

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Update: Transformation of the Adult System of Care
March 19, 2005

Project Component	Description/Alternatives	Status as of March 19	Costs	Next Steps
Training	<p>Develop a training plan for implementation of transformation. Include following components:</p> <ul style="list-style-type: none"> 1 - Retreats (April 4 and May 4) 2 – Immersion training 3 – Planned AB/ACT training 4 – Planned Conferences 5 – Special local training 	<p>Met with Ambrose Rodriguez and Irma Martinez on 3-14.</p> <ul style="list-style-type: none"> 1 - Reviewed goals of retreat and scheduled speakers for 4-4. Will attempt to obtain CEUs for qualified components of retreat (LCSWs/PhDs). Debbie I-G will forward information about cost of retreat to TCCB. Will recommend that 5-4 conference focus on presentation of ACT model (not included in conference on 4-4) 2 – Cathy Warner will contact the Village re: cost of immersion training and availability of space before July 1. 3 - Maria Funk outlined current plans for AB/ACT training for remainder of FY. Directly operated programs' transformation teams will be invited to attend: 4 - Ditto for planned conferences (TAY, Recovery Conference). 5 – Remaining priority for local training prior to 7-1 is co-occurring disorders. TCCB to work with Jeanne Obert on 8 modules (one per service area) including core training: Harm reduction, stages of 	<ul style="list-style-type: none"> 1 – 2 – 3-day Training costs \$750/person Est total cost (3 staff/clinic x 8 clinics @ \$750/person = \$18,000 3 – N/A 4 – TBD 5 – TBD 	<ul style="list-style-type: none"> 1 – Continue to follow up on CEUs (RK, DIG, IM) DIG to forward cost of retreat; confirm TCCB will cover cost. Begin planning for 2nd retreat (ACT presentation) 2 – The Village can offer a special immersion training at the end of June. Discuss cost and feasibility of sending staff for three days. 3 and 4 – Begin discussion in Joint Chiefs meeting re: training plans, sending transformation teams 5 – TCCB to determine cost and feasibility of offering this core training in 8 Service Areas. Begin discussion with Joint Chiefs at 3-23 meeting.

		change, motivational interviewing. To be followed by case consultation/supervision to ensure transfer of knowledge to clinical practice.		
Staff and Program Availability 24/7	Several models currently exist: DMH model is 24/7 coverage both by telephone and roll-out of staff on weekend. Contract agencies provide 24/7 telephone coverage. However, most rely on EOB if field eval is needed after hours. Recommend voluntary 24/7 telephone coverage by ACT staff with field eval by EOB as needed.	Cathy Warner, Darlesh Horn and Sue Zavack have determined projected average costs for 24/7 telephone coverage. (See attached)		Determination of model. Discussion with EOB (if they are to provide assistance) Consult with HR re: union issues
Outcomes/Data Collection	Installation of Caminar system 1 per Service Area 1 per directly operated clinic (See also attached outline prepared for PIF, listing alternatives)	Robin pulled PIF cost analysis. Call in to Dave Pilon to confirm costs and determine whether a volume discount is possible.	1 system/SA: (Caminar software) only: 8x\$10,000 = \$80,000 or (Software, computer, printer, server) = 8x\$14,100 = \$169,200 21 systems (software only) = \$210,000 21 systems	Discussion with Dave Pilon Identification of funding Consideration of alternatives if funding is unavailable (e.g., measure data at points in time rather than continuously, etc.)

			(Software, computer, printer, server) = 21x\$14,100 = \$296,100	
\$ Management	<p>1 – Expand system used at Edelman, Downtown, Hollywood (involves Treasurer-Tax Collector and OPG)</p> <p>2 – Consider modified \$ mgt with limited checks off the top (housing, utilities, food + cash entitlement)</p> <p>3 – contract with \$ mgt programs (e.g., GENESIS & St. Jos. Ctr)</p>	<p>1 – Sue and Darlesh are outlining process currently used by d.o. programs, Accounting is researching fees charged to TTC</p> <p>2 – Darlesh researched electronic card – will discuss with Chris Fierro on 3-21</p> <p>3 – Robin to obtain amendment, speak with Kevin T</p>		
Flex Funds	<p>1 – Limited incentive-type program (e.g., ATCMS) (\$20)</p> <p>2 – Use average contract AB2034 flex fund cost/client (\$1400)</p> <p>3 – Use original average contract AB2034 flex fund cost/client (\$2600)</p> <p>4 – Develop total cost/client inclusive of flex \$ (\$20,000)</p>	Costs associated with each alternative determined.	<p>1 - \$20/client/year x 100 clients/program x 8 programs = \$16,000</p> <p>2 - \$1400/client x 100 clients/program x 8 programs = \$1,120,000</p> <p>3 - \$2600/client x 100 clients/program</p>	

x 8 programs =
\$2,080,000

Initial costs if
programs began
with 30 clients:

- 1 - \$4800
- 2 - \$336,000
- 3 - \$624,000

Note: these are
annualized
figures.