

State Departments
Mental Health Services Act (MHSA) Progress Report
Fiscal Year (FY) 2009-10
Reporting Period: January 1, 2010 – June 30, 2010

Department DEVELOPMENTAL SERVICES (DDS)

1. Identify highlights for this reporting period

- a. Golden Gate Regional Center (GGRC), San Andreas Regional Center (SARC), San Diego Regional Center (SDRC), San Gabriel/Pomona Regional Center (SG/PRC), and Westside Regional Center (WRC) are in the implementation phase of their training projects. See Goals 1, 2, and 3 for current activities and outcomes.
- b. DDS and the Department of Mental Health (DMH) have entered into an informal data sharing agreement. The DMH Data Management and Analysis Unit is processing data requests pertaining to consumers with dual diagnoses with criminal justice system involvement, and will summarize various data fields into tables. Initial results of DDS' data request were received on August 3, 2010, and will be reported in the January 31, 2011, MHSA Progress Report.
- c. DDS has determined that there are nineteen 23-hour crisis intervention units in California, and there is a need for additional units.
- d. DDS' new Mental Health webpage will launch in August 2010 highlighting the seven RC MHSA Training Projects.

2. Please list all the goals/objectives/activities/deliverables for this reporting period as listed in the MHSA Work Plan and provide an update.

See the attached.

State Departments
MHSAs Progress Report
Fiscal Year (FY) 2009-10
Reporting Period: January 1, 2010 – June 30, 2010

-Goal 1 – Improve care for consumers with a dual diagnosis (developmental disability and mental illness) by training direct service providers (DSPs), families, and consumers

***Goal 2 – Expand community capacity – best practice training for clinicians and other professionals**

Activity 1

RC MHSAs Training Projects

Major activities/ deliverables:	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
a. Innovative training projects for consumers, families, DSPs, clinicians, and other professionals will focus on early intervention and treatment.	FYs 2008-09 through 2010-11	<p>The following six projects, funded by MHSAs through DDS, relate to this deliverable. Training agendas, support materials, and curriculum are located on our webpage.</p> <p>~*GGRC is developing and implementing a three-part seminar entitled <i>Embracing the Parent-Child Relationship in Your Work with Families</i> for RC and other early intervention professionals focusing on infant mental health.</p> <p>Approximately 180 participants representing over 45 agencies attended this three-part seminar at the Fort Mason Center in San Francisco on April 30, May 3, and May 10, 2010. Various professionals attended including physical therapists, occupational therapists, social workers, psychologists, nurses, physicians, marriage and family therapists, early childhood education teachers, early intervention teachers, speech and language pathologists, parent educators, and program administrators.</p>	<p>GGRC contracted with the Easter Seals Northern California and Jewish Family and Children’s Services.</p> <p>The Interagency Collaboration Team consists of representatives from First Five, Early Head Start/Head Start, Family Resource Centers, County Offices of Education, and Community Mental Health/Behavioral Services. The interagency collaborative will consult with professionals affiliated with the Parent Infant Program at the University of California, San Francisco and the Childhood Mental Health Program at Children’s Hospital and Research Center in Oakland, California.</p>	<p>Based on the feedback from the April 30, May 1, and May 10 seminars, intensive small group and individual on-site consultations will convene in Fall 2010. GGRC anticipates that 100 participants from key agencies, including GGRC staff, will attend.</p> <p>DDS will provide the scheduled dates of the consultations to the Department of Mental Health (DMH) as soon as they become available.</p>

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<p>a. Innovative training projects for consumers, families, DSPs, clinicians, and other professionals will focus on early intervention and treatment. (continued)</p>	<p>FYs 2008-09 through 2010-11</p>	<p>GGRC (continued)</p> <p>Based on anecdotal reports from supervisors at community agencies and within GGRC, supervisors report that staff members are reflecting upon the topics and ideas presented. Staff members are also applying their understanding of early childhood mental health in their day-to-day practice with families.</p> <p>The Interagency Collaborative met regularly to design and implement the intensive small group and individual on-site consultations. These consultations will be offered to provide ongoing on-the-job training and workforce development to key agencies, including GGRC staff.</p> <p>Activities Phase: Implementation</p>		
		<p>~*Harbor Regional Center (HRC) is conducting a project entitled <i>Breaking the Barriers – Forming Cross System Partnerships to Effectively Serve Individuals with Mental Illness and Intellectual Disabilities</i>.</p> <p>The Interagency Collaboration Team met regularly to plan the upcoming conference.</p> <p>Day One of the conference will consist of three workshops focusing on best practices in assessment, diagnosis, pharmacological and behavioral treatment of psychiatric disorders for individuals with mental illness and intellectual disabilities. Two community panels will follow the first two workshops, comprised of three representatives.</p>	<p>HRC contracted with Ms. Paula Luna, consultant, to develop and coordinate the conference and the two concurrent one-day cross-training workshops.</p> <p>The Interagency Collaboration Team consists of representatives from the Lanterman Regional Center, Los Angeles County Department of Mental Health, and the Mental Health Administrative SPA 8.</p>	<p><i>Breaking the Barriers – Forming Cross System Partnerships to Effectively Serve Individuals with Mental Illness and Intellectual Disabilities</i> will take place on October 14 & 15, 2010, at the Long Beach Hyatt Regency. HRC anticipates that 500 individuals will participate in this two-day training.</p>

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<p>a. Innovative training projects for consumers, families, DSPs, clinicians, and other professionals will focus on early intervention and treatment. (continued)</p>	<p>FYs 2008-09 through 2010-11</p>	<p>HRC (continued)</p> <p>The panels will answer questions raised by the presentations; address barriers to local implementation and generate possible solutions; and summarize the issues and areas of discussion.</p> <p>Day Two will include intensive clinical workshops on evidence-based practices in interactive behavioral, dialectical behavior, and trauma-focused cognitive behavior therapies.</p> <p>Activities Phase: Development</p>		
		<p>~*SARC is offering the <i>Santa Clara County Infant Family Early Childhood Mental Health Certificate Program</i>.</p> <p>Year 1 began September 24, 2009, and concluded on June 24, 2010. Twenty-four participants representing the RC, service providers, clinicians, other professionals and their 24 supervisors participated in the program. The participants represented the areas of education, early intervention, health, family and children services, and mental health.</p> <p>Ten monthly didactic trainings convened during this reporting period. Additionally, five small groups met twice a month for ten months. The small groups were comprised of one facilitator, one co-facilitator (from an education and mental health background), and five program participants.</p>	<p>SARC contracted with Kidango, Inc.</p> <p>An Interagency Collaboration Team consists of representatives from the Santa Clara County Office of Education, First 5, and Behavioral Health Care.</p>	<p>SARC will convene Year 2 beginning August 26, 2010, and ending June 23, 2011.</p> <p>A group of 24 RC staff, service providers, clinicians, and other professionals will participate in the certificate program.</p>

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a. Innovative training projects for consumers, families, DSPs, clinicians, and other professionals will focus on early intervention and treatment. (continued)	FYs 2008-09 through 2010-11	<p>SARC (continued)</p> <p>The small groups spent time processing each monthly didactic topic and discussed how to best integrate the topic into their daily work.</p> <p>Each group member was required to do a case study presentation. Through reflective questioning by the participants and facilitators, the presenters were given an opportunity to study cases in a different manner.</p> <p>Preliminary data from the impact interviews, conducted with the participants and their supervisors, revealed that participants were supportive of the program and gained valuable information that will be used in their daily practice. Participants also noted the transdisciplinary focus was invaluable from the standpoint of better understanding other agencies' mandates and requirements, ultimately bringing down barriers to work in a more collaborative manner.</p> <p>Activities Phase: Implementation</p>		
		<p>*SG/PRC is presenting <i>Best Practices for Medication, Treatment, and Monitoring of Individuals with Developmental Disabilities and Mental Illness</i>.</p> <p>The first event for Year 2 convened June 9, 2010. Four new psychiatrists attended the "live patient" training that occurred at College Hospital's Developmental Disabilities/Mental Illness Adult and Youth units in the morning. The afternoon session occurred at SG/PRC.</p>	<p>SG/PRC contracted with Alma Family Services and College Hospital.</p> <p>The Interagency Collaboration Team consists of representatives from the Los Angeles County Department of Mental Health, Department of Children and Family Services, Department of Probation, Juvenile Camps, Juvenile Halls, Specialized Foster Care, and direct and county-contracted mental</p>	<p>One event convened on June 9, 2010. The two remaining events will occur September 8 and November 10, 2010. 12 Psychiatrists will participate in these events.</p> <p>Training sessions for 2011 (Year 3) are in the development phase; the dates are to be confirmed. DDS will provide dates to DMH as soon as they become available.</p>

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<p>a. Innovative training projects for consumers, families, DSPs, clinicians, and other professionals will focus on early intervention and treatment. (continued)</p>	<p>FYs 2008-09 through 2010-11</p>	<p>SG/PRC (continued)</p> <p>The curriculum, materials, and instructors are the same as used in Year 1. The materials that are part of the curriculum have remained the same;</p> <p>however, application differs with each “live” patient due to changing real life conditions and dynamics.</p> <p>Training materials and updates are on line at www.mhsagrants.com.</p> <p>Activities Phase: Implementation</p>	<p>health clinics.</p>	
		<p>~*SG/PRC –The Infant Project will provide extensive training focusing on the best strategies for working with and supporting the families of consumers at risk for abuse and trauma.</p> <p><i>Red Flags in Early Social-Emotional Development</i> occurred at SG/PRC on May 14, 2010. A group of 85 professionals attended this training. Participants included SG/PRC early intervention service coordinators, directors and staff of local infant development programs, occupational therapists, physical therapists, speech language pathologists, and staff from the local Department of Children and Family Services office who work with children ages birth to three.</p> <p>Participant surveys reveal that the training was informative and helpful in building an understanding of red flags for social emotional and mental health needs.</p> <p>Activities Phase: Implementation</p>	<p>SG/PRC contracted with Dr. Robert Fletcher and Dr. Karen Finello, who are responsible for developing and presenting curriculum for the trainings.</p> <p>The Interagency Collaboration Team consists of Dr. Carol Tomblin, Dr. Stephen Mouton, and Margarita Salazar, from the Parent’s Place Family Resource Center.</p>	<p>On October 7, 2010, <i>First Response – A Multi-Systems Perspective on the Early Identification and Treatment of Mental Health Needs in Individuals with Intellectual Disabilities</i>, will convene at the Embassy Suites in Arcadia, California. This training is designed for community clinicians and RC service coordinators. The sessions will focus on adolescent, adult, infant, and child populations.</p> <p>On October 28, 2010, <i>Mental Health 101</i> will convene at SG/PRC. This training is designed for residential and day program providers, as well as adult consumers and the family members of SG/PRC consumers that have a co-occurring mental disorder. <i>Mental Health 101</i> will focus on mental health terminology, differences between the types of mental health care providers and levels of care, and working as a team with mental health care providers.</p> <p>SG/PRC anticipates 200 individuals will participate in each training event.</p>

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<p>a. Innovative training projects for consumers, families, DSPs, clinicians, and other professionals will focus on early intervention and treatment. (continued)</p>	<p>FYs 2008-09 through 2010-11</p>	<p>~*WRC is convening <i>Los Angeles Mental Health and Developmental Disabilities Education (LA MHaDDe)</i>.</p> <p>Based on input from the grant team and the MHA Community Task Force, a list of desired competencies and skills were developed for each of the three trainings.</p> <p>On May 8, 2010, <i>Challenging Behaviors Across the Lifespan: Medical, Psychiatric, and Developmental Etiologies in Autism and Other Developmental Disabilities</i>, convened at the Annenberg Community Beach House. A group of 59 physicians, nurses, psychologists, therapists, social workers, direct service providers, behaviorists, interns/trainees, and others attended this training.</p> <p>On May 12, 2010, <i>Putting the Pieces Together: Behavioral Recognition & Intervention for People with Mental Illness and Developmental Disabilities</i> convened at the Skirball Cultural Center. A group of 97 nurses, psychologists, therapists, social workers, direct service providers, behaviorists, service coordinators, and case managers attended this training.</p> <p>On June 9, 2010, <i>Addressing Behavioral Challenges in the Therapeutic Setting: Navigating Roadblocks to Success for Those with Developmental and Mental Health Conditions</i> convened at the Skirball Cultural Center. A group of 52 therapists, social workers, occupational therapists, physical therapists, speech and language pathologists, behaviorists, service coordinators, case managers, crisis counselors,</p>	<p>The Interagency Collaboration Team consists of representatives from the North Los Angeles County Regional Center; Los Angeles County Department of Mental Health; University Center for Excellence in Developmental Disabilities at the University of Southern California; and Robert Fletcher, National Association of the Dually Diagnosed. Nurses, allied health professionals, community psychologists, and client advocates are also participating.</p> <p>Representatives from Didi Hirsch Community Mental Health Center, Family Resource and Empowerment Center, and the Los Angeles Chapter of the National Alliance on Mental Illness are also part of the Interagency Collaborative.</p>	<p>The second round of cohort-based trainings will take place in Fall 2010. DDS will provide dates to as DMH as soon as they become available.</p> <p>The Southern California Stakeholders Conference on Dual Diagnosis will be held on April 15, 2011, at the California Endowment's Center for Healthy Communities in Los Angeles. WRC anticipates approximately 250 physicians, nurses, psychologists, clinical therapists, allied health professionals, direct support professionals, substance abuse treatment counselors, behaviorists, crisis counselors, educators, forensic specialists, service coordinators/case managers, family members, and advocates will attend this conference.</p>

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a. Innovative training projects for consumers, families, DSPs, clinicians, and other professionals will focus on early intervention and treatment.	FYs 2008-09 through 2010-11	WRC (continued) educators, education specialists, parents, interns/trainees, and others attended this training. These three trainings created a rare opportunity to address topics related to dual diagnosis, using a multi-disciplinary approach. Activities Phase: Implementation		
b. Projects are being implemented by RCs and monitored by DDS.	FYs 2008-09 through 2010-11	DDS continues to receive inquiries from the RCs regarding the invoice process. DDS provides technical assistance, as needed.	n/a	n/a

Activity 2

Dissemination of Training and Support Materials

a. A series of training and support materials will be developed by RCs for the training events offered in regional locations statewide. The training and support materials will be available on-line for DSPs, families and	Development of materials has begun and will continue through FY 2010-11, as scheduled.	GGRC, SARC, SG/PRC, and WRC submitted their training and support materials with their MHSA Progress Report. The RC training and support materials will be posted on the DDS webpage.	n/a	n/a
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consumers.				
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b. DDS will post training curriculum and other materials developed by RCs so that consumers with a dual diagnosis, families, RCs, and others can access training materials.	Through 2011, as RC curricula and materials are finalized.	The webpage will launch in August 2010. RC training curriculum and support materials will be available for families, RCs, and others to access.	n/a	n/a
c. DDS will include the Family Resource Center Network of California (FRCNCA) in the distribution of support materials for consumers and families.	Ongoing for the 3-year funding period.	DDS will send copies of the training and support materials to the FRCNCA for distribution to the local Family Resource Centers for use by consumers and families.	DDS is collaborating with the FRCNCA to accomplish this activity.	n/a

Activity 3

Track MHSa Training Project deliverables

Track MHSa Training Project deliverables	Winter 2009	DDS staff has completed the MHSa Project Deliverable Status Worksheet to track the training project deliverables.	n/a	n/a
	Ongoing	As the Progress Reports are submitted, DDS is utilizing the worksheets to track completion of the deliverables.		

Goal 3 – Address opportunities and obstacles towards improving the delivery systems at the local level.

Activity 1

Regional Planning Events (Summits)

Major activities/deliverables:	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
<p>Regional Planning Events</p> <p>a. Regional Planning Summits will focus on early intervention and treatment for children and families.</p>	<p>FYs 2008-09 through 2010-11</p>	<p>SDRC is convening Regional Planning Summits statewide to promote and facilitate collaboration between RCs and county mental health programs in meeting the needs of individuals with developmental disabilities and mental illness.</p> <p>Those in attendance are individuals responsible for ensuring children and their families receive services from County Mental Health Departments, RCs, Special Education Local Plan Area (SELPA), Social Services, Child Protective Services, Probation, and First 5 Organizations.</p> <p>The third Regional Planning Summit convened on February 18, 2010, in Emeryville, California. Approximately 124 staff representing the counties of Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, as well as staff from San Andreas Regional Center, GGRC, Regional Center of the East Bay, and North Bay Regional Center attended this event.</p> <p>The fourth Regional Planning Summit convened on April 29, 2010, in Visalia, California. Approximately 120 staff representing the counties of Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Luis Obispo, Santa Barbara, Tulare, and</p>	<p>SDRC contracted with the Association of Regional Center Agencies (ARCA).</p> <p>The Interagency Collaboration Team consists of representative from the Mental Health/Developmental Disabilities (MH/DD) Collaborative, DMH, DDS, ARCA, the California Mental Health Directors' Association (CMHDA), SELPA Organization, county mental health programs, RCs, the State Council on Developmental Disabilities, The Arc, and service providers specializing in dual diagnosis.</p>	<p>The first Regional Planning Summit of Year 2 will take place on July 29, 2010, at the Ontario Airport Hilton. The target RCs are Inland Regional Center (IRC), Regional Center of Orange County (RCOC), and SDRC.</p> <p>The five target counties include Imperial, Orange, Riverside, San Bernardino, and San Diego. Approximately 200 attendees will participate in this event.</p> <p>The Ontario Regional Planning Subcommittee, comprised of key staff from SDRC, IRC, and RCOC continues to meet with ARCA to identify regional issues to address at this upcoming Regional Planning Summit, as well as select and identify presenters/speakers for the conference.</p>

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a. Regional Planning Summits will focus on early intervention and treatment for children and families. (continued)	FYs 2008-09 through 2010-11	<p>Regional Planning Summits</p> <p>Ventura, as well as staff from Tri-Counties and Kern RCs attended this event.</p> <p>DDS developed a chart showing the actual number of individuals that attended the four Regional Planning Summits by organization. (See Attachment A)</p> <p>Activities Phase: Implementation</p>		
b. Regional Planning Summits are being implemented via SDRC.	FYs 2008-09 through 2010-11	DDS received a number of inquiries from the RC regarding the invoice process. DDS provides technical assistance to the RC, as needed.	n/a	n/a

Activity 2

Dissemination of Training and Support Materials

a. A series of conference materials will be developed by ARCA, the MH/DD Collaborative, and SDRC. The conference materials will be offered in regional locations statewide and materials will be available on-line.	Development of materials has begun and will continue through FY 2010-11, as scheduled.	The webpage will launch in August 2010. SDRC's conference materials will be available for families, RCs, and others to access.	n/a	n/a
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b. DDS will post materials on-line from the Regional Planning Summits so that consumers, families, professionals, and others can access training materials.	Through 2011, as RC curricula and materials are finalized.	The webpage will launch in August 2010. SDRC's conference materials will be available for families, RCs, and others to access.	n/a	n/a

Activity 3

Mental Health/Developmental Disability Collaborative (MH/DD) Collaborative

Major activities/ deliverables:	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/ resources anticipated during the next six months
This group meets quarterly and provides an opportunity to address issues facing the service delivery systems for person with a dual diagnosis.	Quarterly	<p>DDS staff participate in the quarterly meetings. Topics include resource development for consumers with mental health issues.</p> <p>A MH/DD Collaborative meeting convened on February 3, 2010.</p> <p>The MH/DD Collaborative also met on May 26, 2010. A portion of this meeting focused on revising the strategic plan of the Collaborative. The group discussed the following three items:</p> <ul style="list-style-type: none"> • Initial goals; • Successes to date; and • Next steps. <p>(Please see Attachment B for meeting minutes.)</p>	The MH/DD Collaborative is providing guidance in the planning and development of the Regional Planning Summits.	The next MH/DD Collaborative meeting convenes on August 19, 2010. The meeting will focus on the continued revision of the Collaborative's Strategic Plan.

Activity 4

Track deliverables of MHPA funded Regional Planning Summits

Major activities/ deliverables:	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/ resources anticipated during the next six months
	Winter 2009	DDS staff has completed the MHPA Project Deliverable Status Worksheet to track the deliverables of the Regional Planning Summits		n/a
	Ongoing	As the Progress Reports are submitted, DDS will use the worksheets to track completion of the deliverables.		

Activity 5

Needs Assessment

The Needs Assessment was developed to improve the delivery systems at the local level for consumers with a dual diagnosis. 5a. Identify consumers at risk;	12/31/10	DDS provided an overall estimate to show the sizable population of consumers with dual diagnoses in California. As of December 2009, DDS data indicates that there are 250,111 active consumers served by the RCs and Developmental Centers (DCs). As of January 1, 2010, DDS reported that approximately 12% of these consumers (29,639) had co-occurring mental disorders. This figure comes from the Client Developmental Evaluation Report, an instrument used to collect diagnostic and evaluation information.	n/a	n/a
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5a. Identify consumers at risk; (continued)	12/31/10	DDS will identify a subset of DDS consumers at the DCs who account for the most readmissions and require the most intensive treatments and services.	n/a	Data will be requested from DDS' Developmental Centers Division (DCD) and reported in the January 31, 2011, MHSA Progress Report.
	12/31/10	DDS continues to collect information on consumers at RCs that require the most extensive services.	DDS is collaborating with ARCA, RCs, and the Mental Health Consultants.	<p>DDS will request data from RCs, as well as review Special Incident Reports submitted by RCs, regarding the number of active clients by age, gender, eligibility, category, legal classification, inpatient hospitalization stays, challenging behaviors, and mental health diagnosis for residents of RC funded psychiatric facilities.</p> <p>Trends across all RCs will be determined and reported in the January 31, 2010, MHSA Progress Report.</p>
	12/31/10	<p>The number of consumers referred for assessment by Regional Resource Development Projects (RRDP) - 175 (January – December 2009). Over 80% (144 consumers) had an Axis I diagnosis.</p> <p>RRDP's assist in consumer community placement out of DCs, deflection from admission to a DC, and appropriate admission to DC.</p>	n/a	Data will continue to be collected and analyzed.
	12/31/10	The total number of active consumers incarcerated (Penal Facilities, California Youth Authority, and County Jails) was 177 (2008). This number will be updated.	DDS will collaborate with the Mental Health Consultants.	DDS will collect data showing the costs of consumers with dual diagnoses in the criminal justice system. Costs will be reported in the January 31, 2011, MHSA Progress Report.

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5a. Identify consumers at risk; (continued)		DDS and DMH have entered into an informal data sharing agreement. DDS has requested data from the Community Mental Health Services Block Grant concerning individuals with dual diagnoses and criminal justice system involvement. DMH Data Management and Analysis Unit is processing this request.		
5b. Assess the need for inpatient diversion programs;	6/30/11	DDS staff will discuss the relevance of this need at the ARCA Forensic Committee.	DDS attends the ARCA Forensic Committee quarterly meetings.	Data will be analyzed and reported in the July 31, 2011, MHSA Progress Report.
5c. Investigate the use of mobile urgent care teams;	6/30/11	DDS has identified 100 Mobile Crisis Intervention Services by RC. These services vary widely depending on geographic location, with some areas in critical need of additional services, given the number of active consumers in the catchment area.	n/a	Usage of these facilities, including average length of stay, and associated Purchase of Service costs, will be collected and reported in the July 31, 2011, MHSA Progress Report.
5d. Evaluate the use of 23-hour beds for future assessment and observation;	6/30/10	<p>DDS has collected information about the use of 23-hour crisis intervention units, as defined by the California Code of Regulations Title 9, Sections 1810.209 and 1810.210. According to multiple sources, including the DMH, National Alliance of the Mentally Ill, California Mental Health Planning Council, RCs, and DDS, there is a drastic shortage of these facilities in California. Many counties lack such facilities or have closed existing units due to budget cutbacks.</p> <p>Statewide, there are 19 facilities providing 23-hour crisis intervention services.</p>	DDS has contacted the California Hospital Association to review information concerning inpatient facilities; inpatient and outpatient visits and emergency room visits for mental disorders; visits for people with developmental disabilities and co-occurring mental disorders; treatment services; and other relevant data variables and sources.	Completed

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5d. Evaluate the use of 23-hour beds for future assessment and observation; (continued)		The shortage of 23-hour crisis units has occurred despite an overall increase in emergency department visits for mental illness in the past decade and the shortage of psychiatric beds in the state. In California, from 2001 – 2007, the rate of utilization of ER visits grew by 0.2 percent. In 2007, California had 324,541 emergency department visits, 3.2 percent of which were for persons with a dual diagnosis.		
5e. Assess the need for aftercare options following intensive treatment;	6/30/11	DDS continues to collect information on Mental Health Rehabilitation Centers (MHRC). Presently, there are 23 MHRCs statewide.	DDS will collaborate with all MHRCs. DDS will also discuss aftercare option needs with the RRDPs.	DDS' Consulting Psychologist will contact all MHRCs to determine what aftercare options they provide. Aftercare option needs will be reported in the July 31, 2011, MHSA Progress Report.
5f. Assess the need for crisis residential facilities and evaluate successful programs and research options for programs with blended funding; including the potential use of federal funds;	12/31/10	<p>DDS continues to identify examples of crisis facilities across the state that provides model mental health treatment. North Valley Behavioral Health Services in Yuba City developed a 16-bed delayed egress psychiatric treatment program for RC consumers. This facility is licensed as an Adult Residential Facility.</p> <p>Additional mental health treatment facilities will be identified and reported on in the December 31, 2010, MHSA Progress Report.</p>	DDS is collaborating with county mental health departments, RCs, ARCA, and Mental Health Consultants.	n/a

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5f. Assess the need for crisis residential facilities and evaluate successful programs and research options for programs with blended funding; including the potential use of federal funds; (continued)	12/31/10	DDS will continue exploring successful blended funding programs such as the Children's Assessment Center in Fresno, California.	DDS is collaborating with the Children's Assessment Center in Fresno.	Key components of successful blended funding programs will be outlined in the January 31, 2011, MHSA Progress Report.
5g. Explore less restrictive transitional placement options for consumers in a restrictive environment; and	12/31/10	DDS will investigate the transitional placement options which might be available for consumers in a restrictive environment (like a DC) to move to a less restrictive setting.	DDS is collaborating with the Mental Health Consultants.	DDS' Health Development Section (HDS) will meet with DDS' DCD to discuss alternative to DCs placement options.
5h. Investigate the use of DCs as a community resource.	6/30/11	DDS will investigate this issue and consider whether the DCs could be used in a manner other than for long-term placement in a highly restrictive setting.	n/a	DDS' HDS will meet with DDS' DCD to discuss placement options in DCs.

Attachments:

- A. Regional Planning Summit Attendance by Organization
- B. MH/DD Collaborative Meeting Minutes – October 21, 2009, February 3, 2010, and May 26, 2010

Submit electronic copies of reports by August 2, 2010, to:

Debbie Manas
Department of Mental Health
Community Services Division
Debbie.manas@dmh.ca.gov