internal procedures should also include procedures to make clients aware of the non-

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MHTSA CLIENT SUPPORTIVE SERVICES GUIDELINES**

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allowable purchases when using gift cards.

This information shall be available for review by DMH designee(s) upon request either at the agency or via copies of records sent as requested by DMH designee(s).

In compliance with the County’s fiscal policy and procedures, MHTSA contractors and directly-operated programs are required to report all unused gift cards on or before June 30 of each fiscal year.

Directly Operated as well as contract providers should report any lost or stolen gift cards to the Department of Mental Health’s MHTSA Implementation Unit immediately.

Gift card inventories, as well as all CSS expenditures, are subject to random audits by DMH and/or the Office of the Auditor-Controller at any time.

**Medical Expenses**

SFC 72 funding may also be used for medical, dental and optical care, prescriptions, and laboratory tests when the client or family member does not have insurance to pay for such care.

**Alternative Healing Methods**

Many cultures have alternative healing methods such as cupping, acupuncture or curandero services. These might be legitimately reimbursed from Client Supportive Services Funds. It would be expected these services would be appropriately coordinated, including any potential interactions with psychotropic medications, with other medical or mental health services as part of the client’s overall treatment plan.

Examples of common SFC 72 expenses are listed in the

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MHSA CLIENT SUPPORTIVE SERVICES GUIDELINES**

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CSS Expenditure Coding Guide, (Attachment).

SFC 72 **does not** include:

- the salaries and benefits of staff used to provide client supportive services
- costs reported under Modes 05, 10, 15 or 45
- Units of Service

4. **SFC 78:** Pursuant to an agreement between the provider and the MHSA age group District Chief, the FSP program may use up to 10%\* of their CSS funds for the cost of salaries, benefits and general operating expenses incurred by providing non Medi-Cal client support (specifically for the salaries of staff who are providing housing and employment development as well as for peer staff). Examples of common SFC 78 expenses are listed in the CSS Expenditure Coding Guide, (Attachment).

\* Age group lead District Chiefs may use discretion to approve amounts of greater than 10% in special circumstances that clearly support positive client outcomes.

SFC 78 **does not** include:

- costs reported under modes 05, 10, 15 or 45.
- Units of Service

Providers are urged to remember the intent of CSS funding and maintain an appropriate balance between using funds to serve the needs of clients and their families which cannot be met in other ways, and using them to pay staff costs.

**EXCLUDED PURCHASES:**

Alcohol, tobacco, construction or rehabilitation of housing, buildings or offices, purchasing land or buildings, illegal substances and activities, sexually explicit materials, costs for staff to accompany clients on outings (sporting events, concerts, amusement parks, etc.), incentives, covering Medi-Cal Share of Cost, prescription medication otherwise available through Indigent medication or



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MHSA CLIENT SUPPORTIVE SERVICES GUIDELINES**

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prescription assistance programs, Service Extenders (refer to the Older Adults FCCS Guidelines Manual for directions on submitting invoices for Service Extenders), units of service costs reported under Modes 05, 10, 15 or 45, vehicles for programs.

**REASONABLE PURCHASE LIMITS:**

Every attempt should be made to purchase items as economically as possible, including using vendors that sell previously-used merchandise where feasible (examples include Goodwill, Salvation Army, on-line vendors). Refer to *CSS Expenditure Coding Guide* for purchase limits for more commonly purchased items and goods.

**ELIGIBILITY:**

Clients of all ages, ethnicities, cultures and conditions who meet MHSA focal population criteria are eligible to receive CSS. Expenditures should be considered on a case-by-case basis at the agency level. The use of funds is not an entitlement.

Individuals enrolled in MHSA programs and/or receiving MHSA services with insufficient funds to provide the materials and resources necessary to achieve their treatment goals are eligible. Family members/caregivers may also be eligible for SFC 72 expenditures.

Clients currently receiving government assistance and/or other income are only eligible to utilize CSS after it has been clearly established that there are insufficient funds available for their housing, personal/community integration, vocational and other expenses.

The client's clinical record shall document efforts showing that other community resources have been pursued/exhausted.

**REIMBURSEMENT:**

DMH directly operated MHSA programs are required to adhere to internal, existing CAL-card, housing, guidelines, policies and procedures when claiming reimbursement of CSS expenditures.

Any expenses about which an MHSA provider is unsure should be reviewed with the age group lead/designee **before making the expenditure/purchase** to the appropriate countywide age group

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MHSA CLIENT SUPPORTIVE SERVICES GUIDELINES**

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MHSA administration unit for review and approval.

The judgment of DMH as to the allowability of any expenditure shall be final.

Invoices shall be submitted to the DMH Provider Reimbursement Unit.

The following documents and procedures are required for contract providers to receive reimbursement for CSS expenditures:

**CSS Expenditure Coding Guide-Revised**

CSS funds are intended to be portable and client-specific and therefore, the CSS Expenditure Coding Guide only includes the most common allowable expenses for each of the various CSS Service Function Codes. Individual expenses are unique to each client and are not necessarily limited to those listed. Other expenses may qualify if they meet the criteria for which CSS funds are intended.

There are several expenses that DMH deems unallowable under any circumstances. Those expenses are listed at the bottom of the coding summary as well as in this policy.

Expenses requiring pre-approval from MHSA age lead (for FSP) or Innovation model lead are noted.

**CSS Expense Reimbursement Claim Form**

Contract providers are required to itemize monthly CSS expenditures into the CSS Expense Reimbursement Claim Form before submitting it to DMH for review and payment. The CSS Expense Reimbursement Claim Form is an Excel spreadsheet designed to allow contract providers to easily enter their expenses into a self-calculating template.

Any revenue received for an expense already reimbursed by the

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MHSA CLIENT SUPPORTIVE SERVICES GUIDELINES**

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Department (e.g. reimbursement from clients/families/caregivers after receipt of SSI) should be indicated on the CSS Expense Reimbursement Claim Form and subtracted from the expenditures. Providers must record and keep written records of all revenue received from clients, including arrangements where clients reimburse the FSP program on a routine basis.

**Supplemental Information Request Form**

The Supplemental Information Request Form (Supplemental Info Form) is used under the following circumstances:

- DMH management and/or claim processing staff need to request additional information regarding a particular claim.
- For documenting the need for ongoing expenses at 3 and 6 month intervals per page 1 of this policy.
- Where applicable, as part of a random review of expenditures, file review or during a site visit or other mechanism as requested by the appropriate Age Group Lead.

Agencies may choose, but are not required, to use the Supplemental Information Request Form as part of their own internal documentation system for monitoring CSS expenditures.

The Supplemental Information Request Form allows for the provision of more detailed information regarding specific expenditures that easily allows approving managers or claim processing staff to see the reason for a particular expense, how it relates to the client’s treatment and that CSS funds were used as a last resort after other resources were explored.

**Contractors are required to archive all of their CSS expenditure receipts for a period of at least six (6) years.** There may be occasions when a copy of an archived receipt is requested.

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**CSS Expense Claim Processing Flow Chart**

The CSS Expense Claim Processing Flow Chart provides a visual display of how a CSS Expense Claim is normally processed, as well as the ways in which the process can vary when claims are completed incorrectly, when DMH management requests additional information or as part of a random review of expenditures, file review or during a site visit or other mechanism as requested by the appropriate Age Group/Innovation Model Lead.

**PROPERTY PURCHASED WITH CSS FUNDS:**

Items purchased with CSS funds become the property of the client and the client **is not** obligated to return the property upon leaving the program.

However, there may be clinical situations in which a provider and client make an agreement for the client to reimburse the provider for the services/supports, including the payment of rent that the provider purchased on the client/family/caregiver's behalf.

**SUBMISSION OF REIMBURSEMENT DOCUMENTS:**

The Department expects its contractors to exercise responsible accounting practices and ensure that expense claims are submitted in a timely manner.

Contractor shall itemize the expenses claimed on the CSS Expense Reimbursement Claim Form, hide the Protected Health Information (PHI) in the Excel spread sheet and submit to the Provider Reimbursement Unit (PRU) within 60 days of the end of the month in which the expense was incurred. PRU will log in and forward to appropriate Age Group Lead/designee.

To expedite processing it is suggested the contractor simultaneously submit the same Claim Form with PHI visible to appropriate Age Group Lead/designee.

Failure to submit claims on a regular basis impedes the efficiency of the reimbursement process significantly. Claims that are not submitted in a timely manner each month may be subject to delays

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MHSA CLIENT SUPPORTIVE SERVICES GUIDELINES**

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in review and payment. After a reimbursement claim for a month has been submitted, any additional expense claims for a month shall be submitted on a separate reimbursement claim form.

**REFERENCES:** DMH Client Supportive Services Service Exhibit

**CSS EXPENDITURE CODING GUIDE**

CSS funding is for use when clients do not have resources and other possible avenues for funding have been explored and exhausted. Listed below is a general guideline for coding common expenses with the appropriate matching Service Function Codes (SFCs). It is important to remember that individual expenses are unique to each client and are not necessarily limited to those listed in the categories below.

**ALLOWABLE EXPENSES**

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**SFC 70 – CLIENT HOUSING SUPPORT**

- Eviction Prevention, i.e. payment of overdue rent
- Hotel/Shelter Subsidies
- Master Leasing (with DMH approval)
- Rent/Mortgage/Lease Subsidies (e.g. apartments, Sober Living Homes, Adult Residential Facilities)
- Residential substance abuse treatment programs
- Security Deposits
- Transitional Residential Programs

**SFC 71 – CLIENT HOUSING OPERATING SUPPORT**

- Agency Management Fees
- Credit Reporting Fees
- Insurance
- Property Taxes
- Repair/Maintenance to Home, including repair due to damage by tenant
- Utilities, e.g. electricity, gas, water

**SFC 72 – CLIENT/FAMILY/CAREGIVER SUPPORT**

- Car, e.g. gasoline, insurance, payment, registration, repair
- Clothing
- Culturally appropriate alternative healing methods, e.g. curandero, cupping, acupuncture
- Education and Tutorial Expenses
- Employment , e.g. uniforms, license fees, tools of the trade

**SFC 72 – CLIENT/FAMILY/CAREGIVER SUPPORT (CONTINUED)**

- Food
- Furniture/Appliances
- Gift Cards
- Household Items, e.g. Kitchenware, Linen/Bedding, Cleaning Products
- Hygiene Items
- Medical/ Dental/ Optical
- Moving Expenses
- Recreational/Social Activities
- Reinforcers i.e., Inexpensive, small primary reinforcers for behavioral management purposes linked directly to client service plans
- Respite Care
- School Supplies
- Sports Registration
- Summer Camps
- Tickets/citations – *REQUIRE PRE-AUTHORIZATION FROM AGE GROUP LEAD*
- Transportation, e.g. Bus Passes, Tokens, Taxi Vouchers
- Vocational

**SFC 78 – OTHER NON-MEDI-CAL CLIENT SUPPORT**

- Consumer/Peer/Parent Advocate Salaries\*
- Housing/Employment Specialists Salaries\*

*\*Members of the program's treatment team that bill through the IS cannot request their wages be reimbursed through this mechanism. See Guideline for details.*

**NON-ALLOWABLE EXPENSES**

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- Alcohol
- Construction or rehabilitation of housing, facilities, buildings or offices
- Costs for staff to accompany clients to venues such as sporting events, concerts or amusement parks
- Expenses related to purchasing land or buildings
- Illegal substances / activities
- Incentives
- Medi-Cal Share of Cost
- Prescription drugs that would otherwise be available via Indigent Medication / Prescription Assistance programs
- Service Extenders (refer to the Older Adults FCCS Guidelines Manual for directions on submitting invoices for Service Extenders)
- Sexually explicit materials
- Tobacco
- Units of Service or any other service costs that are reported under Modes 05, 10, 15, or 45
- Vehicles for programs



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**

**REASONABLE AND ALLOWABLE PURCHASE LIMITS**

CSS funding is for use when clients do not have resources and other possible avenues for funding have been explored and exhausted. Listed below is a general guideline for coding common expenses with the appropriate matching Service Function Code (SFCs). Individual expenses are unique to each client and are not necessarily limited to those listed in the categories below.

**SFC 70- CLIENT HOUSING SUPPORT**

<b>Shelter</b>	\$280 Monthly			
<b>Motel or Hotels</b>	\$50 - \$100 night			
<b>Rent (Fair Market Rent) or Board &amp; Care Rates (adults) with pre-approval</b>				
<b>Efficiency</b>	<b>1 bedroom</b>	<b>2 bedroom</b>	<b>3 bedroom</b>	<b>4 bedroom</b>
\$961	\$ 1,159	\$1447	\$1943	\$2338
<b>Rent of residence (per person)</b>	\$290 per month*			
<b>Security Deposits</b>	2 times the monthly rent, unfurnished			
*Rates may vary depending upon location and fair market value of housing	3 times the monthly rent, furnished			

**SFC 71- CLIENT HOUSING OPERATING SUPPORT**

<b>Credit Reporting Fees</b>	\$15 - \$20 per report
<b>Property Tax</b>	\$3000 (pre-approval required)
<b>Utilities</b>	Electricity, \$130 - \$150 Gas, \$30 - \$50
<b>Basic Cable Bundle<sup>1</sup></b>	\$30 TV/Telephone, \$60 - \$80 TV/Telephone/Internet, \$105

**SFC 72 CLIENT/FAMILY/CAREGIVER SUPPORT**

<b>Carl gasoline</b>	\$300 Monthly
<b>Clothing</b>	\$95 for a family of 3 monthly
<b>Shoes</b>	\$50 one pair
<b>Alternative Healing Methods</b>	Curandero, \$40 - \$100 Acupuncture \$70 - \$120 per session
<b>Food</b>	\$250 per person monthly
<b>Household Items</b>	\$75 monthly
<b>Hygiene Items</b>	\$70 monthly
<b>Recreational/social activities</b>	\$105 Monthly
<b>Summer Camps</b>	\$75 - \$350 per week; up to \$700 per month <sup>1ii</sup>
<b>School Supplies</b>	\$50 monthly
<b>Private Tutor</b>	\$20.00 hr
<b>Learning Centers</b>	\$15.00 hr
<b>Transportation</b>	\$75 monthly (Metro) \$15 tokens Monthly
<b>Household Goods<sup>iii</sup></b>	\$2000 (must not exceed the \$2000 maximum for all combined items)
<b>Appliances</b>	Stove, \$400 (new) Washer/Dryer, \$200 - \$1000 Refrigerator, Up to \$450 Microwave, Up to \$60 Television, Up to 300 Vacuum Cleaner, Up to \$80
<b>Bedroom Furniture</b>	\$400
<b>Mattresses</b>	\$450
<b>Living Room Furniture</b>	\$300
<b>Kitchen/Dining Table</b>	\$140
<b>Immigration Assistance Fees<sup>iv</sup></b>	\$400-\$1000

Exceptions to guidelines may be made on a case by case basis with pre-approval.

<sup>i</sup> Bundle services vary depending on the carrier. Certain residences can only subscribe to specific carrier.

<sup>ii</sup> Monthly cost depends upon duration and scope of services.

<sup>iii</sup> Household goods include appliances, furniture, kitchenware and linens.

<sup>iv</sup> Attached is a summary of fees associated with form number.



**SUPPLEMENTAL INFORMATION REQUEST FORM**

**REQUEST / RECIPIENT INFO**

Agency Name: \_\_\_\_\_ Provider #: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person requesting funds: \_\_\_\_\_ Title: \_\_\_\_\_ Billing Month: \_\_\_\_\_

Name of CSS Fund recipient: \_\_\_\_\_ IS #: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Have CSS Funds been requested for this person before? Y \_\_\_\_\_ N \_\_\_\_\_

**CSS FUND USAGE DETAIL**

Description of purchase: \_\_\_\_\_

Purpose of purchase: \_\_\_\_\_

How does purchase support and contribute to client's treatment goals (attach CCCP) \_\_\_\_\_

For expenses of 3 or more months or 6 or more months of duration (refer to page 1 of policy): \_\_\_\_\_

List alternative resources explored to cover expense: \_\_\_\_\_

**VERIFICATION**

I hereby certify that all of the information contained above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Print Case Manager's Name

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Approving Manager's Name

\_\_\_\_\_  
Approving Manager's Signature

\_\_\_\_\_  
Date

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

Fiscal Year \_\_\_\_\_

<b>INVOICE NUMBER:</b> _____
------------------------------

**Client Supportive Services and One-Time MHTSA Expenses**

**Funding Source Name:** \_\_\_\_\_ **Age Group:** \_\_\_\_\_

**For Innovation: INN MODEL:**  ICM  IMHT  ISM  PEER RUN

Legal Entity Name: \_\_\_\_\_

Legal Entity Mailing Address: \_\_\_\_\_

Billing Month(s): \_\_\_\_\_ Contract Amendment No.: \_\_\_\_\_

Provider Number(s): \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

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

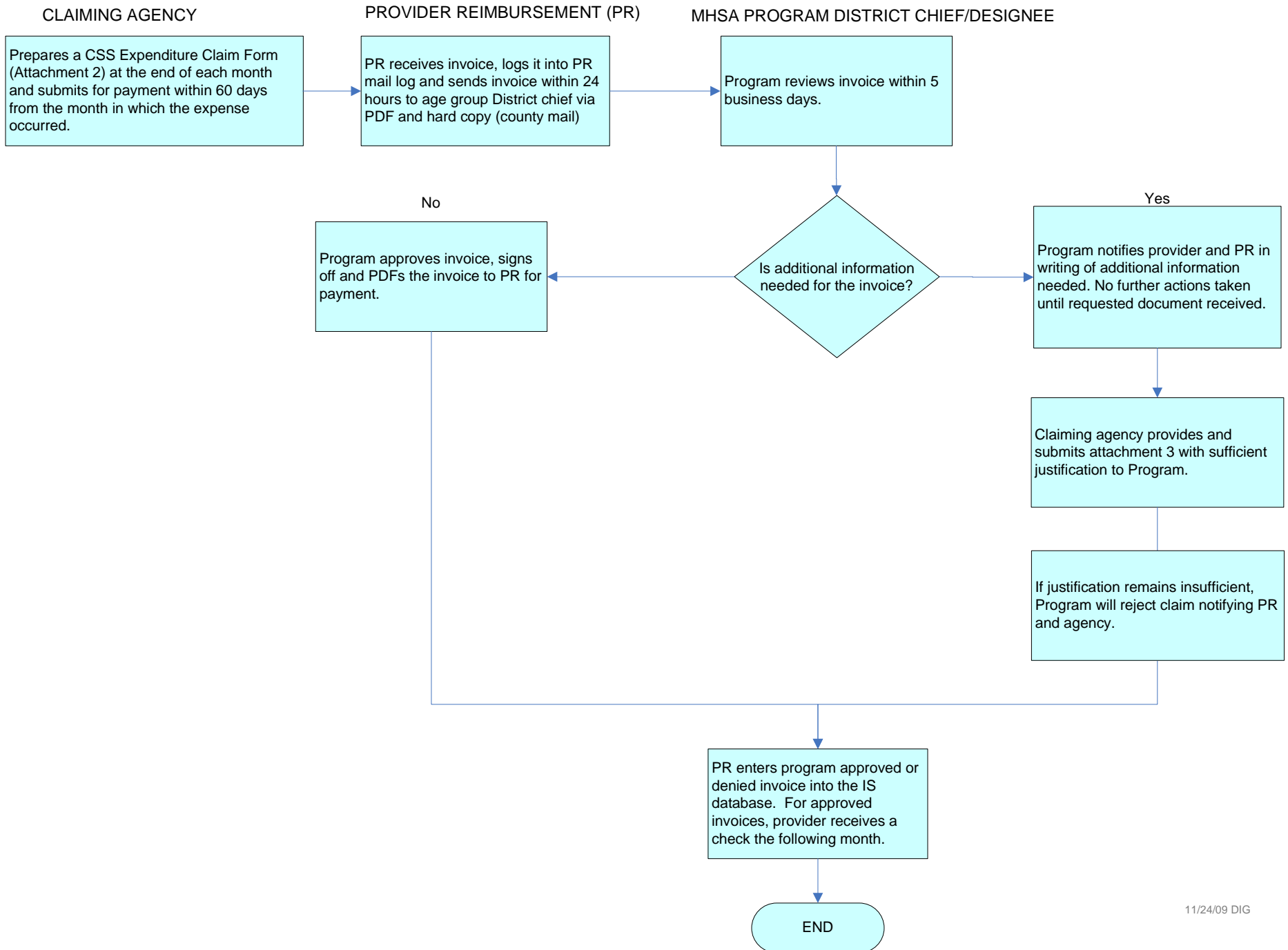
Signature: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>LAC-DMH Program Approval:</u></b>	
_____	_____
Approved By (signature)	Date
_____	_____
Print Name	Title

# COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

## CSS EXPENSE CLAIM PROCESSING FLOW CHART



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
FULL SERVICE PARTNERSHIP (FSP) GUIDELINES**

**DMH CONTACTS**

<b>Service Area &amp; Supervisors</b>	<b>Children (0-15)</b>	<b>TAY (16-25)</b>	<b>Adult (26-59)</b>	<b>Older Adult (60 +)</b>
<b>1</b> <b>Cindy Ferguson</b> <b>(661) 223-3842</b>	<b>Salem Redding</b> Ph: (661) 223-3816 BB: (213) 494-8123 Fx: (661) 537-2937	<b>Salem Redding</b> Ph: (661) 223-3816 BB: (213) 494-8123 Fx: (661) 537-2937	<b>Angela Coleman</b> Ph: (661) 223-3813 Fx: (661) 537-2937	<b>Joyce Chiang</b> Ph: (213) 738-2327 Fx: (213) 738-3492
<b>2</b> <b>Michelle Rittel (Child)</b> <b>(213) 739-5526</b>  <b>Lisa Wong (Adult)</b> <b>(818) 610-6708</b>	<b>Aleksandr Dozortsev</b> Ph: (818) 610-6737 Fx: (818) 347-8738  <b>Fang (Colin) Xie</b> Ph: (818) 610-6729 Fx: (818) 347-8738	<b>Terica Roberts</b> Ph: (213) 923-6459 Fx: (818) 347-8738	<b>Darrel Scholte</b> Ph: (818) 610-6705 Fx: (818) 347-8736  <b>Michele Renfrow</b> Ph: (818) 610-6724 Fx: (818) 347-8736	<b>Joyce Chiang</b> Ph: (213) 738-2327 Fx: (213) 738-3492
<b>3</b> <b>Frances Casa-Liese</b> <b>(Child and TAY)</b> <b>(626) 455-4668</b>  <b>Alfredo Larios (Adult)</b> <b>(213) 739-5455</b>	<b>Victor Sanchez</b> Ph: (626) 455-4599 Fx: (626) 455-4608	<b>Socorro Ramos</b> Ph: (626) 455-4622 Fx: (626) 455-4608	<b>Eugene Marquez</b> Ph: (626) 471-6535 Fx: (626) 471-3572	<b>Joyce Chiang</b> Ph: (213) 738-2327 Fx: (213) 738-3492
<b>4</b> <b>Nancy Weiner</b> <b>(213) 922-8120</b>  <b>Front Desk</b> <b>(213) 922-8122</b>	<b>Suyapa Umanzor</b> Ph: (213) 922-8123 Fx: (213) 680-3225	<b>Chevy Chung</b> Ph: (213) 922-8132 Fx: (213) 680-3225	<b>Phyllis Moore-Hayes</b> Ph: (213) 922-8129 Fx: (213) 680-3225	<b>Joyce Chiang</b> Ph: (213) 738-2327 Fx: (213) 738-3492
<b>5</b> <b>Maureen Cyr</b> <b>(310) 482-6613</b>  <b>Monika Johnson</b> <b>(310) 482-6609</b>	<b>Kathy Chantraprabhavej</b> Ph: (310) 482-6610 Fx: (310) 313-0813	<b>Kathy Chantraprabhavej</b> Ph: (310) 482-6610 Fx: (310) 313-0813	<b>Geraldine Perkins</b> Ph: (310) 482-6612 Fx: (310) 313-0813  <b>Adriane Hughes</b> Ph: (310) 482-6616 Fx: (310) 313-0813	<b>Joyce Chiang</b> Ph: (213) 738-2327 Fx: (213) 738-3492
<b>6</b> <b>Yolanda Whittington</b> <b>(213) 738-3779</b>  <b>Kimberly Spears</b> <b>(213) 738-3863</b>	<b>DeBresha McDaniel</b> Ph: (213) 351-7268 Fx: (213) 351-7747	<b>Perla Cabrera</b> Ph: (213) 738-3313 Fx: (213) 351-7747	<b>Margarita Cabrera</b> Ph: (213) 738-2425 Fx: (213) 351-7747	<b>Joyce Chiang</b> Ph: (213) 738-2327 Fx: (213) 738-3492
<b>7</b> <b>Jessica Aheran</b> <b>(213) 738-2787</b>	<b>Lori Prince</b> Ph: (213) 738-2900 Fx: (213) 384-0729	<b>Lori Prince</b> Ph: (213) 738-2900 Fx: (213) 384-0729	<b>Tere Antoni</b> Ph: (213) 738-6150 Fx: (213) 384-0729	<b>Joyce Chiang</b> Ph: (213) 738-2327 Fx: (213) 738-3492
<b>8</b> <b>Lorrie Horst</b> <b>(562) 435-3037</b>  <b>Alicia Powell</b> <b>(562) 435-2287</b>	<b>April Hagerty</b> Ph: (562) 435-2078 Fx: (562) 256-1603	<b>Shane Matsui</b> Ph: (562) 435-3106 Fx: (562) 256-1603	<b>Jenny Nguyen</b> Ph: (562) 435-2257 Fx: (562) 256-1603  <b>Michell Diaz</b> Ph: (562) 435-2127 Fx: (562) 256-1603	<b>Joyce Chiang</b> Ph: (213) 738-2327 Fx: (213) 738-3492  <b>Jenny Nguyen SA 8</b> Ph: (562) 435-2257 Fx: (562) 256-1603
<b>Countywide Authorization Contact</b>	<b>CSOC</b> <b>Desiree DeShay</b> Ph: (213) 739-5411 Fx: (213) 252-0238	<b>TAY</b> <b>Mariann Pap</b> Ph: (213) 639-6730 Fx: (213) 351-6571	<b>ASOC</b> <b>Monju Shome</b> Ph: (213) 639-6734 Fx: (213) 427-6178	<b>OASOC</b> <b>Joyce Chiang</b> Ph: (213) 738-2327 Fx: (213) 738-3492

## XIII. FORMS

- A. Community Outreach Services
- B. Referral and Authorization
  - 1. Children (ages 0-15)
  - 2. Transition-age Youth (ages 16-25)
  - 3. Adult (ages 26-59)
  - 4. Older Adult (ages 60+)
- C. Appeal (Related to Enrollment, Disenrollment and Transfer)
- D. Authorization for Use or Disclosure of Protected Health Information
- E. Certification of Accuracy of Data
- F. Disenrollment Request
- G. Transfer Request
- H. Disenrollment/Transfer Request Supplemental
- I. Transfer of Single Fixed Point of Responsibility (SFPR)





**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH**

**COMMUNITY OUTREACH SERVICES**

CONFIDENTIAL CLIENT INFORMATION CALIFORNIA WELFARE & INSTITUTIONS CODE SEC. 5238

<b>PROVIDER #:</b>	<b>DATE OF SERVICE:</b>	<b>RENDERING PROVIDER:</b>
<b>SERVICE RECIPIENT TYPE:</b>	<b># OF PERSONS CONTACTED:</b>	
<b>SERVICE LOCATION INFORMATION ENTER AGENCY SERVICE RECIPIENT AND ACTIVITY INFORMATION BELOW SERVICE TYPE DESC.</b>		
<b>AGENCY NAME:</b>	<b>AGENCY ADDRESS NUMBER/STREET:</b>	
<b>AGENCY CONTACT:</b>	<b>PHONE #:</b>	<b>CITY / STATE / ZIP:</b>
<b>PLEASE ENTER CODE TO INDICATE PREDOMINANT ETHNICITY AGE RANGE AND LANGUAGE OF TARGET GROUP</b>		
<b>PRIMARY LANGUAGE:</b>	<b>ETHNICITY:</b>	<b>If American Indian/Alaska Native, Indicate Tribe:</b>
<b>AGE CATEGORY:</b>	<b>DURATION:</b> (FMI - Fifteen Min. Increment)	<b>HANDICAP:</b>
<b>FUNDING SOURCE:</b>	<b>PROGRAM AREA:</b>	
<b>SERVICE CODE:</b>		
<b>ADDITIONAL PARTICIPATING STAFF:</b>		

**CERTIFICATION OF CONSULTANT**

I CERTIFY THAT THE ABOVE COMMUNITY OUTREACH SERVICES WERE PROVIDED AS DOCUMENTED.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH



**CHILDREN'S (AGES 0-15)  
FULL SERVICE PARTNERSHIP  
REFERRAL AND AUTHORIZATION FORM**

**REFERRAL INFORMATION**

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DATE: \_\_\_\_\_ DMH IS#: \_\_\_\_\_  
SSN: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ PREFERRED LANGUAGE: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE/ETHNICITY: \_\_\_\_\_ GENDER:  M  F  UNKNOWN

CONTACT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CURRENT LIVING SITUATION: \_\_\_\_\_

INSURANCE:  MEDI-CAL  HEALTHY FAMILIES  HEALTHY KIDS  PRIVATE  NONE

PRIMARY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PREFERRED LANGUAGE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

CONSERVATOR ?  YES  NO NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

**REFERRAL SOURCE**

Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Is Individual currently receiving mental health services from your agency?  YES  NO

Other Agency Involvement:  DCFS  Probation  DMH  Regional Center

If Individual was referred to any other programs, please identify: \_\_\_\_\_

Client is aware client has been referred to the FSP Program

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## FOCAL POPULATION

Individual's  
Name: \_\_\_\_\_

DMH IS#: \_\_\_\_\_

### CHECK APPROPRIATE REASON(S) FOR REFERRAL OF A CHILD WITH SERIOUS EMOTIONAL DISTURBANCE (SED).\*

1. Zero to five-year-old (0-5) who:

- is at high risk of expulsion from pre-school
- is involved with or at high risk of being detained by Department of Children and Family Services (DCFS)
- has a parent/caregiver with SED or severe and persistent mental illness, or who has a substance abuse disorder or co-occurring disorders

2. Child/youth who:

- has been removed or is at risk of removal from their home by DCFS
- is in transition to a less restrictive placement

3. Child/youth who is experiencing the following at school:

- suspension or expulsion
- violent behaviors
- drug possession or use
- suicidal and/or homicidal ideation

4. Child/youth who:

- is involved with Probation, is on psychotropic medication, and is transitioning back into a less structured home/community setting

**Provide Detail for Any Checked Items:**

DCFS Case:  ER Case  Voluntary Case  Open Case

CSW Name: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

Status: \_\_\_\_\_

\*"Seriously emotionally disturbed" means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

(A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:

(i) The child is at risk of removal from home or has already been removed from the home.

(ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

(B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

(C) The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 or Title 1 of the Government Code. [California Welfare and Institutions Code Section 5600.3]

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## LEVEL OF SERVICE

Individual's Name: \_\_\_\_\_  
DMH IS#: \_\_\_\_\_

**Check ONE ONLY:**

- Unserved (Not receiving mental health services)
  - History of mental health services, but none currently\*       No prior mental health services
- Underserved (Receiving some MH services, though insufficient to achieve desired outcomes)\*
  - FCCS       Outpatient       PEI       Other:
- Inappropriately served (receiving some MH services, though inappropriate to achieve desired outcomes because of cultural, ethnic, linguistic, physical, or other needs specific to the client)\*

\*If client has received community-based mental health services within the last 6 months, (1) identify the program(s); (2) indicate the type and frequency of services; and (3) explain why the services are insufficient/inappropriate to achieve desired outcomes:

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## DIAGNOSTIC CONSIDERATIONS

Primary **DSM-IV-TR** Diagnosis: \_\_\_\_\_ Dual Diagnosis (X Code): \_\_\_\_\_

**Check All that Apply to Individual:**

- |   |  |
|---|--|
| <input type="checkbox"/> Aggressive Ideation                        | <input type="checkbox"/> Inappropriate Sexual Acts                           |
| <input type="checkbox"/> Aggressive Acts (by history or current)    | <input type="checkbox"/> Psychiatric Hospitalizations (Indicate dates below) |
| <input type="checkbox"/> Aggressive Threats (by history or current) | <input type="checkbox"/> Suicidal Ideation/Attempts                          |
| <input type="checkbox"/> Fire Setting Ideation or Acts              | <input type="checkbox"/> Symptoms of Psychosis                               |
| <input type="checkbox"/> Inappropriate Sexual Ideation              | <input type="checkbox"/> Tarasoff Notifications (past or current)            |
|   | <input type="checkbox"/> Other _____   |

**Provide Detail for Any Checked Items:**

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**Fax** completed Referral and Authorization Form to **Impact Unit** for your Service Area:

SA 1: Salem Redding (661) 537-2937	SA 4: Suyapa Umanzor (323) 913-9175	SA 8: April Hagerty (562) 256-1603
SA 2: Aleks Dozortzev (818) 347-8738	SA 5: K. Chantraprabhvej (310) 313-0813	
Colin (Fang) Xie	SA 6: Debresha McDaniel (323) 290-3239	
SA 3: Victor Sanchez (626) 455-4608	SA 7: Lori Prince (213) 384-0729	

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# DISPOSITION

Individual's Name: \_\_\_\_\_  
DMH IS#: \_\_\_\_\_

TO BE COMPLETED BY SERVICE AREA IMPACT UNIT

DATE RECEIVED: \_\_\_\_\_

**NOT PRE-AUTHORIZED FOR ENROLLMENT** (Explain reason for decision and plan for linkage to other services):  
\_\_\_\_\_  
\_\_\_\_\_

**PRE-AUTHORIZED FOR ENROLLMENT:**

Name of FSP Agency: \_\_\_\_\_ Provider # \_\_\_\_\_

FSP Agency Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Service Area: \_\_\_\_\_ Supervisorial District: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Impact Unit Representative: \_\_\_\_\_ Date: \_\_\_\_\_

(Fax completed Referral and Authorization Form to Impact Unit for your Service Area)

**FSP AGENCY HAS COMPLETED OUTREACH & ENGAGEMENT AND (Check only one box below):**

**FIRST FACE TO FACE CONTACT DATE:** \_\_\_\_\_

- REQUESTS AUTHORIZATION TO ENROLL**
- AGENCY DECLINES TO ENROLL, BUT INDIVIDUAL IS ELIGIBLE FOR FSP** (Must complete FSP Appeal Form)
- INDIVIDUAL DOES NOT AGREE TO SERVICES** (Explain reason for decision and plan for linkage to other services)
- IS DEEMED INELIGIBLE FOR FSP SERVICES** (Explain reason for decision and plan for linkage to other services)

FSP Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEIVED FINAL AUTHORIZATION, BUT INDIVIDUAL NEVER ENROLLED AND/OR NOW DOES NOT AGREE TO SERVICES AND NO FSP UNITS OF SERVICE WERE EVER BILLED** (Explain reason for decision and plan for linkage to other services)  
\_\_\_\_\_  
\_\_\_\_\_

FSP Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY FSP AGENCY

TO BE COMPLETED BY COUNTYWIDE ADMIN.

**NOT AUTHORIZED FOR ENROLLMENT** (Explain reason for decision): \_\_\_\_\_

**AUTHORIZED FOR ENROLLMENT**  
Countywide Programs Representative: \_\_\_\_\_ Date: \_\_\_\_\_

PREVIOUS FSP ENROLLMENT WITHIN 365 DAYS  YES  NO AGENCY \_\_\_\_\_

**AUTHORIZED REFERRAL INACTIVE. INDIVIDUAL NEVER ENROLLED AND NO UNITS OF SERVICE BILLED**  
Countywide Programs Representative: \_\_\_\_\_ Date: \_\_\_\_\_

↓↓ TO BE COMPLETED BY SERVICE AREA IMPACT UNIT ↓↓

REFERRAL SOURCE NOTIFIED OF DISPOSITION on: \_\_\_\_\_ Date \_\_\_\_\_ by \_\_\_\_\_ Impact Unit Representative





**TRANSITION AGE YOUTH (TAY) (16-25)  
FULL SERVICE PARTNERSHIP  
REFERRAL AND AUTHORIZATION FORM**

**REFERRAL INFORMATION**

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\*Insufficient details may delay referral process

DATE: \_\_\_\_\_ DMH IS#: \_\_\_\_\_  
SSN: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ PREFERRED LANGUAGE: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE/ETHNICITY: \_\_\_\_\_ GENDER:  M  F  UNKNOWN

CONTACT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CURRENT LIVING SITUATION: \_\_\_\_\_

INSURANCE:  MEDI-CAL  HEALTHY FAMILIES  HEALTHY KIDS  PRIVATE  HWLA  NONE  
BENEFITS:  GR RECIPIENT  V.A.  SSI  SSDI  OTHER INCOME  
 CLIENT SERVED IN THE MILITARY

PRIMARY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PREFERRED LANGUAGE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

CONSERVATOR ?  YES  NO NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

**REFERRAL SOURCE**

Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is Individual currently receiving mental health services from your agency?  YES  NO

Other Agency Involvement:  DCFS  Probation  DMH  Regional Center Parole:  Revocable\*  
 Non-Revocable

If Individual was referred to any other programs, please identify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client is aware client has been referred to the FSP Program \* Client is not eligible for services



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## LEVEL OF SERVICE

Individual's Name: \_\_\_\_\_  
 DMH IS#: \_\_\_\_\_

**Check ONE ONLY:**

- Unserved (Not receiving mental health services)
  - History of mental health services, but none currently\*     No prior mental health services
- Underserved (Receiving some MH services, though insufficient to achieve desired outcomes)\*
  - FCCS     Outpatient     PEI     Other: \_\_\_\_\_
- Inappropriately served (receiving some MH services, though inappropriate to achieve desired outcomes because of cultural, ethnic, linguistic, physical, or other needs specific to the client)\*

\*If client has received community-based mental health services within the last 6 months, (1) identify the program(s); (2) indicate the type and frequency of services; and (3) explain why the services are insufficient/inappropriate to achieve desired outcomes:

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## DIAGNOSTIC CONSIDERATIONS

Primary DSM-IV-TR Diagnosis: \_\_\_\_\_ Dual Diagnosis (X Code): \_\_\_\_\_

**Check All that Apply to Individual:**

- Aggressive Ideation
- Aggressive Acts (by history or current)
- Aggressive Threats (by history or current)
- Fire Setting Ideation or Acts
- Inappropriate Sexual Ideation
- Inappropriate Sexual Acts
- Psychiatric Hospitalizations (Indicate dates below)
- Suicidal Ideation/Attempts
- Symptoms of Psychosis
- Tarasoff Notifications (past or current)
- Other \_\_\_\_\_

**Provide Detail for Any Checked Items:**

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**Fax completed Referral and Authorization Form to Impact Unit for your Service Area:**

SA 1: Salem Redding (661) 537-2937	SA 4: Chewy Cheung (323) 913-9175	SA 7: Lori Prince (213) 384-0729
SA 2: Terica Roberts (818) 347-8738	SA 5: Kathy Chantraprabhavej (310) 313-0813	SA 8: Shane Matsui
SA 3: Socorro Ramos (626) 455-4608	SA 6: Monique Gooding (323) 290-3235	(562) 256-1603

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**FOCAL POPULATION**

Individual's Name: \_\_\_\_\_  
DMH IS#: \_\_\_\_\_

**Transition Age Youth must have a Serious Emotional Disturbance (SED)\* and/or Severe and Persistent Mental Illness (SPMI)\*\***

Indicate TAY FSP Focal Population identified (check all that apply):

- 1.  Youth aging out of:
  - Child Mental Health System
  - Child Welfare System
  - Juvenile Justice System
  
- 2.  Youth leaving Long-term Institutional Care
  - Level 12-14 Group Homes
  - Jail
  - Community Treatment Facility (CTF)
  - State Hospital
  - Institution of Mental Disease (IMD)
  - Probation Camps

Estimated Discharge Date: \_\_\_\_\_

- 3.  Youth experiencing their first psychotic break
- 4.  Co-Occurring Substance Abuse Disorder **in addition** to meeting at least one (checked) TAY focal population criteria identified above.
- 5.  Homeless or currently at risk of homelessness  
(Indicate current living situation): \_\_\_\_\_
- Chronically Homeless (HUD Standards)\*\*\*

**Provide Detail for Any Checked Items:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* **(SED)** "Seriously emotionally disturbed" means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

- (A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:
  - (i) The child is at risk of removal from home or has already been removed from the home.
  - (ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
- (B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
- (C) The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 or Title 1 of the Government Code. [California Welfare and Institutions Code Section 5600.3]

\*\* **(SPMI)** For TAY ages 16-25 may include significant functional impairment in one or more major areas of functioning (e.g., interpersonal relations, emotional, vocational, educational, or self-care) for at least 6 months due to a major mental illness. The individual's functioning is clearly below that which had been achieved before the onset of symptoms. If the disturbance begins in childhood or adolescence, however, there may be a failure to achieve the level of functioning that would have been expected for the individual rather than deterioration in functioning.

\*\*\***Chronic Homeless HUD:** A person sleeping in a place not meant for human habitation or emergency shelter with a disabling condition who has been continuously homeless for a year or more and/or an individual who has had 4 episodes of homelessness in the past three years.



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**DISPOSITION**

Individual's Name: \_\_\_\_\_  
DMH IS#: \_\_\_\_\_

TO BE COMPLETED BY SERVICE AREA IMPACT UNIT

DATE RECEIVED: \_\_\_\_\_

NOT PRE-AUTHORIZED FOR ENROLLMENT (Explain reason for decision and plan for linkage to other services):

\_\_\_\_\_  
\_\_\_\_\_

PRE-AUTHORIZED FOR ENROLLMENT:

Name of FSP Agency: \_\_\_\_\_ Provider # \_\_\_\_\_

FSP Agency Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Area: \_\_\_\_\_ Supervisorial District: \_\_\_\_\_ Fax: \_\_\_\_\_

Impact Unit Representative: \_\_\_\_\_ Date: \_\_\_\_\_

(Fax completed Referral and Authorization Form to Impact Unit for your Service Area)

TO BE COMPLETED BY FSP AGENCY

FSP AGENCY HAS COMPLETED OUTREACH & ENGAGEMENT AND (Check only one box below):

FIRST FACE TO FACE CONTACT DATE: \_\_\_\_\_

- REQUESTS AUTHORIZATION TO ENROLL
- AGENCY DECLINES TO ENROLL, BUT INDIVIDUAL IS ELIGIBLE FOR FSP (Must complete FSP Appeal Form)
- INDIVIDUAL DOES NOT AGREE TO SERVICES (Explain reason for decision and plan for linkage to other services)
- IS DEEMED INELIGIBLE FOR FSP SERVICES (Explain reason for decision and plan for linkage to other services)

FSP Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED FINAL AUTHORIZATION, BUT INDIVIDUAL NEVER ENROLLED AND/OR NOW DOES NOT AGREE TO SERVICES AND NO FSP UNITS OF SERVICE WERE EVER BILLED (Explain reason for decision and plan for linkage to other services)

FSP Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY COUNTYWIDE ADMIN.

NOT AUTHORIZED FOR ENROLLMENT (Explain reason for decision): \_\_\_\_\_

AUTHORIZED FOR ENROLLMENT  
Countywide Programs Representative: \_\_\_\_\_ Date: \_\_\_\_\_

PREVIOUS FSP ENROLLMENT WITHIN 365 DAYS  YES  NO AGENCY \_\_\_\_\_

AUTHORIZED REFERRAL INACTIVE. INDIVIDUAL NEVER ENROLLED AND NO UNITS OF SERVICE BILLED  
Countywide Programs Representative: \_\_\_\_\_ Date: \_\_\_\_\_

↓↓ TO BE COMPLETED BY SERVICE AREA IMPACT UNIT ↓↓

REFERRAL SOURCE NOTIFIED OF DISPOSITION on: \_\_\_\_\_ Date \_\_\_\_\_ by \_\_\_\_\_ Impact Unit Representative \_\_\_\_\_



**ADULTS (AGES 26-59)  
FULL SERVICE PARTNERSHIP  
REFERRAL AND AUTHORIZATION FORM**

**REFERRAL INFORMATION**

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\*Insufficient details may delay referral process

DMH IS#: \_\_\_\_\_

DATE: \_\_\_\_\_

SSN: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

PREFERRED LANGUAGE: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

RACE/ETHNICITY: \_\_\_\_\_

GENDER:  M  F  UNKNOWN

CONTACT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CURRENT LIVING SITUATION: \_\_\_\_\_

INSURANCE:  MEDI-CAL  MEDICARE  PRIVATE  HWLA  NONE

BENEFITS:  GR RECIPIENT  V.A.  SSI  SSDI  OTHER INCOME

CLIENT SERVED IN THE MILITARY

PRIMARY CONTACT: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CONSERVATOR ?  YES  NO NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

**REFERRAL SOURCE**

Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Is Individual currently receiving mental health services from your agency?  YES  NO

Other Agency Involvement:  Probation  APS  GR/DPSS Parole:  Revocable\*  Non-Revocable

If Individual was referred to any other programs, please identify: \_\_\_\_\_

Client is aware that an FSP referral has been made on his/her behalf.

\* Client is not eligible for services

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**FOCAL POPULATION**

Individual's Name: \_\_\_\_\_  
 DMH IS#: \_\_\_\_\_

**CHECK APPROPRIATE REASON(S) FOR REFERRAL:**

**Indicate FSP focal population:**

- Homeless
- Chronically Homeless (HUD Standards)\*
- Jail
- INSTITUTION TYPE (mark all that apply):

# Days during last 12 months	# Episodes in last 12 months
_____	_____
_____	_____
_____	_____

Acute/Long Term Psychiatric Facilities \_\_\_\_\_

NAME OF INSTITUTION

- Institution for Mental Disease (IMD)
- State Hospital
- Psychiatric Emergency Services
- Urgent Care Center
- County Hospital
- Fee For Service Hospital

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Living with family members without whose support the individual should be at Imminent Risk of Homelessness, Jail or institutionalization. Specify \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Document Any Pertinent Outreach Information Regarding Client Here: (Ex. Client is Difficult to Engage, Client Prefers Female Staff, Language Barriers etc.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Chronic Homeless HUD: A person sleeping in a place not meant for human habitation or emergency shelter with a disabling condition who has been continuously homeless for a year or more and/or an individual who has had 4 episodes of homelessness in the past three years.



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**LEVEL OF SERVICE**

Individual's Name: \_\_\_\_\_  
DMH IS#: \_\_\_\_\_

**Check ONE ONLY:**

- Unserved (Not receiving mental health services)
  - History of mental health services, but none currently\*       No prior mental health services
- Underserved (Receiving some MH services, though insufficient to achieve desired outcomes)\*
  - FCCS       Outpatient       PEI       Other: \_\_\_\_\_
- Inappropriately served (receiving some MH services, though inappropriate to achieve desired outcomes because of cultural, ethnic, linguistic, physical, or other needs specific to the client)\*

\*If client has received community-based mental health services within the last 6 months, (1) identify the program(s); (2) indicate the type and frequency of services; and (3) explain why the services are insufficient/inappropriate to achieve desired outcomes:

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**DIAGNOSTIC CONSIDERATIONS**

Primary DSM-IV-TR Diagnosis: \_\_\_\_\_ Dual Diagnosis (X Code): \_\_\_\_\_

**Check All that Apply to Individual:**

- Aggressive Ideation
- Aggressive Acts (by history or current)
- Aggressive Threats (by history or current)
- Fire Setting Ideation or Acts
- Inappropriate Sexual Ideation
- Inappropriate Sexual Acts
- Psychiatric Hospitalizations (Indicate dates below)
- Suicidal Ideation/Attempts
- Symptoms of Psychosis
- Tarasoff Notifications (past or current)
- Other \_\_\_\_\_

**Provide Detail for Any Checked Items:**

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**Fax completed Referral and Authorization Form to Impact Unit for your Service Area:**

SA 1: Angela Coleman	(661) 537-2937	SA 4: Phyllis Moore Hayes	(323) 913-4045	SA 7: Tere Antoni	(213) 736-5802
SA 2: Darrell Scholte	(818) 347-8736	SA 5: Maureen Cyr	(310) 313-0813	SA 8: Lisa Powell	(562) 256-1603
SA 3: Eugene Marquez	(626) 471-3572	SA 6: Perla Cabrera	(323) 290-3235	SA 8: Jenny Nguyen	(562) 256-1603

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# DISPOSITION

Individual's Name: \_\_\_\_\_  
DMH IS#: \_\_\_\_\_

TO BE COMPLETED BY SERVICE AREA IMPACT UNIT

DATE RECEIVED: \_\_\_\_\_

NOT PRE-AUTHORIZED FOR ENROLLMENT (Explain reason for decision and plan for linkage to other services):  
\_\_\_\_\_  
\_\_\_\_\_

PRE-AUTHORIZED FOR ENROLLMENT:

Name of FSP Agency: \_\_\_\_\_ Provider # \_\_\_\_\_

FSP Agency Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Service Area: \_\_\_\_\_ Supervisorial District: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Impact Unit Representative: \_\_\_\_\_ Date: \_\_\_\_\_

(Fax completed Referral and Authorization Form to Impact Unit for your Service Area)

TO BE COMPLETED BY FSP AGENCY

FSP AGENCY HAS COMPLETED OUTREACH & ENGAGEMENT AND (Check only one box below):

FIRST FACE TO FACE CONTACT DATE: \_\_\_\_\_

- REQUESTS AUTHORIZATION TO ENROLL
- AGENCY DECLINES TO ENROLL, BUT INDIVIDUAL IS ELIGIBLE FOR FSP (Must complete FSP Appeal Form)
- INDIVIDUAL DOES NOT AGREE TO SERVICES (Explain reason for decision and plan for linkage to other services)
- IS DEEMED INELIGIBLE FOR FSP SERVICES (Explain reason for decision and plan for linkage to other services)

FSP Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED FINAL AUTHORIZATION, BUT INDIVIDUAL NEVER ENROLLED AND/OR NOW DOES NOT AGREE TO SERVICES AND NO FSP UNITS OF SERVICE WERE EVER BILLED (Explain reason for decision and plan for linkage to other services) \_\_\_\_\_

FSP Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY COUNTYWIDE ADMIN.

NOT AUTHORIZED FOR ENROLLMENT (Explain reason for decision): \_\_\_\_\_

AUTHORIZED FOR ENROLLMENT  
Countywide Programs Representative: \_\_\_\_\_ Date: \_\_\_\_\_

PREVIOUS FSP ENROLLMENT WITHIN 365 DAYS  YES  NO AGENCY \_\_\_\_\_

AUTHORIZED REFERRAL INACTIVE. INDIVIDUAL NEVER ENROLLED AND NO UNITS OF SERVICE BILLED  
Countywide Programs Representative: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY SERVICE AREA IMPACT UNIT

REFERRAL SOURCE NOTIFIED OF DISPOSITION on \_\_\_\_\_ Date \_\_\_\_\_ by \_\_\_\_\_ Impact Unit Representative





**OLDER ADULT (AGES 60+)  
FULL SERVICE PARTNERSHIP  
REFERRAL AND AUTHORIZATION FORM**

**REFERRAL INFORMATION**

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\*Insufficient details may delay referral process

DATE: \_\_\_\_\_ DMH IS#: \_\_\_\_\_  
SSN: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ PREFERRED LANGUAGE: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE/ETHNICITY: \_\_\_\_\_ GENDER:  M  F  UNKNOWN

CONTACT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ CURRENT LIVING SITUATION: \_\_\_\_\_

INSURANCE:  MEDI-CAL  MEDICARE  PRIVATE  HWLA  NONE

BENEFITS:  GR RECIPIENT  V.A.  SSI  SSDI  OTHER INCOME

CLIENT SERVED IN THE MILITARY

PRIMARY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PREFERRED LANGUAGE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

CONSERVATOR ?  YES  NO NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

**REFERRAL SOURCE**

Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Is Individual currently receiving mental health services from your agency?  YES  NO

Other Agency Involvement:  APS  Probation  DMH  Regional Center

If Individual was referred to any other programs, please identify: \_\_\_\_\_

Client is aware client has been referred to the FSP Program

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**FOCAL POPULATION**

Individual's Name: \_\_\_\_\_  
DMH IS#: \_\_\_\_\_

**CHECK APPROPRIATE REASON(S) FOR REFERRAL OF AN OLDER ADULT WITH SERIOUS MENTAL ILLNESS:**

- 1.  Homelessness (# Number of Days Homeless over last 12 months \_\_\_\_\_ )  
 \*Chronically Homeless (HUD Standards)
- 2.  Incarceration (# of Incarcerated days over last 12 Months \_\_\_\_\_ )
- 3.  Hospitalization (# of acute psychiatric inpatient days \_\_\_\_\_ )
- 4.  At imminent risk of homelessness (e.g. at risk of eviction due to code violations)
- 5.  Risk of going to jail (e.g. multiple interactions with law enforcement over 6 months or more)
- 6.  Imminent risk for placement in a Skilled Nursing Facility (SNF) or Nursing Home
- 7.  Being released from SNF/ Nursing Home (What facility \_\_\_\_\_ )
- 8.  Presence of a Co-occurring disorder:
  - Substance Abuse
  - Developmental Disorder
  - Medical Disorder
  - Cognitive Disorder
- 9.  Client has a recurrent history or is at risk of abuse or self-neglect who are typically isolated (e.g. APS- referred clients)
- 10.  Serious risk of suicide (not imminent)
- 11.  Current enrollment in an ACT/AB2034 program and is aging up in the system (ACT/AB2034 program \_\_\_\_\_ )

**Provide Detail for Any Checked Items:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Chronic Homeless HUD:** A person sleeping in a place not meant for human habitation or emergency shelter with a disabling condition who has been continuously homeless for a year or more and/or an individual who has had 4 episodes of homelessness in the past three years.

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## LEVEL OF SERVICE

Individual's Name: \_\_\_\_\_  
DMH IS#: \_\_\_\_\_

**Check ONE ONLY:**

- Unserved (Not receiving mental health services)
  - History of mental health services, but none currently\*       No prior mental health services
- Underserved (Receiving some MH services, though insufficient to achieve desired outcomes)\*
  - FCCS       Outpatient       PEI       Other: \_\_\_\_\_
- Inappropriately served (receiving some MH services, though inappropriate to achieve desired outcomes because of cultural, ethnic, linguistic, physical, or other needs specific to the client)\*

\*If client has received community-based mental health services within the last 6 months, (1) identify the program(s); (2) indicate the type and frequency of services; and (3) explain why the services are insufficient/inappropriate to achieve desired outcomes:

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## DIAGNOSTIC CONSIDERATIONS

Primary DSM-IV-TR Diagnosis: \_\_\_\_\_ Dual Diagnosis (X Code): \_\_\_\_\_

**Check All that Apply to Individual:**

- |   |  |
|---|--|
| <input type="checkbox"/> Aggressive Ideation                        | <input type="checkbox"/> Inappropriate Sexual Acts                           |
| <input type="checkbox"/> Aggressive Acts (by history or current)    | <input type="checkbox"/> Psychiatric Hospitalizations (Indicate dates below) |
| <input type="checkbox"/> Aggressive Threats (by history or current) | <input type="checkbox"/> Suicidal Ideation/Attempts                          |
| <input type="checkbox"/> Fire Setting Ideation or Acts              | <input type="checkbox"/> Symptoms of Psychosis                               |
| <input type="checkbox"/> Inappropriate Sexual Ideation              | <input type="checkbox"/> Tarasoff Notifications (past or current)            |
|   | <input type="checkbox"/> Other _____   |

Provide Detail for Any Checked Items: \_\_\_\_\_

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**Fax** completed Referral and Authorization Form to **Impact Unit Coordinator:**

Veronica Quintana      (213) 738-3492  
Carol Sagusti            (213) 738-3492



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# DISPOSITION

Individual's Name: \_\_\_\_\_  
DMH IS#: \_\_\_\_\_

TO BE COMPLETED BY SERVICE AREA IMPACT UNIT

DATE RECEIVED: \_\_\_\_\_

NOT PRE-AUTHORIZED FOR ENROLLMENT (Explain reason for decision and plan for linkage to other services):  
\_\_\_\_\_  
\_\_\_\_\_

PRE-AUTHORIZED FOR ENROLLMENT:

Name of FSP Agency: \_\_\_\_\_ Provider # \_\_\_\_\_

FSP Agency Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Service Area: \_\_\_\_\_ Supervisorial District: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Impact Unit Representative: \_\_\_\_\_ Date: \_\_\_\_\_

(Fax completed Referral and Authorization Form to Impact Unit for your Service Area)

FSP AGENCY HAS COMPLETED OUTREACH & ENGAGEMENT AND (Check only one box below):

FIRST FACE TO FACE CONTACT DATE: \_\_\_\_\_

- REQUESTS AUTHORIZATION TO ENROLL
- AGENCY DECLINES TO ENROLL, BUT INDIVIDUAL IS ELIGIBLE FOR FSP (Must complete FSP Appeal Form)
- INDIVIDUAL DOES NOT AGREE TO SERVICES (Explain reason for decision and plan for linkage to other services)
- IS DEEMED INELIGIBLE FOR FSP SERVICES (Explain reason for decision and plan for linkage to other services)

FSP Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED FINAL AUTHORIZATION, BUT INDIVIDUAL NEVER ENROLLED AND/OR NOW DOES NOT AGREE TO SERVICES AND NO FSP UNITS OF SERVICE WERE EVER BILLED (Explain reason for decision and plan for linkage to other services)  
\_\_\_\_\_  
\_\_\_\_\_

FSP Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY FSP AGENCY

NOT AUTHORIZED FOR ENROLLMENT (Explain reason for decision): \_\_\_\_\_

AUTHORIZED FOR ENROLLMENT  
Countywide Programs Representative: \_\_\_\_\_ Date: \_\_\_\_\_

PREVIOUS FSP ENROLLMENT WITHIN 365 DAYS  YES  NO AGENCY \_\_\_\_\_

AUTHORIZED REFERRAL INACTIVE. INDIVIDUAL NEVER ENROLLED AND NO UNITS OF SERVICE BILLED  
Countywide Programs Representative: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY COUNTYWIDE ADMIN.

↓↓ TO BE COMPLETED BY SERVICE AREA IMPACT UNIT ↓↓

REFERRAL SOURCE NOTIFIED OF DISPOSITION on \_\_\_\_\_ by \_\_\_\_\_  
Date Impact Unit Representative

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH



FULL SERVICE PARTNERSHIP APPEAL FORM

DATE: \_\_\_\_\_  Child  TAY  Adult  Older Adult

Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

CLIENT LAST NAME: \_\_\_\_\_ CLIENT FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DMH IS#: \_\_\_\_\_

Reason for Appeal (Check ONE Only):

- Reasons for appeal including decline to enroll, denied permission to enroll, disenroll, and transfer.

Explain Reason for Appeal:

Large empty box for explaining the reason for appeal.

Fax completed Appeal Form and copy of denied request to appropriate Service Area District Chief.

TO BE COMPLETED BY SERVICE AREA DISTRICT CHIEF

District Chief Name: \_\_\_\_\_ Service Area: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

DISPOSITION:  APPEAL APPROVED  APPEAL DENIED

Explain Reason for Decision: \_\_\_\_\_

Service Area District Chief Signature: \_\_\_\_\_ Date \_\_\_\_\_ Countywide District Chief Signature: \_\_\_\_\_ Date \_\_\_\_\_

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards.

# AUTHORIZATION FOR REQUEST OR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH ("LACDMH")

**CLIENT:**

_____ Name of Client/Previous Names	_____ Birth Date	_____ MIS Number
_____ Street Address	_____ City, State, Zip	

**AUTHORIZES:**

**DISCLOSURE OF PROTECTED HEALTH  
INFORMATION TO:**

Potential landlords and employers participating in the DMH Housing and  
Employment Programs

_____ Name of Agency	_____ Name of Health Care Provider/Plan/Other
_____ Street Address	_____ Street Address
_____ City, State, Zip Code	_____ City, State, Zip Code

**INFORMATION TO BE RELEASED:**

<input type="checkbox"/> Assessment/Evaluation	<input type="checkbox"/> Results of Psychological Tests	<input type="checkbox"/> Diagnosis
<input type="checkbox"/> Laboratory Results	<input type="checkbox"/> Medication History/	<input type="checkbox"/> Treatment
<input type="checkbox"/> Entire Record (Justify)	Current Medications	
<input checked="" type="checkbox"/> Other (Specify): The fact that you are receiving mental health services.		

**PURPOSE OF DISCLOSURE:** (Check applicable categories)

Client's Request  
 Other (Specify):

This program assists clients in finding and maintaining jobs and housing. In order to successfully do this we have developed relationships with potential employers and landlords that know that we work with clients who are receiving mental health services. If you refuse to sign this authorization DMH will not be able to contact potential employers and landlords on your behalf to assist you with finding and maintaining jobs and housing.

Will the agency receive any benefits for the disclosure of this information?  Yes  No

I understand that PHI used or disclosed as a result of my signing this Authorization may not be further used or disclosed by the recipient unless such use or disclosure is specifically required or permitted by law.

**EXPIRATION DATE:** This authorization is valid until the following date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year



## AUTHORIZATION FOR REQUEST OR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH (“LACDMH”)

### YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

**Right to Receive a Copy of This Authorization** - I understand that if I agree to sign this authorization, which I am not required to do, I must be provided with a signed copy of the form.

**Right to Revoke This Authorization** - I understand that I have the right to revoke this Authorization at any time by telling DMH in writing. I may use the Revocation of Authorization at the bottom of this form, mail or deliver the revocation to:

\_\_\_\_\_  
Contact person

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

I also understand that a revocation will not affect the ability of DMH or any health care provider to use or disclose the health information for reasons related to the prior reliance on this Authorization.

**Conditions.** I understand that I may refuse to sign this Authorization without affecting my ability to obtain treatment. However, DMH may condition the provision of research-related treatment on obtaining an authorization to use or disclose protected health information created for that research-related treatment. (In other words, if this authorization is related to research that includes treatment, you will not receive that treatment unless this authorization form is signed.)

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

\_\_\_\_\_  
**Signature of Client / Personal Representative**

\_\_\_\_\_  
Date

If signed by other than the client, state relationship and authority to do so: \_\_\_\_\_

### **REVOCAION OF AUTHORIZATION**

**SIGNATURE OF CLIENT/LEGAL REP:** \_\_\_\_\_

**If signed by other than client, state relationship and authority to do so:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

## CERTIFICATION OF ACCURACY OF OUTCOME DATA

By signing below, I certify that this data set has been reviewed and accurately reflects the status changes occurring in my program for the period

between \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
**Print Name** of Program Manager

\_\_\_\_\_  
**Signature** of Program Manager

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency Name**

\_\_\_\_\_  
**Program Name**

Data certification is due within 14 calendar days of the certification request. The completed Certification of Accuracy of Outcome Data form should be faxed and then mailed to the appropriate Countywide Programs Administration:

<p><u>For Child MHSA Programs:</u></p> <p>County of Los Angeles – Department of Mental Health 600 Commonwealth Ave., 6<sup>th</sup> Floor Los Angeles, CA 90005 Fax: (213) 252-0238 ATTN: Children’s MHSA Program Manager</p>	<p><u>For Adult MHSA Programs:</u></p> <p>County of Los Angeles – Department of Mental Health 550 S. Vermont Ave., 12<sup>th</sup> Floor Los Angeles, CA 90020 Fax: (213) 381-5497 ATTN: Adult Systems of Care MHSA Program Manager</p>
<p><u>For TAY MHSA Programs:</u></p> <p>County of Los Angeles – Department of Mental Health 550 S. Vermont Ave, 4<sup>th</sup> Floor Los Angeles, CA 90020 Fax: (213) 639-1804 ATTN: TAY MHSA Program Manager</p>	<p><u>For Older Adult MHSA Programs:</u></p> <p>County of Los Angeles – Department of Mental Health 550 S. Vermont Avenue, 6<sup>th</sup> Floor Los Angeles, CA 90020 Fax: (213) 351-2493 ATTN: Older Adult MHSA Administration Program Manager</p>



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

FULL SERVICE PARTNERSHIP DISENROLLMENT REQUEST FORM

(To be use ONLY if Client has been enrolled in FSP with FSP services rendered and claimed in the Integrated System)

DATE: \_\_\_\_\_  Child  TAY  Adult  Older Adult

Agency: \_\_\_\_\_ Prov. #: \_\_\_\_\_ SA: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

CLIENT LAST NAME: \_\_\_\_\_ CLIENT FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DMH IS#: \_\_\_\_\_

ENROLLMENT DATE: \_\_\_\_\_ REQUESTED DISENROLLMENT DATE: \_\_\_\_\_

Reason for Disenrollment (Check ONE Only -Must Send Supporting Documentat[i]o[n]):

Target population criteria are not met. Briefly Explain: \_\_\_\_\_

Client decided to discontinue Full Service Partnership participation after Partnership established.

Client moved to another county/service area. Aftercare Arrangements: Briefly describe any referrals made or any linkages to ongoing care. Include date of referral, facility name, contact name and phone number:

\_\_\_\_\_

After repeated attempts to contact Client, Client cannot be located. Date of last face-to-face contact: \_\_\_\_\_ Date of last check of DMH IS: \_\_\_\_\_ Date of last check of jail/juvenile justice system: \_\_\_\_\_

Outreach Efforts: Briefly describe your attempts to locate client. Make reference to progress notes that document your efforts:

\_\_\_\_\_

Community services/program interrupted – Client’s circumstances reflect a need for residential/institutional mental health services at this time (such as, IMD, MHRC, State Hospital).

Community services/program interrupted – Client will be detained in juvenile hall or will be serving camp/ranch/CYA/jail/prison sentence.

Client has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate. (Please include a copy of the Client Care & Coordination Plan and summary of how the goals were met.)

Client deceased Date of death: \_\_\_\_\_

Impact Unit Decision

IU Signature \_\_\_\_\_ Date \_\_\_\_\_

PRE-AUTHORIZED  NOT PRE-AUTHORIZED\*

Countywide Programs Decision

CW Programs Signature \_\_\_\_\_ Date \_\_\_\_\_

AUTHORIZED  NOT AUTHORIZED\*

NOTE: Upon Countywide's authorization to disenroll, Agency is responsible for closing the FSP episode in the integrated system, but ONLY after the final OMA assessment has been completed.

\*Requires completion of Supplemental Form

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

FULL SERVICE PARTNERSHIP TRANSFER REQUEST FORM

Child TAY Adult Older Adult (If transfer between age groups, please check the receiving age group above as your selection)

DATE: Agency: Prov. #: SA: Contact Person: Phone: Fax: E-mail: CLIENTL AST NAME: CLIENT FIRST NAME: DOB: SSN: DMH IS#:

ENROLLMENT DATE: REQUESTED TRANSFER DATE: NEW/RECEIVING PROGRAM/AGENCY: Prov. #: SA: New Address: City: Zip: Contact Person: Phone:

Reason for Transfer (Check ONE Only): Client requested a transfer. Client has moved out of Service Area. Client has moved within Service Area but closer to another FSP agency. Client's Linguistic/cultural needs. Client aged out of current services and/or client's clinical needs are better served by other age group.

AGE GROUP TRANSFERRING FROM: Child TAY Adult Older Adult

Other:

Briefly explain checked reason for transfer:

Empty box for explaining the checked reason for transfer.

FSP Provider Acknowledgement

Current FSP Provider Date Receiving FSP Provider Date

Impact Unit Decision

PRE-AUTHORIZED NOT PRE-AUTHORIZED PRE-AUTHORIZED NOT PRE-AUTHORIZED Current IU Signature Date Receiving IU Signature Date

Countywide Programs Decision

AUTHORIZED NOT AUTHORIZED AUTHORIZED NOT AUTHORIZED

If Age Group Transfer:

Current CW Signature Date Receiving CW Signature Date

\* Requires completion of Supplemental Form

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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH



**FULL SERVICE PARTNERSHIP  
DISENROLLMENT/TRANSFER  
REQUEST  
SUPPLEMENTAL FORM**

CLIENT LAST NAME: \_\_\_\_\_ CLIENT FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DMH IS#: \_\_\_\_\_

**↓↓ TO BE COMPLETED BY IMPACT UNIT ↓↓**

**NOT PRE-AUTHORIZED FOR DISENROLLMENT/TRANSFER**

(Explain reason for decision and indicate status of client):

Impact Unit Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**↓↓ TO BE COMPLETED BY COUNTYWIDE PROGRAMS ADMINISTRATION ↓↓**

**NOT AUTHORIZED FOR DISENROLLMENT/TRANSFER**

(Explain reason for decision and indicate status of client):

Countywide Programs Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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**FULL SERVICE PARTNERSHIP  
REINSTATEMENT AUTHORIZATION FORM**  
Only to be Used Within 60 Days of Disenrollment

**REFERRAL INFORMATION**

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DMH IS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ CURRENT LIVING SITUATION: \_\_\_\_\_

Most Recent Full Service Partnership Disenrollment Date: \_\_\_\_\_

Most Recent Full Service Partnership Provider: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Reason for Reinstatement: (what has happened since disenrollment that indicates why the client needs continued FSP services)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider requesting reinstatement (if different from most recent provider): \_\_\_\_\_

Provider Number: \_\_\_\_\_ Phone Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Conservator ?  Yes  No Whom ? \_\_\_\_\_

Insurance:  Medi-cal  Medicare  V.A  Private  None



**DISPOSITION**

Individual's Name: \_\_\_\_\_  
DMH IS#: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

**To be completed by Service Area Impact Unit:**

- Authorized for Reinstatement
- Not authorized for Reinstatement

**Impact Unit Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by FSP Agency:**

- Accept Reinstatement
- Agency Declines to Reinstatement

**FSP Agency Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by Countywide Administration:**

- Authorized for Reinstatement

**Countywide Programs Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Not Authorized for Reinstatement: (explain reason)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Authorized Reinstatement inactive. Individual was never enrolled and no units of service billed

**Countywide Programs Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# TRANSFER OF SINGLE FIXED POINT OF RESPONSIBILITY (SFPR)

**Intra-agency Transfer of SFPR**

**Existing SFPR Information:**

Individual/Team/Position: \_\_\_\_\_ Rendering Provider #: \_\_\_\_\_  
(If Individual)

**New SFPR Information:**

Individual/Team/Position: \_\_\_\_\_ Rendering Provider #: \_\_\_\_\_  
(If Individual)

Update Primary Therapist to the above New SFPR

**Inter-agency Transfer of SFPR**

Form completed by:  Existing SFPR  New SFPR  Other \_\_\_\_\_

**Existing SFPR Information**

Person authorizing transfer: \_\_\_\_\_ Title/Discipline: \_\_\_\_\_ Phone #: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider #: \_\_\_\_\_

**New SFPR Information**

Individual/Team/Position: \_\_\_\_\_ Phone #: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Rendering Provider #: \_\_\_\_\_  
(If Individual) Provider #: \_\_\_\_\_

**Transfer of Information**

The following forms:  Will be sent  Have been sent  Have been received  Should be sent

Assessment  Client Care/Coordination Plan  Discharge Summary

Payor Financial Info.  Other: \_\_\_\_\_ Date Sent/Received: \_\_\_\_\_

Person sent to/receiving forms: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Our agency has been in contact with the client and transferring SFPR and accepts SFPR responsibilities as stated in DMH Policy 202.31 "Single Fixed Point of Responsibility" and the LACDMH Organizational Provider's Manual.**

Signature of New SFPR: \_\_\_\_\_ Date: \_\_\_\_\_

**Data Entry:** (to be completed by clerical staff)

Existing SFPR deleted in the IS by: \_\_\_\_\_ Deleted on: \_\_\_\_\_

New SFPR entered in the IS by: \_\_\_\_\_ Entered on: \_\_\_\_\_

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.

Name: \_\_\_\_\_ IS#: \_\_\_\_\_  
Agency: \_\_\_\_\_ Provider #: \_\_\_\_\_  
**Los Angeles County – Department of Mental Health**

## TRANSFER OF SINGLE FIXED POINT OF RESPONSIBILITY (SFPR)

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  
MARK RIDLEY-THOMAS  
ZEV YAROSLAVSKY  
DON KNABE  
MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Date: \_\_\_\_\_

TO: \_\_\_\_\_  
District Chief of Existing SFPR

FROM: (Name) \_\_\_\_\_  
(Agency) \_\_\_\_\_  
(Telephone) \_\_\_\_\_

**SUBJECT: TRANSFER OF SINGLE FIXED POINT OF RESPONSIBILITY (SFPR)**

Attached is a Transfer of SFPR form. Per DMH Policy 202.31 "Single Fixed Point of Responsibility", the involved agencies have agreed to the transfer of SFPR responsibilities. However, following the two requests noted below, the process has not been completed. Therefore, I am requesting your assistance. Below I have listed the Provider and names of the staff to whom I have made the requests. The following actions are needed:

- Delete the SFPR on the IS Client ID screen
- Forward these documents: \_\_\_\_\_

Holder of Existing SFPR \_\_\_\_\_  
Provider Name

Requested of \_\_\_\_\_ on \_\_\_\_\_  
Name Date

Requested of \_\_\_\_\_ on \_\_\_\_\_  
Name Date

Attachment: Transfer of SFPR, MH-530

c: District Chief, Requesting Provider  
Clinic Manager, Existing Provider

*"To Enrich Lives Through Effective And Caring Service"*

# **To Dance With Grace: Outreach & Engagement To Persons On The Street**

by  
Sally Erickson, M.S.W.  
Jaimie Page, M.S.W., L.S.W.

## **Abstract**

Outreach and engagement strategies are critical in helping homeless persons transition from the streets into housing and services. A literature review was conducted and commonalities across populations were found (although the preponderance of literature describes homeless persons with mental illnesses). Definitions, exemplary practice models, values/principles, worker stances, measurable outcomes, and multi-level factors relating to outreach and engagement are presented as well as issues related to research and funding.

## **Lessons for Practitioners, Policy Makers, and Researchers**

- Outreach work is based on a foundation of strong values, principles and unique worker stances
- Engagement is the key in Outreach
- The homeless persons outreach is designed for are those who unserved or underserved by existing agencies and who aren't able or willing to seek services from those agencies
- The goals of outreach are to develop trust, care for immediate needs, provide linkages to services and resources, and to help people get connected to mainstream services and ultimately into the community through a series of phased strategies
- Effective outreach has been demonstrated, with positive outcomes
- Peer based outreach and the use of the expertise of homeless and formerly homeless persons and consumers are valued and should be actively sought out
- Discrimination and marginalization are part of the experience of both outreach clients and workers; as a result, advocacy must take place at all levels
- Outreach services cannot exist in isolation from larger systems: both homeless systems and mainstream systems at community, state, and federal levels
- Outreach services must be included, required, valued, and funded as part of a national and local continuum of care
- More research, including controlled and longitudinal studies, are needed particularly in answering the question of what factors promote success in helping people access mainstream services and resources across homeless outreach populations

The process of outreach and engagement is an art, best described as a dance. Outreach workers take one step toward a potential client, not knowing what their response will

be—will the client join in or walk away? Do they like to lead or follow? Every outreach worker has a different style and is better at some steps than others. To dance with grace, when the stakes are high, is the challenge for all of us.

In the U.S., we now have the benefit of more than ten years of McKinney funding which has made possible scores of outreach programs across the country. Rural and urban, small and large, comprehensive or finite, they reach out to people who are homeless and challenged by poverty, violence, marginalization, poor health, mental illness, substance abuse, and other issues.

This paper will provide definitions; exemplary practice models, including worker stances, values/principles, outreach functions and services, outreach across populations; measurable outcomes; and an extensive bibliography for further inquiry. The preponderance of available literature was published in the late 1980s and early 1990s, and focuses on mental health-related outreach programs. The few outreach-related articles published in recent years perhaps reflect the greater use, acceptance, and integration of existing outreach programs as part of a community's effort to provide a "continuum of care" to persons in need. This paper will present both a review of the literature and experiential information relating to best practices.

Priority Home! (1994) describes the federal plan to break the cycle of homelessness by "public and private mental health, medical, and substance abuse service-providers to initiate street outreach efforts, the utilization of safe havens ... and implementation of a continuum of care..." This federal validation of outreach as an accepted and expected part of a community solution to homelessness, which includes access to housing and services, recognizes the unique efforts of outreach workers across the country.

## **Definitions**

Outreach is the initial and most critical step in connecting, or reconnecting a homeless individual to needed health, mental health, recovery, social welfare, and housing services. Outreach is primarily directed toward finding homeless people who might not use services due to lack of awareness or active avoidance (ICH, 1991; McMurray-Avila, 1997), and who would otherwise be ignored or underserved (Morse, 1987). Outreach is viewed as a process rather than an outcome, with a focus on establishing rapport and a goal of eventually engaging people in the services they need and will accept (ICH, 1991; McMurray-Avila, 1997). Outreach is first and foremost a process of relationship-building (Rosnow, 1988) and that is where the dance begins.

Engagement is a crucial process for successful outreach. It is described as the process by which a trusting relationship between worker and client is established. This provides a context for assessing needs, defining service goals and agreeing on a plan for delivering these services (Barrow, 1988, 1991; ICH, 1991; Winarski, 1994). Some clients require slower and more cautious service approaches (Morse, 1987). The engagement period can be lengthy-and the time from initial contact to engagement can range from a few hours to

two years (ICH, 1991) or longer. Effective workers can "establish a personal connection that provides a spark for the journey back to a vital and dignified life" (Winarski, 1998).

## **Assumptions Of Exemplary Programs**

Based on a review of the literature and best practices found in the field, the following are important elements to address in a good outreach program: characteristics of the population served, values and principles, worker stances/characteristics, and goals of outreach.

Programs cannot assume is that all communities have the same percentages of "types" of homeless people. There is a range in the population that may differ from one region to the next. Rather than basing interventions on formulaic assumptions such as "1/3 mentally ill, 1/3 veterans, 1/4 families," each community needs to assess the characteristics of it's homeless persons, identify service gaps, and develop effective responses. For example, in one city 80 percent of the homeless were single men, while in another, 65 percent were families with children (U.S. News & World Report, 1988).

## **Characteristics Of Homeless Persons Needing Outreach**

Outreach programs attempt to engage individuals who are unserved or underserved by existing agencies (Axelroad, 1987). This distinction is significant because the outreach model was developed to meet the large service gap found among this unique population. An outreach model is unnecessary and even counter-productive with other populations.

Outreach programs serve persons who may have psychiatric disorders and/or substance abuse issues. They may be highly vulnerable and considered "difficult to serve" (Rog, D.J., 1988). They usually cannot negotiate the requirements of or trust traditional service-providers. These persons may have poor health, lack insurance, and are unable to make or keep medical appointments and follow through with complex medical regimes. Homeless youth may be those who are estranged from family and fearful of adult service-providers. Homeless youth are perhaps the most vulnerable group of youths, and are in need of creative and early interventions, in order to prevent an acclimation to street life which includes prostitution, substance abuse, and crime. Further, homeless teens with children are viewed as perhaps the most vulnerable of homeless families (Bronstein, 1996).

Two factors commonly associated with homelessness among women include pregnancy and the recent birth of a baby. Homeless pregnant women experience a range of problems including poverty, isolation, substance abuse, and histories or past and present victimization. A lack of prenatal care and poor nutrition may also exacerbate health problems (Weinreb, et al., 1995).

Other groups include the elderly, women escaping domestic violence, families, and marginalized persons such as those who are transgendered and those in the sex industry.



Many of the people outreach programs attempt to serve are isolated, have minimal resources, minimal access to social services (Sullivan-Mintz, 1995; ICH, 1991), have had negative experiences with service-providers (McMurray-Avila, 1997), and have been victims of violence (Goodman, et al., 1995; Weinreb, et al., 1995). Workers give priority to those who are most at-risk who are least likely to seek out and successfully access available services, for whatever reason: fear, mental status, lack of insight and motivation, or low self-esteem. Rog (1988) describes the need to reduce barriers to service-utilization and facilitate the engagement process. Workers may also encounter persons who are able to access services and can help by providing one-time information and direction, but the focus is on the former group.

## **Values & Principles Of Outreach**

Successful outreach programs must be based on a core set of values and principles which drive interventions. Values and principles also serve to set the stage for developing realistic goals in an arena of limited resources and potentially slow progress.

- A person orientation: Exemplary programs possess a philosophy which aims to restore the dignity of homeless persons, dealing with clients as people (Axelroad, 1987; Wobido, 1990).
- Recognizing clients' strengths, uniqueness, and survival skills.
- Empowerment & self-determination: (Sullivan-Mintz, 1995) Workers can facilitate this by presenting options and potential consequences, rather than solutions (Rosnow, 1988), by listening to homeless persons rather than "doing" for them, and by ensuring a balance of power between homeless individuals and outreach workers (Rosnow, 1988).
- Respect for the recovery process (Winarski, 1994): Behavior change is on a continuum. Small successes are recognized. Any move toward safer/healthier activities is viewed as a success. Clients need to recognize for themselves how change may be beneficial, in relation to their own goals.
- Client-driven goals (Winarski, 1994): Services and strategies are tailored to meet the individuals' unique needs and characteristics (Morse, 1987). Workers start with clients' perceived needs and go from there.
- Respect (Cohen and Marcos, 1992): Workers are respectful of people, including their territory and culture. Outreach workers view themselves as a guest and make sure they are invited, welcome, or at least tolerated. Workers must take care not to interrupt the lifestyle of the people they are trying to help. Lopez (1996) makes the point that clients don't lose the right to be left alone in the privacy of their home even when that client calls the streets home. Clients are viewed as the experts in their life and on the streets. The worker takes the role of consultant into that lifestyle.
- Hope: Workers instill a sense of hope for clients while helping them maintain positive, realistic expectations. Unrealistic expectations may bring on clients' cycles of frustration, despair, and hopelessness, as well as anger at the outreach worker. The worker restores hope in clients who have faced years of disappointment as well as reframes raised expectations. The worker needs to

- communicate to the client that changes may take considerable time, effort, and patience (Morse, 1991).
- Kindness: People are always treated with warmth, empathy and positive regard, regardless of their behavior or presentation.
  - Advocacy: Workers advocate for social justice on many levels.

## **Outreach Worker Stances/Characteristics**

There are common worker stances/characteristics found among successful outreach workers and programs. These characteristics are critical because successful engagement will largely be determined by the relationship between clients and workers. Effective worker stances/characteristics include:

- Good judgment, intuition and street sense: this includes safety for themselves and the client-being observant and vigilant, as well as using good common sense. Strategies include going out with a partner, avoiding closed, remote or dangerous areas, developing a relationship with local police (Winarski, 1998), carrying a cellular phone, dressing appropriately, and assessing situations before acting.
- Non-judgmental attitude (ICH, 1991): Regardless of the worker's personal beliefs, no behavior on the part of the client is morally judged.
- Team player: Workers must know when to ask for help, from getting backup on the streets to a second opinion in clinical assessments. Outreach staff must have a strong commitment to the "team" approach to service delivery (Axelroad, 1987; Wobido, 1990).
- Flexibility (Rosnow, 1988; ICH, 1991): Outreach workers are flexible in reassessing daily work priorities, in setting work schedules, and in the treatment planning process (Morse, 1987), and content.
- Realistic expectations: Workers have an "expectation of non-results." They understand that they will not be able to "cure" or "save" clients (Axelroad, 1987; ICH, 1991), and at the same time continue to persevere.
- Commitment: Outreach workers are both consistent and persistent in their dealings with clients (Axelroad, 1987; Wobido, 1990). They do what they say they are going to do and only make promises they can keep (Sullivan-Mintz, 1995). They are in it "for the long haul" and continue to persevere.
- Less is more. At the outset of intervention, there is less application of intensive and costly treatment, less professional distancing, less rigidity, less intrusiveness, and less directiveness (Rosnow, 1988). Services offered are purely voluntary (Cohen, 1989).
- Altruism: Staff find rewards in doing outreach work, such as a spiritual commitment to helping others, furthering an academic interest, or simply enjoying the process of working with individuals (Axelroad, 1987).
- Sense of humor: the ability to use humor at appropriate times, as well as maintaining as sense of humor during difficult times is essential.
- Creativity & resourcefulness are strengths that outreach workers tap into daily.
- Cultural competency: Workers demonstrate competence across ethnicity, gender, transgender, lifestyle, and age spectrums.

- Resilience: Workers are resilient and patient in a work environment marked by high turnover, difficulty tracking clients (McQuiston, et al., 1996), high stress, lack of resources, and lack of immediate improvement in the clients they serve. Effective workers are able to continue working despite the difficulties endured by their clients, without personalizing them.

Outreach programs vary in relation to considering credentials, ethnicity, or gender when hiring outreach workers. People with a variety of backgrounds may function as mental health outreach workers: physicians, social workers, nurses, nurse-practitioners, and para-professionals. Some programs employ formerly homeless persons with mental illnesses (Axelroad, 1987; Morse, 1987). A survey of ACCESS programs reported that 75 percent of programs do not require a bachelor's degree for an outreach worker. More important were characteristics such as a personal commitment to the work, flexibility, and a willingness to adjust schedules to the needs of the clients (Wasmer, 1998).

Some programs state that it is not necessary to have workers of the same ethnicity, cultural background or gender as the clients, nor who have a lot of street experience. They further state that the only essential characteristic is a common language (Axelroad, 1987; Nasper, 1992). However, an outreach team of two males in Milwaukee found that they had served 80-90 percent men and had difficulty establishing trust with homeless women. As a result, they now have mixed gender teams (Rosnow, 1988). Agencies promote an equal opportunity atmosphere, and the staff composition mirrors that of the general population.

Many outreach programs successfully use mental health consumers as outreach workers (Tosh, 1990 and 1993, and Lieberman, et al., 1991) and/or formerly homeless persons (Mullins, 1994). The benefits of such peer models allow for effective outreach, sharing of their personal expertise, fostering of partnerships between consumers and non-consumers, increased self-esteem of the working peers, and the evolution of consumers becoming active in changing services throughout the country.

**Consumers/peers/formerly homeless persons can contribute significantly in the development of program design, implementation, and evaluation. Their expertise should be actively sought out by outreach programs. To be sure, homeless persons and formerly homeless persons have expertise, skills, and insight that professionals who have never experienced homelessness lack.** Programs recognize that peers working in homeless and mental health fields often endure the pressures of maintaining their own housing and overcoming stigma (Tosh, 1993), allow for reasonable accommodations to assist them, and offer training and on-going meetings (Lieberman, et al., 1991).

## **Goals of Outreach**

There are four main goals of outreach found across different areas of outreach client populations. The first is to care for immediate needs (Plescia, 1997), including to ensure safety, provide crisis intervention, refer to immediate medical care, and help clients with immediate clothes, food, and shelter needs. Workers must develop a trusting relationship

(Plescia, 1997; Cohen and Marcos, 1992; Sullivan-Mintz, 1995) in order to achieve the additional goals of providing services and resources, whenever and for as long as needed (Winarski, 1998). Lastly, workers aid in connecting clients to mainstream services (Plescia, 1997).

An inherent factor related to these goals is the notion of phasing. Objectives are developed and reached over a period of time with small steps that are directed to a more structured, service-oriented goal. Persons often phase from accepting food from the outreach worker, to developing trust, to discussing a goal that in part can be achieved through services provided in the community and to accepting those services. Case management goals are gradually developed by both the client and worker. Outreach and engagement principles carry over into case management and are viewed as an ongoing process. As trust develops, clients take a more active role in setting and achieving case management goals. Ultimately, the goal is to successfully phase or integrate persons into the community and/or into a social service agency (ies) which would assume the task of promoting community integration. Just as clients are phased into outreach services from the streets, they are phased into the community from outreach.

## **Outreach Service Structure**

There are at least three ways of classifying outreach models found in the literature. One set looks at a linkage model versus a continuous relationship model. A second set looks at a mobile versus fixed model. A third set describes models based on a service continuum.

### **Linkage vs. Continuous Relationship Model**

Some outreach programs serve as linkages, referring clients to mainstream mental health or other service-providers. Examples of "find and link" programs are New York's Project HELP, which conducts in-vivo assessments and delivers people to the psychiatric hospital by voluntary and involuntary means, and Chicago's Mobile Assessment Unit (MAU), that visits shelters and streets to identify mentally ill persons and link them to resources (Wasmer, 1998). Other examples may include linking temporarily displaced families with housing.

Linkage-only programs that do not provide follow-up tracking have been determined to be ineffective for some disabled populations. A 1986-87 study of 13 federally funded homeless mental health demonstration programs reported that most outreach programs were running ineffective models. Many spent the majority of their time in screening and identifying individuals and providing verbal referrals, but little follow-up assistance. One project contacted 430 eligible persons, yet only 22 received follow-up mental health treatment. Five found housing and three received entitlements (Hopper, et al., 1990 in Morse, 1996).

Providing linkage-only services to certain homeless populations can lead to barriers and service gaps, resulting in lost clients. Morse (1991, 1996) suggests strategies to increase the effectiveness of this model: incorporate the expectation of an eventual service-

provider transition early in the engagement and service-planning with a client; remain involved and actively involve the client in the referral process, including scheduling appointments, arranging transportation, and providing emotional support; work with the linkage site staff, informing them about client needs and characteristics; provide follow-up support as needed to both client and new staff; and provide advocacy on behalf of the client if needed.

In a continuous relationship model, workers perform outreach and continue on as the person's case manager. Outreach has been shown to be a necessary component of ongoing case management for mentally ill clients. Axelroad and Toff (1987), point out the difficulty in distinguishing outreach from case management for homeless mentally ill persons for two reasons. First, the fragility of the population requires trust and continuity of care when helping clients move from an outreach phase to a treatment phase. Second, outreach workers must often provide case management services because of the frequent shortage of appropriate and relevant case management services for which to refer clients.

The drawbacks to the continuous relationship model are small recommended caseloads, 10:1, which may be unrealistic for many agencies, and little capacity to outreach with new clients (Morse, 1991, 1996). However, the approach has been shown to be effective at maintaining contact with clients and housing retention (Morse, 1996). In addition, outreach workers may prefer the excitement, lack of structure, and immediacy of outreach. For this and other reasons related to individual personality traits, some outreach workers may not be as effective as case managers.

At Safe Haven in Honolulu, outreach workers opted for the continuous relationship model out of necessity when they were unable to transition "graduated" residents to case managers at the community mental health centers. Historically, the engagement strategies used in interaction between clients and outreach workers have been substantially different from strategies used at traditional service settings, leaving clients with little incentive to transition to a less user-friendly service-provider. Outreach roles expanded to encompass case management and advocacy, and they remained connected with clients through follow-up. Perhaps as a result, a majority of Safe Haven clients have successfully transitioned into the community. In Safe Haven's first 28 months, 43 residents transitioned from the program—63 percent into permanent independent housing, with 98 percent of these retaining their housing.

### **Mobile vs. Fixed**

Outreach may be mobile or fixed depending on the needs of the target population (Sullivan-Mintz, 1995). Outreach may take place on the streets, as well as in shelters, drop-in centers, emergency rooms, hospitals, and jails (Axelroad, 1987; Morse, 1987). The mobile model requires that the projects be "equipment heavy," including agency vehicles/vans, employee cars, and communication systems such as pagers, cellular phones, and walkie-talkies (Wasmer, 1998).

Based on a review of the literature (Winarski, 1994, 1998; ICH 1991; Morse, 1996) and review of best practices in the field, several outreach functions/services are common among exemplary outreach programs.

## **Determine the Target Population**

Outreach programs cannot serve all potential clients. Exemplary programs have clearly defined program goals and objectives. Some programs target a subset of the population, such as persons with mental illnesses, and others limit outreach to a particular geographic or "catchment" area (ICH, 1991).

If geographic limits or catchment areas are a defining factor in determining the target population, then the size of the area allows for repetitive contact. Knowing fewer clients better is the goal. Workers have the flexibility to leave this zone and follow their potential clients elsewhere (McQuiston, 1996). If a client is determined to be out of the mission of the outreach program, provisions can be made for referring non-target clients to the appropriate programs. (ICH, 1991).

## **Locate Street Dwellers**

Once workers identify the target population, the next task is to locate them. Individuals can be found under bridges and freeway overpasses, alleys, parks, and vacant lots. In rural areas or on the fringes of urban areas, outreach workers may go to the beaches, riverbanks, foothills, wooded areas or desert. They may be in public facilities such as libraries, airports, and bus stations. They may be in places where people live on the edge of homelessness, such as welfare hotels, cheap motels, and SROs. Some teams have special arrangements with jails, detox/treatment programs or other institutions, to enter and make contact with ongoing clients or potential clients regarding available services on their release (McMurray-Avila, 1997).

Sometimes homeless persons will serve as voluntary scouts for outreach workers, alerting them to homeless persons who appear to be in need of intervention. Volunteer homeless persons can also help outreach workers locate clients who have been missing for some time. Outreach coalitions, comprised of outreach workers from different agencies, can meet periodically and help each other locate missing clients, as well as help each other stay on top of recent trends in geographic concentrations of homeless persons.

Outreach conducted by peers, such as youth, substance users, or sex industry workers, can be effective in locating, engaging, and completing assessments of the clients perceived needs. When going out in teams with non-peer professionals, they are able to introduce professionals to participants on the streets. **Youth who serve as peers/mentors for other homeless youth, for example, help convey a sense of understanding of the factors that may have led them to become homeless such as abuse and share resource information, teach safety, and help make a bridge between street life and the world of "professional" adults whom they generally don't initially trust.** Hiring program participants encourages increased feelings of self-esteem and empowerment on



the part of participants and generates empathetic, effective outreach staff (Mullins, nd). **An effective outreach program for at-risk HIV youth in the sex industry in New York provides training to peer youth outreach workers, a support group, an active and real voice in program development, and a stipend for their work. These youth outreach workers have been successful in saving lives and reducing risk associated with their lifestyle and that of their peers in a way that adults could not have.**

## **Engagement**

Engagement is a crucial, on-going, long-term process necessary for successful outreach (Morse, 1991, 1997). In a study of five New York outreach programs, homeless mentally ill clients first contacted by outreach workers were engaged an average of 3.9 months before intensive services began (Barrow, 1988).

Engagement reduces fear, builds trust, and sets the stage for "the real work" to begin (Cohen, 1987). Morse (1991) classifies engagement in terms of four "stages": 1) setting the stage, 2) initial engagement tactics, 3) ongoing engagement tactics, and 4) proceeding with the outreach/maintaining the relationship.

Setting the stage: Workers become a familiar face and begin to establish credibility in places where homeless persons frequent (Morse, 1991). They use a non-threatening stance/approach (Cohen and Marcos, 1992), and get some kind of permission from the client, either verbal or non-verbal, before approaching. In these early stages, workers gently cease interactions that appear too overwhelming to clients and try again later.

Initial engagement tactics: Workers attempt to engage the potential client in conversation, beginning with non-threatening small talk (Morse, 1991). This allows workers to assess for signs of problems and also the impact of the interaction. Is the client feeling intruded upon (Morse, 1991)? Workers provide incentive items (Cohen, 1989; Cohen and Marcos, 1992) such as food, drinks, condoms, cigarettes, vitamins, toiletries, etc., with real and perceived benefits that promote trust.

Ongoing engagement tactics: Workers begin to "hang out" and "share space" with clients (Morse, 1987). As clients become more comfortable, workers begin to provide or help the client to meet some important needs that can be easily solved or obtained. This might include providing transportation to get clothes, linking the client with medical care, and providing incentive services that are based on clients' perceived needs (Cohen, 1989). Engagement strategies used in the initial phase continue.

Proceeding with outreach/maintaining the relationship: As trust is established, workers help clients define service goals and activities, which may include the pursuit of housing, income, and medication (Morse, 1991). Staff accompany clients to appointments, help them prepare for upcoming tasks, and assist in the negotiation of service settings.

At Honolulu's Health Care for the Homeless Project, staff use six simple engagement strategies in their interactions with diverse groups.

- Treating people with positive regard, by demonstrating that workers are glad to see them and care about them. Workers remember details of past encounters and discussions. Workers are honest, humble, and share information about themselves when appropriate, to equalize power and respect.
- Working with their perceived needs
- Providing incentive items and services, as listed above.
- Letting clients set the pace whenever possible
- Communicating effectively, both verbally and non-verbally. For example, workers get to the client's level. If the client is sitting on the curb, the worker sits on the curb. Workers gauge the expression of language so that it fits with that of the client's in terms of vocabulary, speed, eye contact, and culturally relevant responses.
- Being creative. For example, an outreach dog is used by one worker. A pet is a great ice-breaker and has been effective in connecting with some paranoid and very isolated mentally ill persons. One woman who would previously never speak to workers, will now talk to the dog (but still not to the worker), providing opportunities for ongoing assessments, and topics for future discussions. Staff use art as an engagement tool, and incorporate client interests, like hobbies, books, and collections, in incentive items and discussions. When possible, outreach workers transfer engagement strategies on the streets to the clinics, where clients can receive further care. For example, a drawing by a client on the streets might be displayed in the clinic where pertinent services are offered. **Other effective programs use creativity as an outreach foundation and reach out and engage homeless persons through such non-traditional approaches as the use of theater, the arts, and creative grass-roots community organizing.**

## Assessment

Workers need to conduct an assessment of an individual's comprehensive, holistic needs before providing services and linkages to meet these needs (Morse, 1987). The assessment process is informal and usually takes place over time. Outreach workers, rather than asking direct questions, may make inferences (Cohen and Marcos, 1992) about an individual's mental and physical state. As the relationship builds, workers may be able to ask more direct questions as they try to get more history.

The crises faced by many homeless persons are usually related to basic survival, such as lack of food and water, lack of clothing, exposure, poor health, and deteriorated mental status. Outreach workers must initially provide basic triage assessment to help identify and respond to potential life-threatening problems.

When clients are experiencing potentially life-threatening problems such as dangerousness to self or others, serious medical problems, or exposure to extreme cold or heat, outreach workers must be prepared to intervene. Whenever possible, workers should encourage clients to voluntarily accept treatment, and present this treatment within the context of the client's perceived needs. When the situation is life-threatening, workers should be prepared to initiate involuntary treatment or interventions that will reduce

harm. Clinical supervision in this situation is highly recommended so as to not infringe upon clients' rights and self-determination.

## **Provide Basic Support**

In response to a lack of homeless persons being able to get their basic needs met, workers help them to access food, clothing, shelter (Axelroad, 1987), showers, laundry, and basic medical care. **In some cases, homeless persons may not perceive these as basic needs, particularly in the case of those with severe mental illness who have decompensated and/or those with chronic substance use problems. They may perceive other needs as more important. In these cases, workers can educate people about the resources available when they're ready for them, encourage them to use them when needed, accompany them to the service sites, and suggest what may be a marriage of the worker's perception of what the homeless person may need, and what the person him/herself feels they need.**

## **Linkage**

Outreach programs should attempt to engage individuals who are unserved or underserved by existing agencies, and link them to resources. Many persons who are homeless are unaware of what is available (McMurray-Avila, 1997). Effective workers learn about available resources and establish working relationships with the people who provide these resources. Workers also tap into the knowledge of other homeless persons, who are often more aware of details and subtleties of changing resources. **Effective workers are able to make durable linkages across systems: homeless/non-homeless systems, youth to adult systems, and across private and public systems. When these systems aren't user friendly to homeless persons, workers advocate for change.**

## **Advocacy**

Clients who are disenfranchised and discriminated against, often need outreach workers to assume an advocacy role on their behalf. **This occurs on many levels such as when helping clients access benefits and services to which they are entitled, within the outreach worker's own agency, and within the criminal justice system. Indeed, in many communities, political views about homelessness are resulting in what may be perceived as meaner streets where persons are criminalized because of their homelessness. This can be seen in arrests for trespassing, criminal littering, and loitering. Legislation is increasingly pursued as a vehicle to continue criminalization of homeless persons, the effects of which are devastating to the homeless person and counterproductive to the outreach process.**

## **Follow-up**

Effective workers provide short-term follow up with respect to immediate tasks at hand and long-term follow-up with clients to ensure that they remain in a stable situation.

## **Outreach Across Populations**

Primary health, mental health, and substance abuse treatment approaches similarities in outreach approaches are found in different treatment areas and client populations including families, veterans, mentally ill and transgendered persons, sex industry workers, substance users, HIV+ persons, and youth.

### **Health**

A significant characteristic of homeless persons is poor health. A one-year study of 300 mentally ill homeless persons in New York City, revealed that 73 percent suffered from at least one medical condition in addition to a psychiatric diagnosis. The most common medical conditions were peripheral vascular diseases, anemia, infestations, and respiratory diseases, particularly tuberculosis. 35 percent had a secondary diagnosis of substance abuse (Marcos, 1988).

A two-year study of 1,751 homeless clients in Honolulu showed exceptionally high rates of mortality, with an average life expectancy of 48 years. Death rates have long been used as a measure of deprivation and as a guideline for public health resource allocation. With that in mind, homeless populations are in urgent need of increased attention and health care spending (Martell, 1992). A Philadelphia study of mortality rates for homeless people was 3.5 times that of the general population (Hibbs, 1994). Another study showed that causes of death varied by age group: (1) homicide: men ages 18-24; (2) HIV/AIDS: persons 25-44; and (3) heart disease and cancer: persons 45-64 (Hwang, 1997). In a study of hospitalizations of homeless persons, admissions to acute care hospitals were five times greater than the general population. They were admitted nearly one hundred times more often to the state psychiatric hospital (Martell, 1992).

Health care delivery to homeless persons can be challenging due to: lack of insurance, distrust of service-providers, bad experiences with health care in the past, difficulty making and keeping appointments, difficulty with complex medical and follow up care routines, and lack of understanding or interest in health problems in relation to seemingly more important issues at hand.

As with mental health and substance abuse, health care approaches for homeless persons are based on a process of engagement, assessment, planning, advocacy, education/motivation, and follow up. There are different models of health care approaches to serving persons who are homeless. Health care services may be provided at either permanent or mobile clinics and at rotating sites, some of which may be near homeless shelters. Health care providers may include salaried or voluntary physicians, physician assistants, nurses, and/or nurse practitioners who comprise a medical team. They reach out to homeless persons at sites where they have agreements with the host agencies. The goal is to provide care and help clients access a more mainstream medical system that will continue to be available to them. Staff make referrals and arrange transportation and an escort if needed (Plescia, et al 1997).

Escorting clients to appointments can be critical if a person is unable to go on his/her own. Staff can help clients by making medical appointments, preparing them for the appointment (getting insurance card/paperwork in order, educating them about what might be expected), advocating for them if needed, translating medical jargon, and helping them follow through with aftercare instructions and appointments. Further, outreach workers can be the "eyes" and "ears" on the streets for health care providers who are monitoring clients from afar. When clients reach a dangerous state of health, outreach workers can elicit assistance from mobile medical outreach staff, or stationary medical staff who are willing to leave a clinic and provide in-vivo services.

Often, homeless persons are more willing to address health problems because of decreased stigma, compared to willingness to address mental health or substance abuse issues. As outreach workers continue to engage clients during the health care process, they can begin to slowly and gently address other issues. For example, they may work toward obtaining clinical history and the client's thoughts and perspectives regarding their experiences with mental illness, substance abuse, and other areas.

Outreach workers play a key role in illness prevention, from providing blankets and socks, helping clients access insurance and free medication/medical care, and educating them about topics like safe sex, hepatitis, TB, harm reduction, and nutrition. They can help clients get food and vitamins, and help them obtain past medical records and reconnect with previous service providers who may be familiar with their medical case(s). Outreach workers can also help by being aware of other organizations' involvement in medical care so that there can be "ears" for psychiatrists and clinicians making decisions about the direction of mental health care.

Effective outreach workers are able to demonstrate flexibility in their treatment responses. For example, with some clients, the connection can be so tenuous that the engagement phase can take months or even years of gentle, slow, and careful interactions. Other clients' mental status may indicate the need to set limits. For clients who lack insight into their mental illness, workers take an education and normalizing approach, emphasizing the stressful nature of homelessness (Morse, 1991). Workers can help clients make connections between homelessness and their perception of the bad things that happen to them, hoping to spark some motivation to consider housing and other related social services. Workers can also help clients make connections between negative symptoms and the potential relief that medications or other interventions might offer. However, discussion about medication can only occur after sufficient trust has been established. For many people, the only mental health involvement they recall has been involuntary and coercive, usually resulting in unwanted medication and treatment.

Some clients may persist in denying the existence of a mental illness, but become successful in housing (Barrow, 1991). Workers can help clients translate street skills into independent living skills while treatment and referrals progress. Engagement strategies can help with linkage to services. For example, one client on the streets liked jewelry, and a lot of it. The outreach worker invited her to the clinic where health and mental health services are provided, stating that they had "a lot of jewelry there." The outreach worker

alerted staff, who the next day brought in jewelry from home and from thrift stores. The client enjoyed picking out one piece of jewelry every time she came to the clinic. This allowed linkage to services in a clinic where she learned to trust service-providers. Similar creative linkages are required to ensure success.

Outreach workers can help prepare clients as they begin to access services, at the same time informing staff at those agencies about the client's unique needs, strengths, and interests to help ensure successful transition.

## **Substance Abuse**

Outreach to substance users crosses many sub-groups, such as those with dual diagnoses, sex industry workers, and persons with HIV/AIDS. One major gap in services to persons with substance abuse problems is the lack of an entry point into services for those who don't want formal treatment (Bonham, et al., 1990). A sub-group of this population are the "public inebriates" (Willenberg, et al., 1990). Three errors in treatment modalities have contributed to failures with this population. One is that the population is severely and chronically disabled. Second, programs often have unrealistic and high goals. Third, treatment models used are those that are more successful with middle-class, non-alienated alcoholics (Willenberg, et al., 1990). Moreover, treatment programs often fail to take into consideration cultural factors and fail to address the serious marginalization of disenfranchised groups. Engagement strategies are much the same as with health or mental health outreach—a non-judgmental stance, listening, educating, and linking. Project Connect's service model is based on principles that services fit client needs, focus on their strength rather than weaknesses, and that the worker/client relationship is primary and essential (Bonham, et al., 1990). Worker activities can include education about safe sex and safer drug use and newsletters, and connecting clients to support groups and sobering up stations (Bonham, et al. 1990). Incentive items may include vitamins, condoms, bleach kits, and clean needles. Alcoholics and drug users who are homeless frequently lack the motivation or skill to seek out currently available services. They often distrust service-providers because of real or imagined poor treatment in the past, or difficulty negotiating the system (McCarty, et al., 1990).

Since many street users do not have insight into the harmfulness of their drug use, outreach workers may implement the use of a "Motivational Interviewing" (Miller and Rollnick, 1991) or "Stages of Change" (Prochaska, et al., 1994) approach. Programs may want to consider training in these models for all staff, rather than having one designated substance abuse counselor. Homeless persons with co-occurring substance abuse issues will be better served by outreach workers with a working familiarity with these models. Workers are familiar with and provide linkage to community resources or support groups, when the person begins to express interest. A Harm Reduction approach is generally the best engagement strategy.

The main tenets of Harm Reduction are:

- a non-judgmental and respectful approach



- helping residents to identify harmful effects of drug and alcohol use and the benefits of decreasing and/or ceasing use
- exploring alternate, safer routes and patterns of use
- praising small successes
- developing flexible plans that address substance abuse issues.

Common strategies successfully used to help addicted homeless persons include:

- Stabilization services like detox centers (McCarty, et al., 1990), inebriate reception centers (Bennett, 1990), and sobering-up stations (Bonham, et al., 1990) help to address immediate needs, provide respite, and an entry to substance abuse services.
- Case management services (McCarty, et al., 1990, Bonham, et al., 1990, and Willenberg, et al., 1990) help link persons to services, provide support, and help clients reach decisions regarding their own recovery. Persons can move back and forth between basic and intensive case management based on their needs (Bonham, et al., 1990).
- Jail liaisons (Bonham, et al., 1990) help explain services and link clients to them, identify those in need of case management, track clients, and advocate for mandated treatment rather than incarceration for revolving "public inebriates."
- Vocational training (Bonham, et al., 1990 and Ridlen, et al., 1990) in a variety of areas is offered to homeless men and women who are ready for such services.
- Housing in conjunction with supportive services (Willenberg, et al., 1990 and Ridlen, et al., 1990) are offered along with education in areas of housing management like tenant rights, budgeting, and problem-solving. Families are further assisted in areas of childcare and linkage to schools (Ridlen, et al., 1990).
- Drop-in centers (Bennett, et al., 1990) which offer showers, meals, information and referral services, on-site substance abuse services, benefits counseling, telephone, transportation, a warm, homelike environment, and friendly faces.
- Access to treatment (Bennett, et al., 1990). Successful programs reduce barriers for homeless persons needing substance abuse treatment. This may include reserving a percentage of beds for homeless persons, reducing waitlists, and improving inter-agency relationships.

## **Measurable Outcomes**

### **Successful Outreach and Engagement Strategies**

Studies have shown that outreach and engagement strategies, while initially time-consuming and slow-moving, are successful because they reach more severely impaired persons who are less motivated to seek out services (Lam and Rosenheck, 1998). Three month outcome data compiled via the ACCESS study (Lam and Rosenheck, 1998), showed that clients reached in outreach on the streets experienced improvement on nearly all outcome measures equivalent to clients who were contacted in other services agencies and shelters. Outreach clients did equally well in areas of housing outcomes, quality of housing, improved mental health and decrease of psychiatric admissions, substance

abuse, employment, social support, reduced victimization, and quality of life. This suggests that this hard-to-reach population has the same capacity for improvement as groups more connected to services and who may be more high-functioning.

The ACCESS program has demonstrated that people will use services if they are accessible and relevant and that effective outreach will lead to an increase in access to other services. Although helping homeless persons access mainstream services is difficult nationwide, ACCESS has shown that programs with sufficient resources can help people to be successfully treated in a community setting and that the bridge from homeless services to mainstream services is possible.

Positive housing outcomes, a major focus of homeless services, was also found by Bybee, et al., to be linked to outreach services (1994 and 1995). The likelihood of success in independent living was impacted by the amount of services, and a wide range of interventions and the intensity of those interventions and services. Recruitment sources also impacted housing success, in that those recruited from inpatient psychiatric settings were more likely to experience housing success than long-term Community Mental Health clients, suggesting that greater stabilization possibilities follow acute psychiatric episodes across populations. Anyone may have the opportunity for successful housing placement following a crisis. Those recruited from shelters also had greater likelihood of successful independent living, but also may continue to live in temporary settings, suggesting the variance of the degree to which persons from shelters can be easily housed. There was a smaller, yet significant predictability between housing status and client functioning, symptomatology, and substance abuse problems.

## **Quantitative Measures**

Improvement is often so subtle that it doesn't register on typical functional improvement scales. One program measures number of days per month spent in housing, number of times victimized, level of hygiene, number of contacts with other service providers, and so on (Axelroad, 1987).

In some cases, quantitative measures can be deceptive, as evidenced in Barrow's 1988 survey. After a six month survey of completed referrals, only a small minority were successful, such as only 24 percent of entitlement referrals, 42 percent of housing referrals, and 13 percent of psychiatric referrals. While this appeared to be a reflection of ineffective services, it also reflected a short study period, discrepancies between client and program perceived needs, and lack of resources.

One outreach program measures success by four criteria: present living arrangement, receipt of financial aid or other income, enrollment in a program for the treatment of alcohol abuse or mental illness when appropriate, and receipt of treatment for other medical conditions. The first year's data suggest that about four out of five persons have made at least one significant change (Rosnow, 1988).

Project Connect uses quantitative methods including face to face pre- and post-interview data with clients, monthly program data on clients, self-administered pre- and post-questionnaire data for community agency staff, and selected administrative record data from Project Connect agencies (Bonham, et al., 1990).

As part of the continuum of care delivery, workers can implement successful strategies described in Critical Time Intervention (CTI) to prevent recurrent homelessness and promote successful transitions to housing. One component of CTI is to strengthen the relationship between the individual and family, friends, and services, and secondly to provide emotional and practical support during the critical time after discharge from a shelter. Outcomes of CTI included significant reduction in homelessness and a preliminary indication that CTI is cost-effective (Jones et al., 1994, Susser, et al., 1997). Interventions are short in duration, simple, can be implemented by nonprofessional staff, and can be implemented in marginal settings (Susser et al., 1997).

A series of studies of homeless veterans by Rosenheck et al. (1989, 1993, 1995) evaluated the impact of outreach programs for homeless veterans with mental illness and found that outreach services are successful. The 1993 study found that outreach services increased access to outpatient and domiciliary services and reduced inpatient services. The 1989 study found outreach to be successful in that a significant number of homeless vets eventually wanted services and that outreach and advocacy efforts enhanced access to health care services. Outreach services have been found to be costly although there was a slight reduction in inpatient costs. Rosenheck, et al. (1995) caution that one cannot conclude, on the basis of cost alone, that less expensive treatments should replace more expensive ones. Many outreach programs have found that the initial cost of outreach and engagement pays off in the end.

Studies evaluating substance abuse programs found that offering an array of stabilization services along with case management services, contributed to recovery and utilization of services (McCarty, et al., 1990, Willenberg, et al., 1990, and Ridlen, et al., 1990).

## **Qualitative Measures**

Qualitative measures are useful for service providers in evaluating program functioning (Axelroad, 1987). One helpful technique is questioning formerly homeless individuals who have been outreach clients to find out which elements in the outreach team's approach were appealing or useful and which were perceived as negative. Project Connect uses ethnographic observations, interviews, and journals maintained by immediate program personnel (Bonham, et al., 1990). Qualitative evaluations can also be helpful in demonstrating to potential funders the complex nature of clients, outreach efforts, linkages, and length of engagement periods (Axelroad, 1987).

## **Challenges and Limitations In Determining Effectiveness**

The very factors which contribute to a successful outreach effort—flexibility, ability to alter service systems—may impede evaluations which strive to concretely measure their

effectiveness (Axelroad, 1987). There is a lack of controlled studies that demonstrate effectiveness and a lack of longitudinal studies. These are critical evaluation designs, yet are often difficult to implement with outreach clients who may be difficult to track.

Evaluations aimed at measuring the overall effectiveness of an outreach program must focus on the extent to which services and resources are available to outreach clients. In addition to evaluating effectiveness of services provided by the program, programs must also determine who is not being served by the program (Axelroad, 1987), why they are not being served, and how they might be served in the future.

Successful outcomes are not necessarily related to program services and should be considered in evaluating those programs. In one study, for example, success in obtaining housing and remaining housed were found to be related to socioeconomic background, defined by education and past employment, and level of functioning. Program services that were related to positive housing outcomes included an early focus on entitlements and housing-related services and participation on the part of the homeless person in defining housing goals were critical to their long-term success (Barrow, 1991).

While it is difficult to generalize outcome parameters across populations, regions, culture, and other factors across the country, a standard set of street outreach outcome measures is desirable at the national level. These standard outcomes should be different from standard outcomes used for other homeless populations which may be unrealistic for outreach populations. Outcome standards should also be set by individual programs. HUD requires Supportive Housing applicants to provide goals and objectives and later the extent to which goals were attained.

Future research and programmatic goals might include: identifying what national homeless outreach measureable outcomes might be; identifying specific factors that allow for successful transition from homeless to mainstream systems for the general outreach homeless population and for specific populations; the extent to which outreach teams are successfully used; the extent to which peer based outreach models and consumer involvement in program planning, implementation, and evaluation are successful; the development of more controlled and longitudinal studies; how the use of data-tracking within information systems might be implemented ethically and effectively; incorporating outreach outcomes within the managed care system; and the cost-effectiveness of providing outreach services and answering whether or not exemplary practices should be equated with effectiveness.

### **To Dance In A Bigger Ballroom—Toward Exemplary Practice At All Levels**

There are effective strategies for influencing the adoption of exemplary practices and policies on each major administrative level—agency, local community, state and federal. There are also many questions still open for discussion. Outreach workers rarely can be successful unless exemplary practices exist at other levels.

## Agency

Effective administrators or program directors must educate the agency board about outreach activities and philosophy and advocate on behalf of outreach staff at the board level. Directors must also support the outreach team and advocate for their efforts with other service providers in the community; (Axelroad, 1987; Wobido, 1990).

Outreach staff must be given flexibility in work schedules so they can seek out and find persons in the evening and on weekends. Funds must be available for incentive and basic need items, as well as equipment. Providing outreach workers with on-call medical and psychiatric consultants is critical as is promoting a sense of teamwork—preferably a multi-disciplinary one. This helps workers feel supported and provides them with tools with which they can provide better services. Exemplary agencies, with outreach as a component, make provisions in service delivery for outreach clients, like allowing clients to receive medical/ psychiatric/substance abuse services when needed rather than by appointment. They allow bypassing of unnecessary forms and paperwork, and adopt the engagement stance.

Orientation and training of new outreach staff is critical particularly in the area of street safety. Training should include: street safety, characteristics of the target population, substance abuse/dual diagnosis, the criminal justice system, benefits and entitlements, community resources, involuntary hospitalization, client rights, harm reduction, confidentiality, de-escalation, boundaries, CPR, basic first aid, regional laws regarding child and elder abuse, engagement strategies, cultural competency, and infection control. Safety training should require that new staff sign a document indicating that they understand safety guidelines. This makes worker risks clear prior to hiring, while protecting the worker from injury and the agency from future liability.

Outreach workers often feel a sense of isolation in the field, from other homeless and non-homeless service providers and are likely to be viewed as marginalized themselves. As a result, agencies need to ensure a system of support, advocacy, and inclusion for their outreach staff.

Exemplary agencies provide opportunity for ongoing discussion around ethical issues. Clinical supervision and/or peer supervision is recommended for outreach staff who need to get second opinions on implementation of their ideas to creatively engage persons. The question must always be asked, to what extent are the engagement strategies used by workers non-coercive and non-deceptive (Lopez, 1996)? Supervision can also address issues like engagement versus enabling, boundaries, legal issues, and service-provision.

Outreach workers sometimes get harassed and are discriminated against along with their clients. If outreach workers function as service and/or rights advocates, their agency needs to determine which parameters of advocacy efforts are allowed and encouraged. They should also develop positive relationships with police and security personnel. Finally, outreach workers should attempt to develop positive relationships with intake workers and staff at other agencies where they might refer clients.

## Community

In addition to direct services, outreach workers and administrators can enhance the knowledge base of effective outreach practices on a community-wide level, by providing consultation, education, training and referrals (Morse, 1991; Slagg, et al., 1994).

Outreach workers can start an "outreach coalition," sharing resources, ideas, information, client tracking efforts, and mutual support. This process is essential in providing linkages to resources. In many communities, there are a dearth of resources, and outreach workers end up providing intensive case management, in a continuous relationship model.

Outreach workers can share success stories—they encourage other workers, combat the community's "compassion fatigue," and give hope to those clients still in crisis. Success stories are an essential part of informing funders, politicians, and policy-makers that services work.

Outreach programs cannot be designed in isolation from other service programs (Axelroad, 1987; Morse, 1987; Barrow, 1988). Survival depends upon community networking: providing referrals, sharing resources, pooling knowledge, and participating in community-wide groups (Nasper, 1992). In discussing outreach, it is essential to discuss the gaps and barriers in these systems (Axelroad, 1987). The most flexible, well-staffed and funded outreach program will have little impact if the mental health, health, housing and social service systems in a community are not capable of serving people linked through outreach efforts.

One urban outreach program made efforts to minimize coordination problems by expanding the makeup of a coalition with representatives of human service organizations in both the public and private sector; getting active participation with various planning and coordination bodies concerned with homelessness; and structuring the outreach program so that the workers could become familiar enough with their counterparts in other service-provider agencies (Rosnow, 1988).

Public-private partnerships can lead to effective service-provision. One example is the Times Square Consortium (TSC). This is a partnering of the Times Square Business Improvement District and social service agencies to provide outreach and a drop-in center for homeless persons in the Times Square area. Rather than a business-community attempting to simply arrest and move along persons who are homeless, they provided the impetus for social services. Together the TSC has applied for and received funds from state and HUD (Porter, 1997).

Project Respond in Portland, Oregon, won the 1997 Gold Achievement Award by the American Psychiatric Association for its exemplary outreach program. Exemplary community practices cited include successful and collaborative relationships with "community partners" like police, housing managers, service-providers, and businesses. Also cited was the reduction of stigma, seeking of missing persons, consultation, community education, including police education, and diversion (Talbot, 1997).

These approaches are heartening in an apparent climate toward the criminalization of homeless people. There has been an increase in anti-vagrancy laws which prohibit sitting, panhandling, or being in an airport during certain hours. Outreach is one of the few formal contacts where service professionals connect with homeless people who may be breaking laws. Outreach workers and their agencies could be held legally accountable because of their association with these homeless persons.

## **State/Federal**

One outstanding issue that still needs to be addressed at the state/federal level is funding. Who should pay for outreach? Through the Continuum of Care process, communities are encouraged to include outreach as part of the continuum. On a national level, service-providers must advocate that managed care plans make point-of-access exceptions for homeless persons, and the homeless Medicaid population must be carved out of Medicaid managed care and financed separately (Plescia, 1997).

The cost-effectiveness of outreach programs often comes into question. One reason is related to the comparison of numbers of people served on outreach versus the number of people served in homeless shelters. If funders think of effectiveness in terms of the numbers of people served, then homeless shelters will be viewed as more effective. The people outreach programs try to serve are those who don't readily come to and accept services and who need a period, sometimes a lengthy one, of engagement. The positive outcomes of outreach services may not be readily seen. Yet, the cost of providing outreach services may divert costs from other systems such as emergency rooms, hospitals, psychiatric units, jails, and other crisis systems of care. This issue also reflects a structural obstacle to demonstrating cost savings between systems. For example, at the federal level, HUD funds many outreach programs, but the cost savings are realized in other systems such as Medicaid, the mental health system and substance abuse system. The same obstacles to demonstrating cost savings exist at state and community levels as well.

Agencies and communities need to ask what more could be done on a federal level to support outreach programs. One possibility could be a requirement of outreach services in states' Medicaid plans. HUD does not fund emergency services or prevention of homelessness, and perhaps they should. Another possibility, could be a mandate that all Continuum of Care proposals include a strong outreach component, with penalties if outreach is not included.

More publications and guidelines for outreach are needed. Federal departments charged with addressing homelessness could provide "how to" information for service providers, and present options for service delivery based on research findings. Exploration of the range of services could be done nationally to determine specific trends related to successful outreach. Inquiry into what is optimal and what should be expected of outreach programs can take place federally. For example, the authors are familiar with outreach programs with a range of hours—from weekdays only to 7 days/week 16 hours/day. What have we learned about optimal services delivery? Several cities combine



outreach with police escorts. Does this implied concern for worker safety in fact drive away potential clients and eliminate a Harm Reduction approach? Expertise is needed in this area if outreach programs decide to try and build collaborative relationships with police and security.

Homelessness among severely mentally ill persons, and chronic substance abusers represents a failure of state and federal policy to adequately address or sustain long-term community support systems. Rather than stimulating new funding mechanisms and service delivery systems, they should be preventing homelessness by bolstering basic community resources for the long-term care of disabled persons (Rosnow, 1988). In the long run, prevention efforts should be incorporated in structural measures to prevent homelessness and provide appropriate services to those with chronic disabilities.

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Fixed-site outreach programs such as drop-in centers or day programs for the mentally ill, within high-density homeless areas, can be more easily accessed by greater numbers of clients, increase staff efficiency, and can provide additional incentive services. Many outreach programs have both a mobile and fixed-site component (Morse, 1987). In a survey of eight ACCESS programs, 77 percent of clients were engaged by mobile methods and the balance at drop-in centers. (Wasmer, 1998)

For certain clients with primary substance abuse issues, mobile outreach is more successful for several reasons. There is less stigma and community opposition when outreach workers meet clients individually on the streets rather than having clients come to a centralized location. Another reason is that clients who are high or intoxicated are often asked to leave fixed service sites.

## **Outreach Continuum**

Wasmer (1998) describes a link/serve continuum, with outreach programs that "find and link" or "find and serve." The latter include case management programs, assertive community treatment and intensive case management programs, drop-in centers, shelter-based programs, and low demand residences/safe havens. Of eight ACCESS outreach programs Wasmer surveyed, all were the "find and serve" type.

## **The Team Approach**

Different types of team approaches are described in the literature, depending on the mission of the team. They may focus on emergency psychiatric intervention, case management, health care, HIV education/prevention, harm reduction for sex industry workers, substance users, and others.

With mentally ill persons, using a team approach after engagement has been established assures that a client will learn to develop trusting relationships with several staff people. It also increases the likelihood of being able to attain assistance when necessary. Teams can include or have access to social workers, nurses, nurse-practitioners, substance abuse staff, medical and psychiatric consultants, and other outreach specialists. The team approach can also aid in combating burn-out and expanding caseloads (Axelrod & Toff, 1987) **and the inherent sense of isolation individual outreach workers can feel.** A study of five New York outreach programs showed that 98 percent of homeless mentally ill clients had a significant relationship with more than one staff member, indicating that involvement with the programs did not consist only of the client's relationship with a single worker (Barrow, 1988).

One survey of eight ACCESS-funded outreach programs reported that all sites used a team approach, with majority of first contacts made by two mental health professionals, one taking the lead and one observing (Wasmer, 1998).

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