

PROGRAM STATEMENT (FY 80-81)

I. Description of Agency

A. Pasadena Guidance Clinic - Adult Services
770 South Pasadena Avenue
Pasadena, California 91105

1. Service Location: San Gabriel Valley Region
2. Program Modality: Outpatient Psychiatric Services
3. Phone: 792-2121
4. Director: Joseph H. Dadourian, M.S.W., Ed.D.

B. Organizational Structure, Programs, and Services

1. Organizational Structure: Refer to Appendix A & B
2. Programs Currently Offered: Outpatient Psychiatric Services
3. Specific Services:
 - A. Direct Services:
 1. Crisis Intervention
 2. Psychotherapy: Group, Individual, Family and Conjoint
 3. Ego Development Socialization Groups
 4. Medication Clinic
 5. Psychological Assessment
 6. Outreach Medication Clinic at local community center
 - B. Indirect Services:
 1. Consultation
 2. Referral and Information Service
 3. Participation in human service networking in the community
 - C. Teaching and Training:
 1. Internships in Psychology, Social Work, and Psychiatric Nursing
 2. Weekly Inservice Training

C. Describe target populations that your agency services in order of priority

1. The PGC provides outpatient psychiatric services to all adults residing within San Gabriel Valley without regard to their race, color, religion, national origin, sex, condition of physical or mental handicap, or ability to pay for services.
2. Priority of patient population
 - A. Persons experiencing a disturbance in thoughts, feelings, and/or actions which prevents them from relying on former support systems. The disturbance is effecting the person's basic functioning to such an extent that immediate professional intervention is deemed necessary.
 - B. Persons with emotional/mental disorders of a chronic nature who, if untreated would require hospitalization and other forms of higher level of mental health care.

- D. Describe how services address regional priorities as outlined in the Regional Short-Doyle Plan.
1. Priority #1: "Provide community-based alternatives to institutionalization"
The clinic offers outpatient psychiatric services within the community for former and/or potential hospital patients. Through group, individual, family, and conjoint psychotherapy as well as medication, the clinic strives to assist patients to integrate and/or reintegrate into their respective community, relying on other support systems short of the institution of the state hospital.
 2. Priority #2: "Increase regional non-hospital based psychiatric crisis intervention services."
The attempts to provide crisis intervention services within the community by making available appointment hours within a 24 hour period. Unfortunately, the clinic lacks enough psychiatric coverage for crisis medication coverage.
 3. Priority #3: "Increase prevention and early-intervention services in the region through the development of a planned indirect services program." The clinic provides psychiatric consultation and evaluation to the various human services based agencies, ie., hospitals, paraprofessional clinics, vocational rehabilitation, probation, etc.
- E. Describe the agency's theoretical orientation regarding the delivery of mental health services.

The clinic is committed to providing outpatient psychiatric services to persons within their respective community. The clinic strives to assist persons experiencing emotional/mental disturbances in attaining their highest possible level of functioning within the community by lessening the person's dependency on the inpatient hospital.

The theoretical orientation of the clinic is based upon technical eclectism. Technical eclectism is selecting techniques which have been empirically shown as effective and applying them according to the needs of the particular patient. The advocacy of technical eclectism does not assume therapists operate without a theoretical framework. Such a reference is required to organize the tremendous amount of clinical data; what the clinic strives to prevent is that the theory does not distort the treatment needs of the patient. Nor should the theoretical framework preclude the usage of other interventions when the therapist is "stalemated" within the therapeutic relationship. That is to say if the technique employed based upon theoretical conceptions does not meet the needs of the patient and obfuscates the therapeutic relationship, then the therapist will re-evaluate the technique and seek a new methodology. It is the psychotherapeutic techniques which alleviate pathology, not theories.

II. Description of the program

- A. To what extent have you met the program objectives for fiscal year 1979-80? What obstacles have prevented the achievement of program objectives?

The clinic has successfully provided outpatient psychiatric services within the community. The clinic projected providing 2764 number of individual, 1435 number of group, and 960 number of medication units of service. The clinic actually delivered 3393 number of individual, 1376 number of group, and 1016 medication units of service. This is a total of 700 more units than projection. Unfortunately, with limited staff, the clinic has not been able to provide enough crisis hours in relationship to demand, and some persons do have to wait for a short period of time before treatment can begin. Furthermore, the clinic has attempted to provide an alternative to hospitalization but again with limited funds has had to compromise various programs for the chronically ill.

- B. What are the specific objectives of the program for fiscal year 1980-81? What might prevent the achievement of these program objectives?

1. Increase group psychotherapy weekly sessions from 7 to 9. The clinic will attempt to provide a variety of group experiences for patients experiencing similar difficulties. The ego development socialization groups will increase from 2 to 3 with the intent of the members attending more than one session a week.
2. A pilot group medication session, led by a staff member and a physician, will be developed. Patients presently receiving medication will be surveyed to assess their attitudes concerning group medication and if enough are willing to try it, a pilot group will be conducted for a period of 9 months with an evaluation at the end of that period for both patients and group leaders.
3. Establish outreach program to be more responsive to the isolated and phobic patient population which are unable to attend the clinic's or any mental health program short of hospitalization.
 - A. Spanish speaking Psych Tech, part-time
 - B. \$7,500 per year
 - C. Duties:
 1. Consultation to Board and Care Homes
 2. Home visits
 3. Lead ego development socialization group
 4. Conduct educational programs for patients in nutrition, self-care, how to use social services in the community
 5. Ombudsmen for patients and the community
 6. Referral and information service
4. Establish increase of therapy supplies to include \$1,500 for medical necessities.
 - A. This would include providing Prolixin shots, syringes, cotton swabs, and other related medical expenses for the patient who is absolutely unable to afford/or in emergency need.

II.B. For 1980-81, The Pasadena Guidance Clinic - Adult Services projects:

Individual	
Short/Doyle	2740 units
Non-Federal Medi-Cal	301 units
Federal Medi-Cal	453 units
Total	3494 units

Provisional rate - \$34.

Group	
Short/Doyle	887 units
Non-Federal Medi-Cal	714 units
Federal Medi-Cal	199 units
Total	1800 units

Provisional rate - \$18.

Medication	
Short/Doyle	556 units
Non-Federal Medi-Cal	104 units
Federal Medi-Cal	315 units
Total	975 units

Provisional rate - \$7.

- B. Provide funds for special laboratory tests for patients, ie., Lithium related kidney tests.
5. Provide professional training to interns in Psychology, Social Work and Psychiatric nursing to enhance the concept of community mental health.
 - A. Hire half time psychologist to manage training program for psychology interns.
 - B. Re-establish social work interns from U.S.C. School of Social Work.
 - C. Continue RN Psychiatric training program with Cal State L.A.
 6. Begin ground work in establishing a psychiatry training program
 - A. The Medical Director will make all necessary inquiries into the means by which the clinic can establish a psychiatric residential program.
 - B. And/or the Medical Director will attempt to establish a rotation for physicians interested in psychiatry with the Huntington Hospital.
 7. The ego development socialization groups will engage in activities projects and experiences which enhance the patients' level of independent functioning
 - A. The groups will develop and participate in projects which will not only challenge and enhance ego functioning but will also contribute to the groups' self-sufficiency in purchasing more projects and experiences as a model of independent functioning.
 - B. Groups will participate in educational projects in the community as a means of reducing their isolation and stigma of being "sick"
 8. Increase clinic's community involvement
 - A. The clinic will become acquainted to the private sector and the public sector to enhance it referral and information services.
 - B. The clinic will be available to provide support and professional consultation services to other human service agencies.
 9. Establish a community based crisis intervention unit which will stabilize the person in crisis within the community, short of hospitalization, and provide immediate services until crisis terminates. - Submit proposal in fall.

Obstacles which might prevent the achievement of these program objectives:

1. Lack of funds
2. Lack of staff
3. Overabundance of paperwork; reducing amount of direct service.

C. Describe how you will meet the objectives described in "B" above.

1. Increase groups - require staff and interns to develop group therapy sessions for appropriate clients.
2. Pilot group medication: - survey attitudes of present patients using medication for interest and if interest is positive, develop group of present patients- Assess group after 9 months.
3. Out-reach - hire psychiatric tech and utilize present patients to seek out isolated persons in homes, board and care facilities and alike for outreach work.
4. Medical necessities budget - request funds
5. Quality training - already explained
6. Ground work psychiatry training - explained
7. Ego development group - explained

1. Specific Services provided

A. Direct Services

1. Crisis intervention
2. Psychotherapy, group, individual, family, conjoint
3. Ego development socialization groups
4. Medication clinic
5. Psychological assessment
6. Outreach medication clinic at Community Center (Jackie Robinson Center, Pasadena)

B. Indirect Services

1. Consultation
2. Referral and information service
3. Participation in human service networking
 - a. P.A.C.E.D.
 - b. Pasadena area consorsium of mental health

C. Teaching and Training

1. Intern programs in psychology, social work and psychiatric nursing
2. Weekly inservice training

2. Admission Criteria

- A. Adult (18 or over)
- B. Resides in catchment area of Pasadena, South Pasadena, Altadena, San Marino, Alhambra, Monterey Park, Arcadia, La Canada, Sierra Madre, San Gabriel, Temple City -
- C. Some ability to attend regulatly scheduled appointments
- D. Experiencing emotional/mental difficulties which are interffering with general functioning and without intervention would result in a need for a more intensive level of care.

3. Referral Criteria

- A. Under 18 years of age
- B. Out of catchment area
- C. Totally unoriented to time, place, or person and with no support system available to assist patient using clinic services
- D. Patient dangerous to self and/or others to such an extent that hospitalization is necessary
- E. Persons able to receive care in public or private sector elsewhere

Referral follow-up

- A. After a referral is made the person is encouraged to report back (over the telephone) if it does not work out
- B. Hospitalized patients are followed by a telephone call to the hospital so when the patient is stabilized, they can return to the clinic

4. Describe the intake process

- A. Regular intake process procedure: Prospective patients should phone into the clinic personally. It would be the function of the receptionist to establish the residence eligibility of the prospective patient. Residence location will be checked in the Census Tract Directory of Los Angeles County. If the person is not eligible for geographic reasons, the receptionist will refer the application to San Gabriel Valley Mental Health, or appropriate service is known, for the appropriate referral. If the applicant resides within our catchment area, the receptionist will record the applicant's name, telephone number where the applicant can be reached, and date of the applicant's call into the "Intake appointment book". The receptionist will inform the applicant that an Intake Screening Worker will return the call within 24 hours to gain some additional information and schedule an Intake appointment. If it is a crisis, see B.2. below. The Intake Screening Worker, henceforth called the ISW, will each day review the "Intake Appointment Book" and return all the calls. The Intake worker will inquire into the nature of the problem to determine the appropriateness of the clinic's services. For instance, problems concerning children are referred to the Pasadena Child Guidance Clinic and certain alcohol and drug abuse problems may be referred to other appropriate agencies. The ISW will have access to various agencies in the community to make appropriate referrals to best meet the needs of the persons seeking assistance. The ISW will then complete a phone screening card on all applicants and record the necessary information. This screening card and appointment time form will be given to the intake worker prior to the Intake interview. The ISW will inform the applicant of the fee schedule and screen out those medical patients who belong to a medical group which provides psychiatric services and controls their Medi-Cal sticker. If it is a re-application, The ISW will also pull the past chart of the applicant and place it in the Intake Worker's (IW) with the aforementioned cards. A financial interview will be completed prior to the interview by the clinic's UMDAP counselor. When the applicant arrives for the intake appointment, he/she will be given the necessary application forms. This includes patients re-applying as well.

If the applicant has difficulty completing the forms and requires assistance the receptionist will request they complete as much as possible and to have the Intake Worker assist with the remainder of the forms. The UMDAP counselor will set the fee according to the UMDAP fee schedule. If the applicant presents any complaints or objections about the fee, it will be the responsibility of the Intake Worker to deal with the situation. The Intake Worker will submit the completed case to the receptionist to be opened. The case will include Global Assessment number, history, etc. The receptionist will open the case and place it in the Clinical Director's box. The Clinical Director, in conjunction with the Chief Psychologist, will review each case to ascertain the need for further psychological assessment prior to assigning the case or placing the applicant on the waiting list. Upon completion of the assessment, the case will be assigned or placed on the waiting list. The Clinical Director, in conjunction with the Chief Psychologist, will assign cases on the basis of staff availability and appropriateness of patient need and staff experience. It is at this point that the treatment plan begins to be developed, etc.

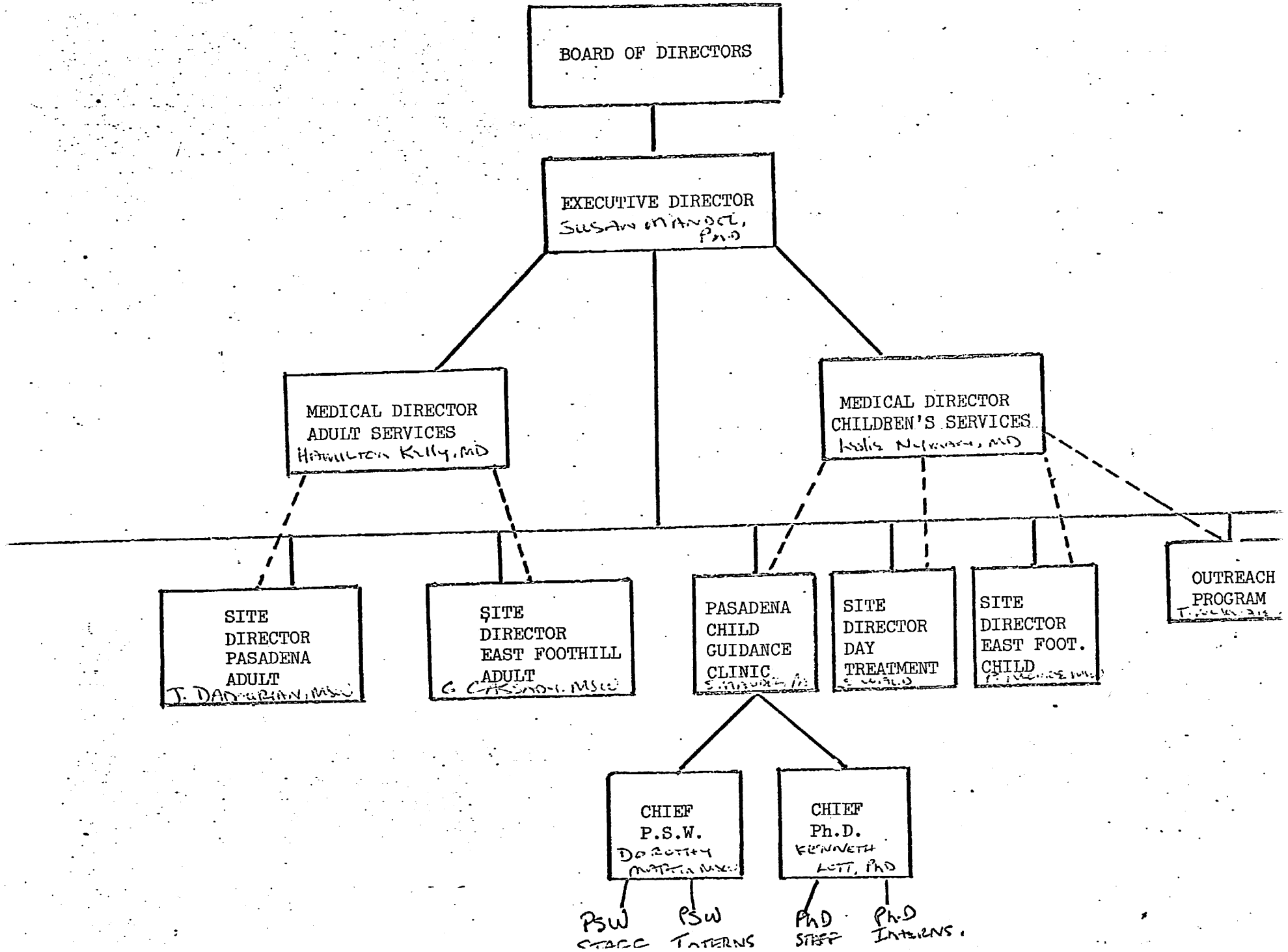
B. Intake procedure: medication and crisis: When the receptionist determines the eligibility of the applicant and other information, and the applicant specifically asks for a medication evaluation, special note will be made of this for the ISW.

1. Medication If the telephone screening interview suggests a possible need for medication, the applicant will be given an appointment with a physician for the initial interview. If the medication does not appear as a foremost need, the applicant is given an appointment with a non-medical Intake Worker. When an applicant is assigned an appointment with a physician, they must arrive one day or more prior to the medication evaluation to complete the necessary forms. The Intake Screening Worker will give the applicant three(3) opportunities to come to the clinic to complete the forms. It will be the ISW's responsibility to assist the applicant in completing the necessary forms, so as to free the receptionist for other duties, since the ISW is more qualified to deal with the applicant's questions.
2. Crisis It will be the philosophy at the clinic that a person experiencing a life crisis is especially vulnerable, and hence susceptible, to psychotherapeutic intervention. Therefore, immediate intervention will be the desirable course of action. Basically, a person in crisis has recently experienced a physical, psychological or social trauma which was so overwhelming that former coping mechanisms were rendered ineffective. A manifestation of crisis might be suicidal ideation. When an applicant appears to be in crisis or in urgent need of help, the receptionist will immediately refer the applicant's call to the ISW or, if unavailable, to a staff member. It will be the duty of the telephone screener to determine if the applicant is in crisis. If so determined, the worker will schedule an Intake Appointment as soon as possible. The applicant's name, phone number, and date of application will be recorded in the Intake Appointment Book, along with the red lettering "Crisis" under the disposition. The Clinical Director

will be informed of a Crisis Intake to assist in the process of case assignment. If due to unforeseen circumstances no staff are available for a crisis appointment, an appropriate referral will be made immediately.

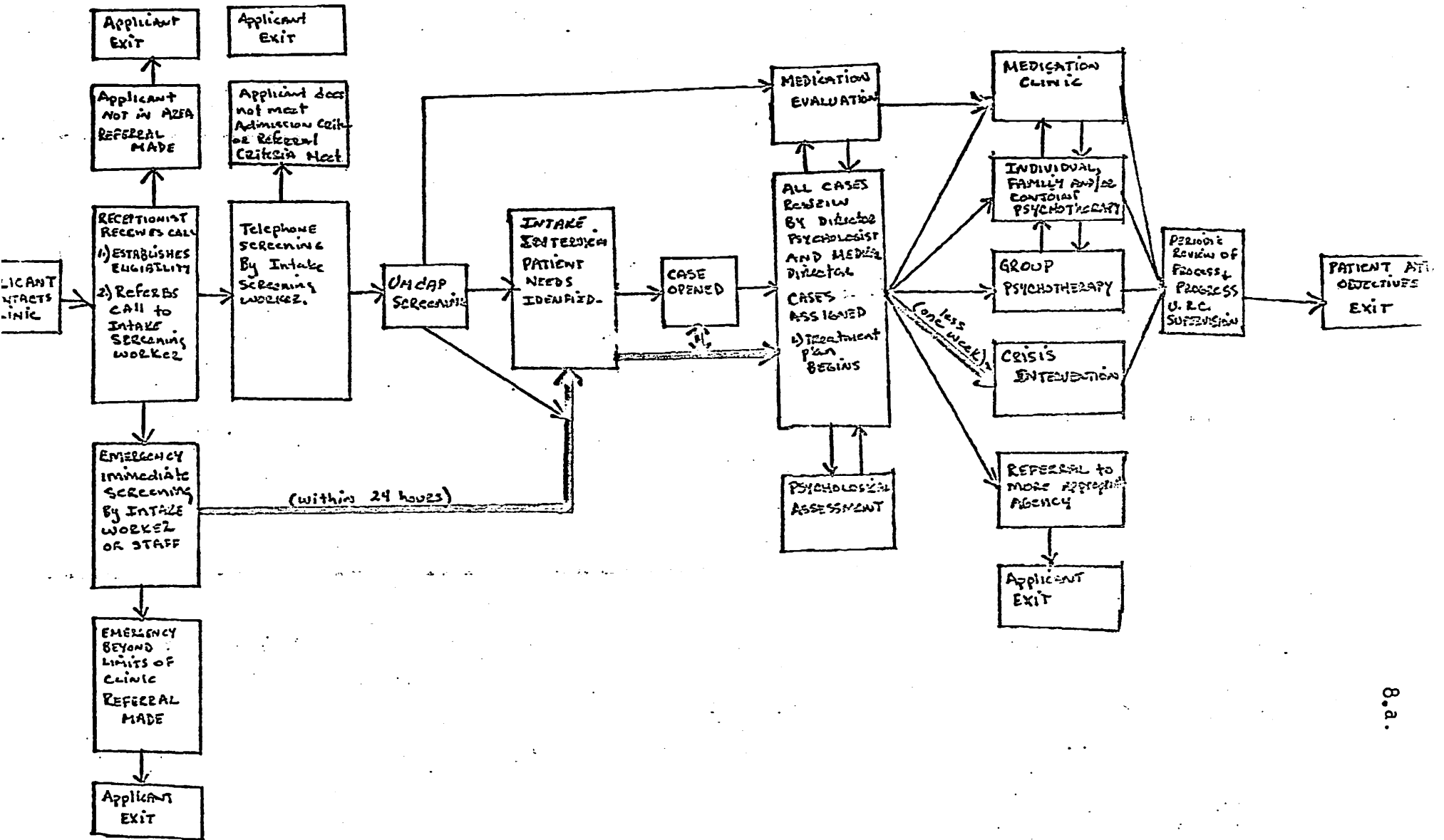
- 4a. What is the average length of time between initial contact and the first clinic visit? This varies according to the nature of the identifying problem: emergencies, 24 hours --less severe difficulties, one to two weeks.
 - b. What is the average length of time between the first clinic visit and the beginning of treatment? This again varies depending on identified problem: crisis, one week, whereas others, three weeks for individual and one week for group.
 - c. How many assessment visits and over what period of time? Assessment is only prescribed if after the initial intake a clear diagnosis is not possible or for differential diagnosis and/or for medication evaluation. If assessment appropriate occurs within one week and lasts two weeks.
5. Describe how the treatment plan and treatment objectives are formulated reviewed and approved. What is the level of staff involved in this process? Once the initial intake is completed the Clinical Director (MSW, Ed.D.) and Chief Psychologist (Ph.D.) with input from the Medical Director (M.D.) reviews each case and assigns them to appropriate staff for treatment. The Director will give input to the staff on the general parameters to treatment as ascertained from the intake. Then the case worker will develop an appropriate treatment plan under the supervision of their immediate supervisor (L.C.S.W. or Ph.D.). If medication is also used as an adjunct to treatment, the physician will also review and assist in the development of the treatment plan. The treatment plan includes the desires and objectives of the client and the client's highest level of functioning possible.
 6. Definitions
 - A. Crisis Intervention - 8 sessions over a maximum of 8 weeks
 - B. Short-term therapy - less than 6-9 (not longer than) months of individual and/or group treatment on an average of once to twice a week
 - C. Long-term therapy - more than 9-12 months of psychotherapy (group and/or individual) on a once or twice a week basis.
 7. Alternatives and criteria beyond short term
 - A. Alternatives - group therapy
 - B. Criteria:
 1. The precipitating problems were a manifestation of a deeper more severe pathology which if untreated would re-occur requiring a higher level of treatment.

CLINICAL SERVICES ORGANIZATION CHART



PASADENA GUIDANCE CLINIC - Adult Services

INTAKE TO TREATMENT FLOW CHART



B.S.

2. The patient continues to reveal progress past the short-term period and is developing a higher level of functioning beyond what is expected to be achieved in the short period.
3. Ego development socialization group for the chronically ill as a means of preventing hospitalization.

8. Staffing Profile:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Clinical Director MSW, EdD	Clinical Director MSW, EdD	Clinical Director MSW, EdD	Clinical Director MSW, EdD	Clinical Director MSW, EdD
MD	MD at Community Outreach Center	MD	MD	MD
LCSW	LCSW	LCSW	LCSW	LCSW
Psych Intern	Psych Intern	Psych Intern	Psych Intern	Psych Intern
"	"	"	"	"
"	"	"	"	"
	Social Work Intern	Social Work Intern	Social Work Intern	
	"	"	"	
RN		RN	RN	RN
MA Aid	MA Aid	MA Aid	MA Aid	MA Aid

D. Medication

How are medication evaluation referrals made? Describe the criteria and process.

1. Referrals: Therapist and physicians in community, intra and inter agency and patient requested.
2. Criteria: A. psychotic symptomology responsive to medication
B. affective disorders responsive to medication
3. Process: Review of medication at appropriate intervals by physician in face to face individual session
4. Intra-muscular - yes, M.D. or R.N. only

E. Volunteers

1. If you use volunteers, what are their duties and how are they used in the program?
They are only used to aid the program and are under supervision of licensed staff. One is used as co-therapist in a group of older patients with chronic symptoms.
2. Students and Interns
 - A. The clinic provides training for psychology, social work and Psychiatric nursing. Psychology interns must have completed at least two years of graduate training and be working toward their doctorate. Social work interns must be in the second year of graduate school and psychiatric nurses must have an RN and be working toward a B.A. or M.A.
 - B. Duties and assignments - based on training, ability and potential learning experiences.
 - C. Names of Schools
 1. USC School of Social Work (2½ days per week, 9 months)
 2. Cal State LA (10½ hours per week, 9 months)
 3. California School of Professional Psychology (20 hours per week, 12 months)

III. Supervision

- A. Describe supervision for professional staff
 1. Individual supervision with Clinical Director, one hour
 2. Case conference, two hours
- B. Same as above for volunteers
- C. Students
 1. Psychology Interns
 - A. 1½ hours individual
 - B. 1 hour group
 - C. 2 hours case conference
 2. Social Work
 - A. 1 hour individual
 - B. 2 hour case conference
 3. R.N. nursing
 - A. 1 hour individual
 - B. 2 hour case conference

IV. Psychiatric Emergency

- A. Definition: A psychiatric emergency shall be defined as a disturbance in thoughts, feelings, and/or actions which prevent the person from relying on former support systems and effect a persons basic functioning to such an extent that immediate professional intervention is deemed necessary. If untreated, the person may be a danger to himself and/or others.
- B. How do you respond to a psychiatric emergency? When a person in emergency seeks the clinic's services immediate intervention is offered, provided availability of staff and the possibility of managing the emergency on an outpatient basis. Unfortunately the clinic can only provide such limited coverage from a 9 to 5 basis. If medication is needed as an adjunct the clinic attempts to provide such a service but again, is limited by the number of physicians on staff and hours of coverage. At times the clinic offers immediate therapeutic management while returning the patient to San Gabriel Mental Health for medication. If the clinic cannot provide immediate intervention an appropriate referral is made. If the person in emergency is a patient of the clinic's, the patient's therapist (and supervisor if the therapist is an intern) immediately intervenes regardless of time. However, if the emergency cannot be managed on an outpatient basis an appropriate referral is made with extensive follow-up.

V. Program evaluation and quality assurance

- A. Describe in detail your quality assurance program
1. All training and supervision is performed by qualified licensed professionals. The clinic provides a multidisciplinary approach including psychiatry, psychology and clinical social work.
 - A. Supervisors meet regularly to discuss issues related to training and supervision.
 - B. Supervisors are encouraged to attend continuing education programs and conferences to increase their supervisory skills.
 2. The clinic provides weekly inservice training to all staff and interns.
 - A. Inservice training is coordinated with other satellite clinics to offer a more diverse training experience.
 - B. The clinic invites professionals within the community to present training seminars in their respective area of expertise which will add to the staff and intern training program.
 3. The clinic maintains a distinct chain of command and support back-up for staff and interns to insure quality support in time of need.
 4. The clinic conducts weekly utilization review meetings reviewing process and progress of patient treatment.
 5. All treatment plans are reviewed by the supervisory staff and periodically presented to staff and intern case conferences.
 6. Any case treated beyond 12 months must be presented in writing to the Clinical Director for review in conjunction with the Medical Director and Chief Psychologist.

7. Cases are individually assigned to staff and interns based on the concept of balanced caseload.
8. Charts are reviewed and counter signed by supervisory staff.
9. Screening, referral and case assignment
 - A. Prior to initial contact the applying patient is assessed in terms of appropriateness of receiving services from the clinic as determined by aforementioned admission and referral criteria. Screening for admission performed by a M.A. levelled psychiatric aid. The screening worker is directly supervised by the clinical director to insure appropriate admissions and referrals. Statistics are kept concerning the status of all applicants and referrals.
 - B. Following the initial contact the patient's case is again reviewed by Clinical Director, Chief Psychologist and when appropriate Medical Director prior to assignment. At this time, psychological assessment and/or medical examination may be recommended to insure appropriateness of service and treatment once the appropriate modality of treatment is determined the case is assigned to a therapist capable of treating such a patient. The assigned therapist reviews the general direction of the treatment recommended by the review team and after contacting the patient begins developing a detailed treatment plan.
 - C. Treatment plans are then reviewed by the therapist's supervisor and Medical and Clinical Director.
- B. How is the client's progress toward treatment objectives evaluated during the course of treatment?
 1. Weekly individual and group supervision
 2. Case conferences
 3. Utilization review
 4. Case Progress notes
 5. County and State audits
- C. How are treatment outcomes evaluated?
 1. Same as (B)
 2. Patient's self report
 3. Patient achieving stated objectives
 4. GAS increases
- D. How are overall program objectives evaluated?
 1. County and state site reviews
 2. Staff meetings
 3. Medical Director and Clinical Director's review

XII. INSURANCE (See Narrative Section Page 5)

A. Endorsement Naming County as Additional Insured

	<u>Issue</u> <u>Date</u>	<u>Expiration</u> <u>Date</u>
B. General Liability	<u>4/1/80</u>	<u>4/1/81</u>
C. Malpractice/Professional Liability	<u>4/1/80</u>	<u>4/1/81</u>
D. Motor Vehicle	<u>4/1/80</u>	<u>4/1/81</u>
E. Workmen 's Compensation	<u>4/1/80</u>	<u>4/1/81</u>
F. Certificates of Insurance Coverage	<u>4/1/80</u>	<u>4/1/81</u>
G. Fidelity Bond	<u>4/1/80</u>	<u>4/1/81</u>
H. Property Coverage	<u>4/1/80</u>	<u>4/1/81</u>

BUDGET NARRATIVE

Pasadena Adult Guidance

Personnel:

- A. The major changes in personnel budget include the addition of a full-time clinical director for the site. This position was not included full-time in last year's budget. Costs are 97,287 including administration of \$19,647.
- B. Consultants:

The agency hires persons at an hourly rate to provide routine direct patient services. These persons do not receive any fringe benefits. The consultant category includes only these hourly employees. The hourly budget is \$44,208.
- C. The agency is recommending a 7% increase in salaries and the addition of a dental plan for employees. This is included in the program budget.

Services & Supplies:

- A. This reflects increases of 35% for utilities.
- B. Adjusts mileage allowance given - increased cost of gasoline.
- C. Office Supplies - postage was adjusted to approximate actual use in 1979-80.
- D. Consultants - The agency employes hourly personnel for janitorial services. Bookkeeping is provided via Pay-phone.

Consultants - This is hourly employed staff providing direct patient services.

- E. Travel Conferences Training:

The agency needs to budget funds to provide for staff training to continue to meet patient needs and inservice education requirements.

AGENCY Pasadena Child Guidance Clinic
 Page 19 Facility: 770 S. Pasadena Ave., Pasadena 91105
 Outpatient -- Adult
 Provider: 6797

XIV. PROGRAM BUDGET (See Narrative Section XIV Pages 6 through 9)

ALLOCATION

1. Allocated Short-Doyle Amount.....	\$ 95,787
2. Allocated Short-Doyle/Medi-Cal Amount..	\$ 28,147
A. Non-Federal Short-Doyle/Medi-Cal.....	\$ 4,191
B. Federal Short-Doyle/Medi-Cal.....	\$ 23,956
(1) Federal Share.....	\$ 11,978
(2) State Share.....	\$ 11,978
Maximum State General Fund Allocation.....	\$ 111,956
(Total of 1, 2.A., and 2.B.(2))	
Patient Fees.....	\$ 9,005
Insurance.....	\$ 0
Fund Raising	\$ 25,082
Total Projected Revenue.....	\$ 34,087
OMR Drugs.....	\$ 0
TOTAL GROSS PROGRAM.....	\$ 158,021

AGENCY BUDGET FOR THIS CONTRACT ONLY

A. Personnel	\$ 97,287
B. Services & Supplies	\$ 11,120
C. Equipment Leases	\$ -
D. Facility - Rent/Lease	\$ 2,700
E. Consultants/Other	\$ 46,914
F. Deficit	
TOTAL BUDGET	\$153,021

Are volunteers utilized to provide direct client services? Yes No

If yes, how? _____

XIV. PROGRAM BUDGET - (Con't)

a. Personnel

NAME	TITLE OF POSITION	(FTE) # OF POS	HOURS EMPLOYED PER WEEK	% OF TIME SPENT ON CONTRACT SERVICES	TOTAL ANNUAL SALARY	TOTAL ANNUAL SALARY CHG. TO CONTRACT SERVICES	% FRINGE BENEFITS*	AMT. OF FRINGE BENEFIT CHG. TO CONTRACT	TOTAL REQUIRE
M. Clarke	Receipt/Cl.	1	37½		9,024	9,024	27	2,517	11,541
J. Dadourian	Casework Director	1	37½		23,985	23,985	19	4,458	28,443
S. Gold	PSW	1	37½		16,868	16,868	15	2,612	19,480
K. Orth	Financial Counselor	1	9 1/3		3,262	3,262	24	781	4,043
F. Rölle	Case Aid	1	37½		11,622	11,622	22	2,511	14,133
R. Johnson	Secretary	Allocated							
S. Mandel	Executive Director	By Direct Salary Cost			17,074	17,074	15	2,573	19,647
L. Lin	Controller								
A. Van-Wijk	Bookkeeper								
(cont'd)									

* Fringe Benefits Included 25,900

%	TITLE
6.13/	FICA
3.0/6,000	SUI
.70/100	Work. Comp.
.31/100	LTD
50.0 Prem	Health Ins. -- Prof.
100.0 Prem	Health Ins. -- Clerical
8.6	Retirement -- United Way
\$117. per yr	Dental Plan

TOTAL - PERSONNEL

XIV. PROGRAM BUDGET - (Con't)

a. Personnel

NAME	TITLE OF POSITION	(FTE) # OF POS	HOURS EMPLOYED PER WEEK	% OF TIME SPENT ON CONTRACT SERVICES	TOTAL ANNUAL SALARY	TOTAL ANNUAL SALARY CHG. TO CONTRACT SERVICES	% FRINGE BENEFITS*	AMP. OF FRINGE BENEFIT CHG. TO CONTRACT	TOTAL REQUES
Kelly	Psychiatrist	1	12		20,160	20,160			20,160*
Geiger	Psychiatrist	1	7 1/5		10,368	10,368			10,368*
Tool	Cl. Psych.	1	7 1/2		7,200	7,200			7,200*
Kernbrock	Cl. Psych.	1	6 3/4		6,480	6,480			6,480*

%	TITLE
* Fringe Benefits Included	

TOTAL - PERSONNEL 97,287

* Not included in total -- see consultant service

XIV. PROGRAM BUDGET - (Con't)

B. SERVICES AND SUPPLIES

ITEM	(Provide Detailed Justification, As Appropriate, In Budget Narrative)	\$ Cost per Year
		2,000
Office Supplies		3,000
Telephone		2,500
Utilities		100
Printing Therapy & Building and Ground Supplies		500
Mileage		30
Misc. Equipment (less than \$500) License		100
Dues, & Subscriptions		290
For this cost Depreciation -- Furniture & Office		2,100
Ins. Premiums Malpractice, Liability, Fire, Theft, etc.		500
Postage		
TOTAL - Services and Supplies		11,120

XIV. PROGRAM BUDGET (Con't)

D. Facility - Rent/Lease

Total Gross Square Footage: 2,000 Approximate -- house

Total Rent/Lease Cost:

Per Month: 225 Per Year: 2,700

Facility Rent/Lease
Cost Per Year

TOTAL - FACILITY RENT/LEASE 2,700

Rent/Lease Cost Per Square Footage:

Per Month: .113 Per Year: 1.35

XIV. PROGRAM BUDGET (Con't)

E. Consultants/Other

Brief Description
(Provide Detailed Justification, As Appropriate, In Budget Narrative)

	Cost Per Year
Cost Item Janitorial and Repair Services	1,426
Bookkeeping Services Computer Payroll	200
Yearly Audit	550
Consultants See personnel section for detail	44,208
Travel/Conferences/Training/Annual Meeting	530
TOTAL CONSULTANTS	46,914

XV. FORM E
NARRATIVE SUMMARY

I. GENERAL

The Form E - Narrative Summary is the support document to the Form E - Fiscal Plan. This document is required for the Community Services Program, and for each service function identified in the Treatment Services Program with the exception of the service functions in Outpatient Care for Program Types 01, 02, and 03. For Outpatient Care in Program Types 01, 02, and 03, one narrative summary will be required for the mode of service.

II. HEADING INSTRUCTIONS

- A. County - Enter name of the county.
- B. Provider Name - Enter the name of the provider.
- C. Provider Number - Enter the four digit provider identification code.
- D. Mode of Service or Program - Check the appropriate mode of service or program.
- E. Service Function and Service Function Code - Enter the appropriate service function and service function code for which this narrative describes. (See table below) For Outpatient Care in Program Types 01, 02, and 03 and Community Services Program, leave blank.
- F. Program Type - Enter the appropriate program type code.

TREATMENT SERVICES PROGRAM (TYPE 01, 02, & 03)

Service Function Code	24-Hour Care	Partial Day Care	Outpatient Care
10-19	24-Hour Acute Hosp.	Day Treatment Hosp.	Collateral Services
20-29	24-Hour Acute Non-Hosp.	Day Treatment Non-Hosp.	Family Therapy
30-39	24-Hour Subacute	Sheltered Workshps	Assessment
40-49	Residential	Social Activity Centers	Individual Therapy
50-59	---	---	Group Therapy
60-69	---	---	Medication
70-79	---	---	Crisis Intervention

TREATMENT SERVICES PROGRAM (TYPE 05)

Service Function Code	24-Hour Care	Partial Day Care	Outpatient Care	Residential
10-19	Detoxification	Detoxification	Detoxification	Detoxification
20-29	---	Maintenance	Maintenance	Maintenance
30-39	---	Drug Free	Drug Free	Drug Free
40-49	---	Chemotherapy	Chemotherapy	Chemotherapy

III. MATRIX INSTRUCTIONS

- A. Fiscal Matrix - For each year, past, current budgeted, and estimated budget, determine and enter by mode of service and/or service function the following data:
 - 1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
 - 2. Program Cost - Enter the total past year actual, current budgeted, and estimated budget adjusted gross program cost.
- B. Age/Target Group Matrix - Check the appropriate age and target group(s) to be treated.

IV. NARRATIVE DESCRIPTION

Provide a brief description for the following:

- A. Primary problems treated.
- B. Program objectives.
- C. Staffing - Number of employees by discipline (full-time equivalent).
- D. Estimated average duration of treatment.
- E. Unique needs met by program.

FORM E - NARRATIVE SUMMARY

LOS ANGELES COUNTY	PROVIDER NAME Pasadena Child Guidance Clinic	PROG. TYPE	PROVIDER NO. 6797
MODE OF SERVICE: <input type="checkbox"/> 24-HOUR CARE--# MH BEDS: _____ <input checked="" type="checkbox"/> OUTPATIENT CARE <input type="checkbox"/> PARTIAL DAY CARE <input type="checkbox"/> COMMUNITY SERVICE PROGRAM			SERVICE FUNCTION SERVICE FUNCTION CODE

	1978-79 PAST YEAR ACTUAL	1979-80 ESTIMATED CURRENT YEAR	1980-81 ESTIMATED BUDGET YEAR	DATA FOR 1980-81
UNDUPLICATED CLIENTS SERVED PER YEAR	581	602	610	AGE GROUP(S) TREATED: <input type="checkbox"/> 0-17 <input checked="" type="checkbox"/> 18-64 <input type="checkbox"/> 65+
PROGRAM COST	114,856	136,812	158,021	TARGET GROUP(S) TREATED: <input type="checkbox"/> DD <input type="checkbox"/> DA <input type="checkbox"/> MDO <input checked="" type="checkbox"/> MD
UNITS OF SERVICE	5,396	5,785	6,269	

PRIMARY PROBLEMS TREATED

Mentally disordered adults requiring need for psychiatric intervention in order to avoid higher level of care.

PROGRAM OBJECTIVES

- Recruit Spanish speaking therapy and clinical staff.
- Increase group psychotherapy, weekly from 7 to 9 sessions.

STAFFING # OF EMPLOYEES BY DISCIPLINE (F.T.E.)

.5 Psychiatrist	Nurse Aid	Paid Student Intern
_____ M.D. Non-Psychiatrist	_____ 1 MSW	_____ Non Paid Student Intern
_____ Psychologist, Ph.D.	_____ Social Worker, Non-MSW	_____ Volunteer
_____ Psychologist, Non-Ph.D.	_____ 1 Other M.H. Pro. (Ed.d.)	_____ .25 Administrative
_____ Nurse, R.N.	_____ Psych. Tech.	_____ 1 Clerical
_____ Nurse, LVN	_____ 1 Other M.H. Parapro.	

ESTIMATED AVERAGE DURATION OF TREATMENT

UNIQUE NEEDS MET BY PROGRAM

Only clinic providing psychiatric intervention in Pasadena.

PROGRAM STATEMENT (FY 80-81)

*Added Toole
2 hrs
- a day
Pasadena
4/30*

*Org
chart
Staff
Cohen*

I. Description of the Agency

- A. East Foothill Child Guidance Clinic
106 South Myrtle Avenue
Monrovia, California 91016

Outpatient evaluation, treatment, and referral of children with mental disorders or serious emotional difficulties.

Phone: (213) 357-3258
Pickens Moore, L.C.S.W., Site Director

- B. This is a satellite office of the Pasadena Child Guidance Clinic. A copy of the organization chart is attached.

The site director, two full-time and one half-time social workers, one half-time licensed psychologist, and one quarter-time licensed child psychiatrist provide intake and evaluation services, crisis intervention services, and short and long term psychotherapy services.

Program Component #1

Intake and evaluation services include evaluation of the presenting problem in its intra-psychic, familial, socio-economic and cultural aspects, using diagnostic interviewing and psychological testing procedures.

Program Component #2

Crisis intervention services include the elements of intake, evaluation and psychotherapy on an immediate, condensed basis with the goal of returning the child to his or her pre-crisis level of functioning.

Program Component #3

Short and long term psychotherapy services include individual, group, and family psychotherapies and medication therapy.

- C. 1. Children between birth and age 18 who suffer from mental disorders.
2. Children between birth and age 18 who suffer from psychological adjustment reactions and are at serious risk for developing mental disorders.
- D. See Pasadena Child Guidance Clinic.
- E. See Pasadena Child Guidance Clinic.

II. Description of the Program

- A. For FY and Medi-Cal 79-80 we had projected providing 2389 total individual service units for Short-Doyle and 1469 group service units for Short-Doyle and Medi-Cal.

We provided 1584 individual service units for Short-Doyle and 511 group service units for Short-Doyle, 1247 individual service units for Medi-Cal and 273 group service units for Medi-Cal.

Obstacles have included the following:

1. Lack of clarity about the structure and procedures for meeting the program objectives.
2. Lack of procedures for insuring continuity of care within the Clinic, and with other community agencies.
3. Lack of procedures for handling crises cases.
4. Lack of proper case recording procedures.
5. Lack of administrative oversight to insure proper recording and handling of information and patient records by professional staff.
6. Lack of coordination of psychotherapy services to a family when more than one member was being seen.
7. Lack of regular staffing and case review procedures.
8. Lack of coordination in the Intake and Evaluation process.
9. Lack of appropriate supplies for child psychotherapy.
10. Staff turnover.
11. Lengthy waiting lists.

- B. The specific objectives for FY 80-81 are to serve 184 Short-Doyle cases and 124 Medi-Cal cases with 1640 individual service units for Short-Doyle, 138 group service units for Short-Doyle, 1141 individual service units for Medi-Cal, 91 group service units for Medi-Cal, and 20 medication visits for Short-Doyle.

Possible obstacles to achieving these objectives might be:

1. Staff turnover due to low pay scale.
2. Persistence in the community of the Clinic's image of having long waiting lists, being unavailable for crises, and being understaffed.

3. Additional changes in County reporting procedures.

The units projected this year are lower due to changes in staffing. Total units projected - 3082; last year projected 3858. Changes - $\frac{1}{2}$ PSW assigned $\frac{1}{2}$ time to Day Treatment. 1 FTS MA psychologist converted to $\frac{1}{2}$ licensed Ph.D. This is loss of 1 FTS clinical position which would account for the productivity decline previously.

C. Delivery System

1. (See above I. B.)
2. (See target population above I. C.)
3. We refer out children for whom in-patient care, or removal from the home is a higher priority. We refer out children who are not mentally disordered or at serious risk for developing a mental disorder. We work with the Department of Public Social Services and with in-patient psychiatric facilities to insure completed referrals.
4. Initial phone calls, walk-ins and referrals are given to professional staff on a rotating basis and are handled within 32 hours. The initial step is usually a telephone screening, but may be a face to face screening in case of a walk-in. The therapist who makes this initial contact is the primary therapist. The therapist determines what information is needed from what sources, and arranges to get that information. The initial interview includes the identified patient, one or both parents or parent figures, and members of the family or other significant persons, depending upon the therapist's judgement of what will be most useful, and the willingness of those persons to respond. Following the initial session the therapist determines if additional evaluation sessions are needed before discussing the case at Disposition Staffing. The therapist may schedule two more evaluation sessions prior to Disposition Staffing.
 - a. Two weeks.
 - b. Treatment is begun at the initial visit.
 - c. One to three visits within three week's time.
5. The initial treatment plan including objectives is formulated by the primary therapist by the end of three visits. The plan is reviewed, modified if necessary and approved at the Disposition Staffing with all staff present including the Medical Director.
6. Our program's definition of Crisis Intervention is any combination of our services provided on an immediate basis to return a child to his or her pre-crisis level of functioning. This would be not more than six visits over not more than four weeks.

Short term psychotherapy is weekly psychotherapy planned for four to twenty-six weeks.

Long-term psychotherapy is weekly psychotherapy planned for six months to two years.

7. If a child needs treatment beyond short-term psychotherapy, he or she would be seen here unless there was less of a wait for treatment at another facility.

III. Supervision

- A. Social workers are supervised individually on a regularly scheduled one hour per week basis by the site director who is a California licensed clinical social worker. Group supervision takes place during three hours per week of regularly scheduled staff meetings which include the entire staff. In addition there are case conferences and on-going informal peer supervision among all professional staff. The Medical Director provides case supervision needed individually.
- B. No volunteers.
- C. No students.

IV. Psychiatric Emergency

See Pasadena Child Guidance Clinic.

V. Program Evaluation and Quality Assurance

- A. Because of the shortage of mental health services for children, we have begun to monitor the amount of service we give to any one case, and to evaluate the ability of the child or family to use the services we offer. This makes a marked difference in our program. Rather than seeing one case for as long as the patient will come in, we are using more time-limited and crisis intervention psychotherapy. And rather than spending major amounts of time and energy on cases with poor prognoses, inadequate motivation or little capacity for utilizing out-patient psychotherapy, we are spending time evaluating these issues in each Intake.

One of the results for the coming year will be that we will see many more cases for shorter periods of time. We think this is a wiser use of our resources and will make us available to more people. It may be somewhat more time and energy consuming because of the greater amount of time spent in intake, evaluation and closing processes. (Ongoing cases require less time).

We expect to develop an expertise in this type of evaluation which will lead to more appropriate referrals and use of resources among children's service agencies in our area. We get referrals of many cases which fail to fit existing categories of services available to children, and which tend to jump from one resource to another, consuming considerable amounts of resources with questionable benefit to the children involved.

Our in-service training and continuing education will focus upon developing skills in this area. We have three hours per week regularly devoted to staffing, in-service and peer review processes, plus one to two hours per month of in-service training at the Pasadena Child Guidance Clinic. One hour per week of regularly scheduled individual supervision for professional staff augments this. Utilization review procedures are in effect for Medi-Cal cases.

- B. Three month reviews for Short-Doyle cases measure progress toward the long and short term treatment goals on the Treatment Plan. The same Treatment Plan form is used for both Medi-Cal and Short-Doyle patients.
- C. Treatment outcomes are evaluated by comparison to the goals projected on the Treatment Plan.
- D. Because we are a small staff, there has been inadequate time to structure formal evaluation procedures, other than the tabulating of hours of services, changes in GAS ratings and therapists' reports on our Closing Summary forms. We will be learning from our experience this year, and will develop more precise program evaluation tools as we go along.
- E. (See statistical forms)

VI. Planning

See Pasadena Child Guidance Clinic.

XII. INSURANCE (See Narrative Section Page 5)

A. Endorsement Naming County as Additional Insured

	<u>Issue Date</u>	<u>Expiration Date</u>
B. General Liability	<u>4/1/80</u>	<u>4/1/81</u>
C. Malpractice/Professional Liability	<u>4/1/80</u>	<u>4/1/81</u>
D. Motor Vehicle	<u>4/1/80</u>	<u>4/1/81</u>
E. Workmen's Compensation	<u>4/1/80</u>	<u>4/1/81</u>
F. Certificates of Insurance Coverage	<u>4/1/80</u>	<u>4/1/81</u>
G. Fidelity Bond	<u>4/1/80</u>	<u>4/1/81</u>
H. Property Coverage	<u>4/1/80</u>	<u>4/1/81</u>

AGENCY # Pasadena Child Guidance Clinic
 Page 19 Facility: 106 South Myrtle Ave., Monrovia 91016
 Outpatient -- Children
 Provider -- 1979

XIV. PROGRAM BUDGET (See Narrative Section XIV Pages 6 through 9)

ALLOCATION

AGENCY BUDGET FOR THIS CONTRACT ONLY

1. Allocated Short-Doyle Amount.....	\$ <u>78,443</u>
2. Allocated Short-Doyle/Medi-Cal Amount..	\$ <u>46,046</u>
A. Non-Federal Short-Doyle/Medi-Cal.....	\$ <u>0</u>
B. Federal Short-Doyle/Medi-Cal.....	\$ <u>46,046</u>
(1) Federal Share.....	\$ <u>23,023</u>
(2) State Share.....	\$ <u>23,023</u>
Maximum State General Fund Allocation.....	\$ <u>101,466</u>
(Total of 1, 2.A., and 2.B.(2))	
Patient Fees.....	\$ <u>7,002</u>
Insurance.....	\$ <u>3,002</u>
Grants.....	\$ <u>0</u>
Total Projected Revenue.....	\$ <u>10,004</u>
OMR Drugs.....	\$ <u>0</u>
TOTAL GROSS PROGRAM.....	\$ <u><u>134,493</u></u>

A. Personnel	\$ <u>114,793</u>
B. Services & Supplies	\$ <u>11,508</u>
C. Equipment Leases	\$ <u>0</u>
D. Facility - Rent/Lease	\$ <u>5,024</u>
E. Consultants/Other	\$ <u>3,168</u>

TOTAL BUDGET \$ 134,493

Are volunteers utilized to provide direct client services? Yes No

If yes, how? _____

M.D. [unclear]

XIV. PROGRAM BUDGET - (Con't)

a. Personnel

NAME	TITLE OF POSITION	(FTE) # OF POS	HOURS EMPLOYED PER WEEK	% OF TIME SPENT ON CONTRACT SERVICES	TOTAL ANNUAL SALARY	TOTAL ANNUAL SALARY CHG. TO CONTRACT SERVICES	% FRINGE BENEFITS*	AMT. OF FRINGE BENEFIT CHG. TO CONTRACT	TOTAL REQUES
M. Lohse	PSW	1	18 3/4	17 1/2	8,941	8,317	17	1,448	9,765
E. McEachern	Psych.	1	37 1/2	35.0	14,489	13,478	16	2,177	15,655
P. Moore	Casework Director	1	37 1/2	35.0	19,188	17,850	12	2,123	19,973
K. Orth	Financial Counselor	1	6.0	5.0	2,087	1,940	24	464	2,404
D. Pinner	PSW II	1	37 1/2	35.0	14,489	13,478	17	2,233	15,711
C. Rich	Typist	1	29 1/2	27.5	8,959	8,334	16	1,331	9,665
A. Schweiner	Typist	1	19.0	17 3/4	5,138	4,779	10	485	5,264
L. Walker	PSW	1	37 1/2	35.0	15,171	14,113	19	2,748	16,861
(cont'd to next page)									

%	TITLE
6.13/25,900	FICA
3.0/6,000	SUI
.70/100	Work. Comp.
.31/100	LTD
50.0 Prem	Health Ins. -- Prof.
100.0 Prem	Health Ins. -- Clerical
8.6	Retirement -- United Way
\$117. per yr	Dental Plan

TOTAL - PERSONNEL

XIV. PROGRAM BUDGET - (Con't)

a. Personnel

NAME	TITLE OF POSITION	(FTE) # OF POS	HOURS EMPLOYED PER WEEK	% OF TIME SPENT ON CONTRACT SERVICES	TOTAL ANNUAL SALARY	TOTAL ANNUAL SALARY CHG. TO CONTRACT SERVICES	% FRINGE BENEFITS*	AMP. OF FRINGE BENEFIT CHG. TO CONTRACT	TOTAL REQUEST
R. Johnson	Office Mgr.	1	Allocated						
S. Mandel	Executive Director	1	By		18,212	16,942	15.	2,553	19,495
L. Lin	Controller	1	Direct Salary						
A. Van-Wijk	Bookkeeper	1	Cost						

%	TITLE	
* Fringe Benefits Included		

TOTAL - PERSONNEL 114,793

XIV. PROGRAM BUDGET - (Con 't)

B. SERVICES AND SUPPLIES

ITEM	(Provide Detailed Justification, As Appropriate, In Budget Narrative)	\$ Cost per Year
Office Supplies		1,861
Telephone		2,326
Utilities		2,744
Printing Building and Maintenance Supplies		186
Mileage		279
Misc. Equipment (Less than \$300) Therapy Supplies		372
	License	28
Per Unit Cost	Dues, Subscriptions and Reference Publications	102
Ins. Premiums	Malpractice, Liability, Fire, Theft, & Misc.	3,470
Postage		140
TOTAL - Services and Supplies		11,508

XIV. PROGRAM BUDGET (Con't)

D. Facility - Rent/Lease

Total Gross Square Footage: 2,205

Total Rent/Lease Cost:

Per Month: 450 Per Year: 5,400

Facility Rent/Lease
Cost Per Year

TOTAL - FACILITY RENT/LEASE 5,024

Rent/Lease Cost Per Square Footage:

Per Month: .20 Per Year: 2.45

XIV. PROGRAM BUDGET (Con 't)

E. Consultants/Other

Brief Description
(Provide Detailed Justification, As Appropriate, In Budget Narrative)

	Cost Per Year
Cost Item Janitor, Repair, & Maintenance Service	2,144
Bookkeeping Services Computer Payroll	372
Yearly Audit	512
Consultants	
Travel/Conferences/Training	140
TOTAL CONSULTANTS	3,168

XV. FORM E
NARRATIVE SUMMARY

I. GENERAL

The Form E - Narrative Summary is the support document to the Form E - Fiscal Plan. This document is required for the Community Services Program, and for each service function identified in the Treatment Services Program with the exception of the service functions in Outpatient Care for Program Types 01, 02, and 03. For Outpatient Care in Program Types 01, 02, and 03, one narrative summary will be required for the mode of service.

II. HEADING INSTRUCTIONS

- A. County - Enter name of the county.
- B. Provider Name - Enter the name of the provider.
- C. Provider Number - Enter the four digit provider identification code.
- D. Mode of Service or Program - Check the appropriate mode of service or program.
- E. Service Function and Service Function Code - Enter the appropriate service function and service function code for which this narrative describes. (See table below) For Outpatient Care in Program Types 01, 02, and 03 and Community Services Program, leave blank.
- F. Program Type - Enter the appropriate program type code.

TREATMENT SERVICES PROGRAM (TYPE 01, 02, & 03)

Service Function Code	24-Hour Care	Partial Day Care	Outpatient Care
10-19	24-Hour Acute Hosp.	Day Treatment Hosp.	Collateral Services
20-29	24-Hour Acute Non-Hosp.	Day Treatment Non-Hosp.	Family Therapy
30-39	24-Hour Subacute	Sheltered Workshops	Assessment
40-49	Residential	Social Activity Centers	Individual Therapy
50-59	---	---	Group Therapy
60-69	---	---	Medication
70-79	---	---	Crisis Intervention

TREATMENT SERVICES PROGRAM (TYPE 05)

Service Function Code	24-Hour Care	Partial Day Care	Outpatient Care	Residential
10-19	Detoxification	Detoxification	Detoxification	Detoxification
20-29	---	Maintenance	Maintenance	Maintenance
30-39	---	Drug Free	Drug Free	Drug Free
40-49	---	Chemotherapy	Chemotherapy	Chemotherapy

III. MATRIX INSTRUCTIONS

- A. Fiscal Matrix - For each year, past, current budgeted, and estimated budget, determine and enter by mode of service and/or service function the following data:
 - 1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
 - 2. Program Cost - Enter the total past year actual, current budgeted, and estimated budget adjusted gross program cost.
- B. Age/Target Group Matrix - Check the appropriate age and target group(s) to be treated.

IV. NARRATIVE DESCRIPTION

Provide a brief description for the following:

- A. Primary problems treated.
- B. Program objectives.
- C. Staffing - Number of employees by discipline (full-time equivalent).
- D. Estimated average duration of treatment.
- E. Unique needs met by program.

LOS ANGELES COUNTY	PROVIDER NAME Pasadena Child Guidance Clinic	PROG. TYPE PROVIDER NO. 0 1979
MODE OF SERVICE: <input type="checkbox"/> 24-HOUR CARE-# MH BEDS: _____ <input checked="" type="checkbox"/> OUTPATIENT CARE		SERVICE FUNCTION
<input type="checkbox"/> PARTIAL DAY CARE <input type="checkbox"/> COMMUNITY SERVICE PROGRAM		SERVICE FUNCTION CODE

	1977-78 PAST YEAR ACTUAL	1978-79 ESTIMATED CURRENT YEAR	1979-80 ESTIMATED BUDGET YEAR	DATA FOR 1979-80	
UNDUPLICATED CLIENTS SERVED PER YEAR	408	527	308	AGE GROUP(S) TREATED: <input checked="" type="checkbox"/> 0-17 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65+	
PROGRAM COST	119,982	112,699	134,493	TARGET GROUP(S) TREATED: <input type="checkbox"/> DD <input type="checkbox"/> DA <input type="checkbox"/> MDO <input checked="" type="checkbox"/> MD	
UNITS OF SERVICE	4,334	3,600	3,030		

PRIMARY PROBLEMS TREATED

Emotionally disturbed children who without this intervention would require a higher level of care.

PROGRAM OBJECTIVES

- Increase groups
- Increase Family therapy
- Maintain Spanish speaking caseload
- Provide medication evaluation

STAFFING # OF EMPLOYEES BY DISCIPLINE (F.T.E.)

<u>25</u> Psychiatrist	_____ Nurse Aid	_____ Paid Student Intern
_____ M.D. Non-Psychiatrist	<u>2.8</u> MSW	_____ Non Paid Student Intern
_____ Psychologist, Ph.D.	_____ Social Worker, Non-MSW	_____ Volunteer
<u>1.8</u> Psychologist, Non-Ph.D.	_____ Other M.H. Pro.	<u>1.3</u> Administrative
_____ Nurse, R.N.	_____ Psych. Tech.	<u>1.0</u> Clerical
_____ Nurse, LVN	_____ Other M.H. Parapro.	

ESTIMATED AVERAGE DURATION OF TREATMENT

UNIQUE NEEDS MET BY PROGRAM

Psychiatric intervention
Medi-Cal clients can receive care

Budget Narrative E. F. Ched

Personnel.

A The Major change from last year includes a full time site director, and reduction of one half MSW who was transferred to Day Treatment.

This budget reflects 70% COC over last years figures.

B United Way supports the remaining clinical hours not covered by State Dept Services, Supplies

The charts reflect 35% increase in utility costs but otherwise are adjusted for actual use per last quarter 1979-80.

C - none.

D. Lease

This is standard lease arrangement for the space.

E. Consultant

- 1 hourly ^{monthly} rates for janitorial services contracts with each provider.
- Bookkeeping - monthly payroll payroll services.
- Travel Exp. This is to maintain insurance and staff development.