Summary Response to request from San Diego League of Women Voters

Note: Years cited are an approximate estimate
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1. ***the establishment of a coordinated system of 24-hour regional centers, each providing a full spectrum of health services, including a Case Manager for each patient where indicated. Has this been accomplished? Why is it important?***

There are regional county BH care clinics in all the 6 health care regions into which San Diego County is divided. They are not 24 hour, but operate from 8-5P five days a week. For emergencies at night and during weekends San Diego County relies on its hospital system some of which have Lanterman Petrie Short Act-LPS or locked BH units and/or help through the Access and Crisis Line.

1995 to date - 6 START Crisis Residential Treatment Programs region wide with a 7th in North Inland region in process of development in 2013 - 2014

1998 to date – PERT-Psychiatric Emergency Response Teams in all HHSA regions, made up of a police officer and a clinician. Shifts: mainly daytime into evening.

2006 to date - Exodus Walk-In/Urgent Clinics in Vista and North Inland-hours: Noon to 7:30P . Central has one Walk-In.

On-going 24 hour – SDC Psychiatric Hospital/Emergency Psychiatric Unit.

2006 – Full Service Partnerships: FSP established in all regions.

On-going – 24 Hour Access and Crisis Line

Case Managers assigned to all Severely Mentally Ill. High case load.

2. treatment programs for the dually-diagnosed (mental illness plus substance abuse / addiction).

Has this been accomplished? Why is it important?

2002 to date - Integration of mental health treatment and substance use treatment. To date this integration continues with CADRE # 14 training, QI Unit monitoring and quarterly program monitoring. There is Dual Diagnosis Capability and Dual Enhanced Services for Adult and Children Services in BHS. i.e.,Outpatient Case Management Services, ADS/Alcohol and Drug Services, Inpatient programs. Combined funding of $145M A&D and $375M BH.

2009 to date – Bridge to Recovery. SDC Psychiatric Hospital and EPU based program for clients with primary Substance Abuse Disorder: Treatment for drug induced psychosis at UCSD

2009 to date – Integration of Licensed Clinicians in ADS Recovery Centers and Residential Treatment Homes

2012 to date – Learning Community Program integrates mental health, substance abuse and primary care into a coordinated SOC: System of Care.

3. ***the maintenance of a full-time, adequately staffed and funded Community Outreach program for the seriously mentally ill.***
   Has this been accomplished? Why is it important?

1995 to date - Homeless Outreach Workers in all County operated clinics in all regions.

2002 to date – Senior Mental Health Outreach Services provided by AIS-Aging and Independent Services.

2005 to date – Homeless Outreach provided only in East, North County regions. Other regions suffered budget cuts.

2006 to date – Case management (traditional/Strength Based Case Management Services) expanded to Board and Cares, Independent Livings, and isolated cases.

2006 to date - FSP's implemented county wide to address homeless/at-risk of homeless in all regions. Examples????

2006 to date – Prevention and Early Intervention (PEI) programs established for TAY-Transition Age Youth/Adult and OA-Older Adult. To the Deaf and Hard of Hearing.

2009 to date – TAY clinic and outreach services embedded in outpatient clinics: Such as EPSDT administered by Ed System.

2010 to date – Geriatric Specialist embedded in outpatient clinics to provide in-clinic & Senior Outreach.

2012 to date – IHOT-In Home Outreach Teams implemented in 3 regions: North Coastal, East, Central. Just approved for start in July '14 in all 6 regions.

4. ***the provision of coordinated, integrated services by its various agencies for mentally ill clients of all ages. Has this been accomplished? Why is it important?***

2006 to date – Integrated mental health services in primary care via Council of Community Clinics

2008 to date – Primary care and mental health integration – Salud in South and North Inland

2009 to date– Licensed Mental Health Clinicians integrated in ADS programs

2010 to date– Paired mental health and primary clinics (17 sites) to increase care coordination and referral process

2011 to date – ICare, consultation to primary care on psychiatric cases/medications

2011 to date – Hope Connections. Hospital and county clinic based to facilitate navigation in mental and primary care systems of care.

2011 to date - Learning Collaboratives, advances integration and care coordination with primary care.

5. planning and providing for adequate, steady funding streams for programs for County mentally ill clients.
Has this been accomplished? Why is it important?

2005 to date – MHSA Stakeholder Planning Process :
Ongoing - Mental Health Board input, feedback and support and approval

Ongoing – Board of Supervisor program and funding authorization

Ongoing - Economic Reality Planning - Vetted with multiple established community stakeholders and all three Councils: Children's, Adult and Older Adult, TAY Workgroup, CCRT-Cultural Competence Resource Teams

2010 – Increase in AB 109 funding for clients released from prison with a serious mental illness and substance use disorders.

2011 – Increase in SB678 funding for clients released from prison with a serious mental illness and substance use disorders.

6. ***increased funding for shelter beds, supportive services and housing for the mentally ill.***
   Has this been accomplished? Why is it important?.

2006 to date – the MHSA Housing Program was a BOS authorized $33 M commitment to be administered by CALHFA and DMH on behalf of SD County to develop 241 permanent supportive housing units.

2006 to date – BHS dedicated MHSA/CSS funding into 5 FSP for homeless seriously mentally ill: approximately $2.5M and one time CSS-Community Services and Supports funding for next 3 FY's

2006 to date – In 2013 approximately 1,100 persons with serious mental illness are being housed in diverse housing options. Services are provided by FSP and 85% of clients are in housing array.

1995 to date - Emergency Shelter Beds to date- BHS has 20 ESB's at any given point for homeless persons with mental illness.

2005- BHS contracted with the Corporation for Supported Housing (CSH) as consultants to develop Housing Program for BHS.
2006 to date - Safe Haven – BHS has 12 Safe Haven beds at any given point for homeless persons with mental illness.

Ongoing – ADS Residential Treatment programs.
2010 AB109 - BHS is developing Sober Living capacity for persons living prison who have a mental illness.

2012- Independent Living Association (ILA) established to improve and coordinate relationship with landlords and BHS providers that refer clients to ILH.

2013 ADS Housing Needs Evaluation - BHS is finalizing ADS Housing Report that reviews/reports housing capacity for persons with AOD- Alcohol and Other Drugs.

7. holding persons with psychiatric disabilities who are accused or convicted of a crime be held in appropriate psychiatric facilities rather than jails.
Has this been accomplished? Why is it important?

Ongoing – Collaborations and partnerships created with Jail's and Probation for client's discharged from jail that are in need of ongoing mental health treatment.

2006 to date – FSP embedded a Probation Officer in the teams to outreach and divert clients from jail.

2011 to date - BHS implemented In-Reach program at Las Colinas and George Bailey to outreach at-risk individuals for mental health and AOD issues.

2011 - AB109 funding expanded services to clients with mental illness and/or AOD. Partnership and Coordination with Safety Sector created via MOU

2011 – SB 678 funding expanded services to clients with mental illness and/or AOD. Partnership and Coordination with Safety Sector created via MOU

2013 – Faith Based Community Dialogue initiated to address disproportionality of African-American and Latinos seen for the first time while in jail for mental health and AOD issues among other concerns.

8. increasing and updating the training of special response teams of law enforcement officers who respond to emergencies involving persons who are mentally ill.
Has this been accomplished? Why is it important?

1998 to date – PERT teams established

1998 to date – PERT Training Academy provided

2009 to date – Training to non-PERT law enforcement initiated

9. the establishment through the County Mental Health Services of an adequately funded , independent coalition of providers made up of clients, family members and interested citizens empowered to recommend necessary changes.
Has this been accomplished? Why is it important?

2005 to date – The MHSA Stakeholder Process was initiated to provide input/feedback and recommendations on MHSA service/program delivery.

2005 – Consumers, family members and advocates integrated across all levels of BHS planning and development processes in meetings and workgroup.

2005 – Consumers, family members and free of conflict of interest others included in Source Selection Committees.

2005 – The Adult, Older Adult, Housing and Children's Councils were re-structured to provide input/feedback and recommendations to BHS Administrative team. Also the CCRT and the TAY Workgroup provide input and feedback to BHS.

Ongoing – the Mental Health Board (MHB) reviews/recommends/supports and approves service/program development and implementation