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July 29, 1976

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TO: Deputy Directors
Mental Health Committee

FROM: Herbert A. Robinson, M.D. *HAR*

SUBJECT: JOINT COMMITTEE MEETING JULY 22, 1976 - LOS ANGELES
COUNTY/METROPOLITAN STATE HOSPITAL AND CAMARILLO
STATE HOSPITAL

As I discussed at the Executive Committee and the Mental Health Committee meetings, we are in the process of reviewing problems at the State Hospitals. The situation at Metropolitan State Hospital has reached the level of being most critical in several areas. One example is the admission/recidivism problem:

Metropolitan State HospitalAdmissions

1,100+ per month

Recidivism50% returns (via CEU) 2 times or more within the
same monthHours of Admission

49% between 5 p.m. and 8 a.m.

70% of p.m. admissions are "5150" (72-hour emergency
admission)Camarillo State HospitalAdmissions

25% between midnight and 8 a.m.

I am requesting on an urgency basis certain information which will enable us to recommend immediate steps to alleviate the problems:

- a. The San Gabriel Valley Region review the effectiveness of the CEU (screening unit at Metropolitan) in controlling admissions and readmissions.
- b. The Program Administration Bureau to study the effectiveness of the Departure Center Teams at each hospital.
- c. Dr. DeCayette, Chief of Program Administration Bureau, to review with Dr. John Wells, Mental Health Representative for San Gabriel Valley Region, the feasibility of increasing the coverage of CEU functions and Departure Center functions by combining the staffs of these two units. It seems possible that the recidivism rate can be better controlled if those staff discharging patients are also responsible for admissions. Such combining of the functions of the Departure Center and CEU may prove more effective than the current system.
- d. Dr. DeCayette's Program Administration Bureau to prepare a breakdown as to Health Districts on those patients admitted to Metropolitan State Hospital and Camarillo State Hospital within the last six months with critical priority being given to Metropolitan admissions.
- e. Dr. DeCayette's Bureau, based upon the data he obtains in terms of admissions, will consider with Dr. John Wells of San Gabriel Valley, whether or not increasing the capacity of the Day-Treatment Center at Metropolitan would give the CEU a more effective tool for alternative to admissions.
- f. Dr. Wells and Dr. DeCayette, in their consideration of CEU and Departure Center functions, determine and correct any inappropriate admissions of Geriatric patients to the State Hospitals (i.e., those being admitted primarily for purposes of housing). They should further consider that we reduce the admissions of this population to those considered to be a danger to self or others, and (although qualifying under L-P-S) close admissions to those considered only of the gravely disabled category.
- g. The Deputy Directors of each Region direct their respective Regional Services to implement plans ensuring that Geriatric patients will be admitted to community facilities in lieu of admissions to the State Hospitals.

- h. Dr. DeCayette work closely with CCSS and DPSS to develop a plan and ensure that alternatives are found for those persons presently being admitted as gravely disabled.
- i. Dr. DeCayette to discuss with CCSS the need to expedite placement of non-conservatorship type patients and see that the Geriatric patients currently in State Hospitals are phased back into the community.
- j. Dr. DeCayette's Program Administration Bureau to review and carefully monitor the screening unit at Camarillo State Hospital.
- k. Dr. Schock's Legislative and Judicial Bureau to prepare a draft memo to Mr. Witherill to apply appropriate pressure to the Office of the Public Guardian to facilitate discharge and placement of conservatees who have completed their treatment.

In Metropolitan alone there are 40 patients on the waiting list for placement in boarding homes and skilled nursing homes, and there are 39 patients in acute units which are considered inappropriately placed.

- l. Dr. Bruce Picken, San Fernando Valley Mental Health Representative, consider the possibility of increasing the number of holding beds in order that patients deemed necessary to go to Camarillo need not be transported on an individual basis by ambulance, rather that several patients be transported at the same time.
 - (1) Reduces cost.
 - (2) Controls hours of admissions, other than extreme emergency, to the State Hospitals, by limiting such admissions to regular business hours.
- m. Dr. John Ray and Dr. Boyd Krout to consider implementing similar actions as is being asked at Olive View. (See "l")
- n. Dr. Krout to report on the feasibility of reopening the 15-bed inpatient ward in determining the most effective means of relieving excessive 72-hour admissions to Metropolitan.
- o. Dr. Crowell to review the Alternatives to Hospitalization document which was approved by the Executive Committee as Departmental Policy, November 1975, to ensure that all steps are being complied with and time frames are being met.

To Deputy Directors and Mental Health Committee
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We are continuing to work with the State Hospitals in terms of:

- a. Obtaining residential centers on Metropolitan State Hospital campus to eliminate the waiting period of placement.
- b. Attempting to attain dual licenses in order that "L" type facilities on campus may be permissible.
- c. Obtaining a reimbursable revolving fund to assist patients while awaiting SSI.

HAR:cn

cc: L. A. Witherill
M. E. Chamberlin
J. E. Affeldt, M.D.