State Departments
Mental Health Services Act (MHSA) Progress Report
Fiscal Year (FY) 2010-11
Reporting Period: January 1, 2011 – June 30, 2011 - FINAL

Department: DEVELOPMENTAL SERVICES (DDS)

1. Identify highlights for this reporting period

   a. The MHSA Projects for Harbor Regional Center (HRC), San Andreas Regional Center (SARC), San Gabriel/Pomona Regional Center (SG/PRC) - Infant Project, and Westside Regional Center (WRC) are complete. See Goals 1 and 2 for activities and outcomes.

   b. Golden Gate Regional Center (GGRC) and San Diego Regional Center (SDRC) will continue their projects for an additional year, ending June 30, 2012.
   SG/PRC will convene events through November 2011. See Goals 1, 2, and 3 for upcoming events and outcomes.

   c. Regional center (RC) training and support materials are available at http://www.dds.ca.gov/HealthDevelopment/MHSA_TrngSupportMaterials.cfm for consumers, families, health professionals, RCs, and others to access.

   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.

~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 MHSA Training Projects

Major activities/ deliverables:	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify activities b with the local ment and other partners
a. Innovative training projects for consumers, families, Direct Services Professionals (DSPs), clinicians, and other professionals focused on early intervention and treatment.	FYs 2008-09 through 2010-11	The following six projects, funded by MHSA through DDS, relate to this deliverable. Training agendas, support materials, and curriculum are located at http://www.dds.ca.gov/HealthDevelopment/MHSATrngSupportMaterials.cfm.	
		~*GGRC developed and is implementing training and consultation in infant/early childhood mental health. Approximately 100 professionals from Marin, San Mateo, and San Francisco counties are participating in consultation groups. Participants include Early Start Service Coordinators and Supervisors/Managers, Clinical Staff, Vendor Groups, and local infant development programs. The consultation groups provide a forum for professionals to discuss, explore, and learn how the concepts of infant/early childhood mental health apply to their daily work. Supervisors and program managers gain knowledge of reflective supervision and discuss ways to promote reflective practice within their GGRC (cont.)	GGRC contracted wi Northern California a and Children's Servi The Interagency Col consists of represent Early Head Start/Hea Resource Centers, C Education, and Com Health/Behavioral Se interagency collabor professionals affiliate Infant Program at the California, San Franc Childhood Mental He Children's Hospital a Center in Oakland, C
a. Innovative training projects for consumers, families, DSPs, clinicians, and other professionals focused on early intervention and treatment. (cont.)	FYs 2008-09 through 2010-11	programs and with direct staff. This ensures integration of relationship-based early intervention principles and practices into multiple levels within an agency, and promotes change on a systemic level. Participants from Year One believed the training and consultation was extremely helpful and supported the work they are doing. Supervisors and managers are integrating and using infant mental health principles in decision-making and discovering ways to support staff on an administrative level. **Activities Phase: Implementation/Evaluation**	
		~*HRC conducted *Breaking the Barriers – Forming Cross System Partnerships to Effectively Serve Individuals with Mental Illness and Intellectual Disabilities*. Approximately 300 individuals attended three Workshops: *Trauma Focused Cognitive Behavior Therapy, Dialectical Behavior Therapy, and*	HRC contracted with consultant, to develo the conference. The Interagency Col consisted of represe Frank D. Lanterman Los Angeles County

Major activities/ deliverables:	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify activities b with the local ment and other partners
		Interactive Behavior Therapy. One hundred fifty-three professionals from the RC system and 133 professionals from the mental health system participated. Local partner agencies received a six-part DVD series that provides an excellent basis for training and cross-system collaboration. Service providers from other states and Canada purchased copies of the DVDs. HRC (cont.)	Mental Health, and t Administrative Servic
a. Innovative training projects for consumers, families, DSPs, clinicians, and other professionals focused on early intervention and treatment. (cont.)	FYs 2008-09 through 2010-11	Evaluations from RC professionals reveal they are more aware of effective interventions for consumers. Evaluations from mental health professionals indicate that they have gained skills and techniques to better care for RC consumers. Overall, the conference played a role in advancing the foundation of inter-professional respect across the RC and mental health systems. **Activities Phase: Completion**	
		~*SARC offered the *Santa Clara County Infant Family Early Childhood Mental Health Certificate Program*. During the reporting period, 24 participants attended six monthly didactic trainings and 12 small facilitation groups. Over the two-year period, approximately 50 RC staff, clinicians, service providers, ancillary professionals, and supervisors graduated from the program. The participants represented the areas of education, mental health, early intervention, and family and children services. The Interagency Collaboration Team continues to meet one to two times monthly to access outcomes and future planning. As a result, the program has become the framework for a training Institute in Santa Clara County, and First 5 has agreed to sustain funding for FY 2011-12. Data collected mid-year reveals the program has SARC (cont.)	SARC contracted wi An Interagency Colla consisted of represe Santa Clara County First 5, and Behavio
a. Innovative training projects for consumers, families, DSPs, clinicians, and other professionals focused on early intervention and treatment. (cont.)	FYs 2008-09 through 2010-11	been valuable and essential in helping integrate the new concepts presented. One agency reports they are working to move from a “we are the experts” focus to a genuine partnership with parents by supporting their values and parenting styles. Another participant reveals the program has enhanced the way she engages with staff, and is observing more innovative discussions. The program director at this agency is now focused on infant mental health, which is helping to enhance the focus throughout the agency into other regions. This agency has also begun to	

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		implement case sharing at team meetings and larger staff meetings. **Activities Phase: Completion/Evaluation**	
a. Innovative training projects for consumers, families, DSPs, clinicians, and other professionals focused on early intervention and treatment. (cont.)	FYs 2008-09 through 2010-11	*SG/PRC is presenting *Best Practices for Medication, Treatment, and Monitoring of Individuals with Developmental Disabilities and Mental Illness* (DD/MI). Psychiatrists attend "live patient" training at College Hospital's DD/MI Adult and Youth units in the morning. The afternoon sessions occur at SG/PRC. The final trainings will occur on September 14, October 12, and November 2011. Over 250 DMH psychiatrists receive frequent training announcements. Curriculum, materials, and instructors will remain SG/PRC (cont.) the same, however the application differs with each "live" patient due to changing real life conditions and dynamics. Evaluations from past sessions reveal that 100 percent of the participants found the training useful in applying the techniques learned by seeing how to interact in a DD/MI setting. The same percentage noted they had contact with RC consumers since the training. Over 80 percent of participants specify the training added to their knowledge, and they will change the way they treat consumers with mental illness. Training materials and updates are on-line at www.mhsagrants.com. **Activities Phase: Implementation/Evaluation**	SG/PRC contracted Services and Colleg The Interagency Col consists of represen Angeles County Dep Health, Department Family Services, Dep Probation, Juvenile Halls, Specialized Fo direct and county-co health clinics.
a. Innovative training projects for consumers, families,	FYs 2008-09 through 2010-11	**~***SG/PRC –The Infant Project provided three extensive trainings: *Red Flags in Social-Emotional Development, First Response – A Multi-Systems Perspective on the Early Identification and Treatment of Mental Health Needs in Individuals with Intellectual Disabilities, and Mental Health 101*. Over 350 professionals participated in these trainings focused on the best strategies for working with and supporting the families of consumers at risk for abuse and trauma. Professionals represented SG/PRC early intervention service coordinators, directors and staff of local infant development programs, SG/PRC – Infant Project (cont.) occupational therapists, physical therapists, speech language pathologists, staff from county Department of Children and Family Services, and residential service providers.	SG/PRC contracted Fletcher and Dr. Kar were responsible for presenting curriculu The Interagency Col consisted of Dr. Carc Dr. Stephen Mouton Salazar, from the Pa Resource Center.

Major activities/ deliverables:	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify activities b with the local ment and other partners
DSPs, clinicians, and other professionals focused on early intervention and treatment. (cont.)		**Activities Phase: Completion/Evaluation**	
		~*WRC convened *Los Angeles Mental Health and Developmental Disabilities Education.* During the reporting period, WRC convened the following two trainings: On March 3, 2011, 46 professionals attended *Building and Sustaining Coalitions: Optimizing Care through Cross-System Collaboration for Individuals with Mental Health Issues and Developmental Disabilities*. This training was designed for administrators and other professionals charged with selection of services, resource development, system budgets, and community-wide collaboration from RCs, Department of Mental Health, Special Education Local Planning Areas (SELPA), and Department of Children and Family Services. The training facilitated local coalition building and created a forum for attendees to develop and maintain relationships with key partner organizations. On April 15th, 2011, 267 professionals attended *Seeking Success, Building Bridges: Best Practices in Assessment, Management, and Intervention for Developmental Disabilities and Mental Health*. Professionals from previous training sessions, WRC (cont.)	The Interagency Col consisted of represe North Los Angeles C Center, Los Angeles of Mental Health, Un Excellence in Develo at the University of S and Robert Fletcher, Nurses, allied health community psycholo advocates also parti Representatives fron Community Mental H Family Resource an Center, and the Los the National Alliance were also part of the Collaborative.
a. Innovative training projects for consumers, families, DSPs, clinicians, and other professionals focused on early intervention and treatment. (cont.)	FYs 2008-09 through 2010-11	educational entities, community groups and representatives, and featured nationally recognized experts in dual diagnosis attended. The conference built on gains and training goals accomplished by the program to expand successful training strategies and foster changes for implementation on a broader scale and extend within and outside organizations. The website www.reachacrossla.org is a result of these successful trainings. To encourage statewide replication, the website will feature the program manual outlining the development, implementation, and next steps of the program. The website will also provide the training and support materials, as well as provide access to other valuable websites. Over 650 professionals received training during the nine cohort-based trainings. Evaluations reveal participants became more focused on: • Expanding education outreach • Developing expertise in dual diagnosis • Enhancing communication • Streamlining referral processes, and • Forming collaborative cross-system case management that enhance services. **Activities Phase: Completion/Evaluation**	

Major activities/ deliverables:	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify activities b with the local ment and other partners
b. Projects are being implemented by RCs and monitored by DDS.	FYs 2008-09 through 2010-11	DDS received inquiries from the RCs regarding the invoice process and provided technical assistance, as needed. DDS has streamlined the invoice process.	n/a

Activity 2
Dissemination of Training and Support Materials

Major activities/ deliverables:	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify activities bei with the local mental other partners
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 consumers.	Development of materials is completed.	DDS received training and support materials from GGRC, HRC, SARC, SG/PRC, and WRC. The training and support materials are accessible at http://www.dds.ca.gov/HealthDevelopment/MHSATrngSupportMaterials.cfm.	n/a

Major activities/ deliverables:	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify activities bei with the local mental and other partners
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.	DDS will continue to post training and support materials from GGRC, as developed, on the webpage so families, RCs, and others can access.	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 has sent 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 continues to gather the training and support materials for the FRCNCA for distribution to the local Family Resource Centers. DDS staff is working with the FRCNCA representative regarding the best method for distribution.	DDS collaborated with accomplish this activity

Activity 3
Track MHSA Training Project deliverables

Track MHSA Training Project deliverables	Ongoing	As GGRC and SG/PRC submit Progress Reports, DDS will continue to track completion of the project deliverables.	n/a

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
Regional Planning Events a. Regional Planning Summits will focus on early intervention and treatment for children and families.	FYs 2008-09 through 2010-11	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. Those in attendance are individuals responsible for ensuring children and their families receive services from County Mental Health Departments, RCs, SELPA, Social Services, Child Protective Services, Probation, and First 5 Organizations. On June 7, 2011, over 400 individuals attended *The Collaborative Challenge: Coordinating Services to Children with Cognitive Delays, Mental Illness, and Behavior Problems* at the Pasadena Hilton. A local planning committee organized this Regional Planning Summit. The committee, comprised of key staff from the RCs, mental health, and others, designed this Summit based on local need, and identified and selected speakers. DDS developed a chart showing the actual number of individuals that attended the four Regional Planning Summits for Year Two by organization. (See Attachment A) **Activities Phase: Implementation/Evaluation**	SDRC contracted with the Association of Regional Center Agencies (ARCA). The Interagency Collaboration Team consists of representatives from the Mental Health/Developmental Disabilities (MH/DD) Collaborative, DMH, DDS, ARCA, the California Mental Health Directors' Association, SELPA Organization, county mental health programs, RCs, the State Council on Developmental Disabilities, ARC, and service providers specializing in dual diagnosis.	Regional Planning Summits will continue for an additional year, ending June 30, 2012. With input from the MH/DD Collaborative, Year 3 focuses on consumers involved in the criminal justice system. DDS will provide the dates and locations to DMH as soon as they become available.

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
b. Regional Planning Summits are being implemented via SDRC.	FYs 2008-09 through 2010-11	DDS received inquiries from the RC regarding the invoice process and provided technical assistance, as needed. DDS is streamlining the invoice process by revising the MHSA Invoice Form and developing detailed instructions.	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 2011-12.	SDRC's conference materials for the Regional Planning Summits are available at http://www.arcanet.org/conference_info.php for families, RCs, and others to access.	n/a	n/a
b. DDS will post materials on-line from the Regional Planning Summits so that consumers, families, professionals, and others can access training materials.	Through 2012, as RC curricula and materials are finalized.	SDRC's conference materials for the Regional Planning Summits are available at http://www.arcanet.org/conference_info.php for families, RCs, and others to access.	n/a	n/a

Activity 3
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	DDS staff participate in the quarterly meetings. Topics include resource development for consumers with mental health issues. Previous MH/DD Collaborative meetings convened on March 2 and June 1, 2011. See the attached minutes from these two meetings.	The MH/DD Collaborative provides guidance in the planning and development of the Regional Planning Summits.	The most recent MH/DD Collaborative meeting convened on September 10, 2011.

Activity 4
Track deliverables of MHSA funded Regional Planning Summits

Track MHSA Training Project deliverables.	Ongoing	As SDRC submits Progress Reports, DDS will continue utilizing the worksheets to track completion of the project deliverables.	n/a	n/a

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 2010, DDS data indicates that there are 257,175 active consumers served by the RCs and Developmental Centers (DCs).	n/a	Completed.

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5a. Identify consumers at risk. (cont.)	12/31/10	As of June 30, 2009, DDS reported that approximately 8% of these consumers (18,475) had co-occurring mental disorders. The age breakdown for these persons is as follows: under 3 (0.2%), 3-17 years (22.2%), 18-59 years (71.2%), and 60+ years (6.4%). These figures come from the Client Developmental Evaluation Report (CDER), an instrument used to collect diagnostic and evaluation information. According to DDS CDER data, 13.2% of persons with dual diagnoses have a developmental disability of autistic disorder while the remaining 86.8% have other developmental disabilities.		
		Costs were collected for DDS and other agencies for serving individuals with dual diagnoses. During FY 2008-09, annual Purchase of Service (POS) costs for DDS consumers with dual diagnoses exceeded $505 million. This corresponds to an average of $31,701 per person. POS costs on average were essentially equivalent for adult age groups 18 to 59 ($36,312) and 60 or older ($36,591) while POS costs were lower for younger age groups 3 to 17 ($11,278) and under age 3 ($15,201). Other costs associated with persons with dual diagnoses were obtained from the DMH. DMH defines developmental disability using the Diagnostic and Statistical Manual IV-Text Revision or International Classification of Diseases-Ninth Edition, including the following diagnostic	n/a	n/a

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
5a. Identify consumers at risk. (cont.)	12/31/10	categories: • Mild Mental Retardation (317) • Moderate Mental Retardation (318.0) • Severe Mental Retardation (318.1) • Profound Mental Retardation (318.2) • Mental Retardation, Severity unknown (319) • Autistic Disorder (299.0) • Rett's Disorder (299.80) • Childhood Disintegrative Disorder (299.10) • Asperger's Disorder (299.80) • Pervasive Developmental Disorder Not Otherwise Specified (299.80) According to DMH data, during FY 2008-09, Medi-Cal Short Doyle costs for persons with dual diagnoses receiving county mental health services were $81,674,963, which corresponds to an average of $6,798 per person. Medi-Cal File 34 costs (i.e., inpatient services provided at fee for services hospitals) were $4,839,792, corresponding to an average of $8,217 per person. The total of all of these costs was $86,514,755.		
		DDS identified subsets of RC consumers who account for the most readmissions and require the most intensive treatments and services. Factors associated with significantly higher annual POS costs for FY 2008-09 include inpatient psychiatric care, criminal justice system involvement, challenging behavior scores, and child abuse victimization. During FY 2008-09, 39 individuals with dual diagnoses required inpatient psychiatric care.	n/a	n/a

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5a. Identify consumers at risk. (cont.)	12/31/10	Annual POS costs were over twice as high compared to all persons with dual diagnoses, averaging $68,207 per person for these individuals. During FY 2008-09, 1,966 persons (10.6%) were involved in the criminal justice system. Annual POS costs for these persons averaged $54,873. In addition, costs for persons involved in the criminal justice system were directly correlated to challenging behavior scores (i.e., self-injury, aggression, property destruction). Those in the criminal justice system with the most severe maladaptive behaviors showed POS costs averaging $82,780, while those with the least severe maladaptive behaviors showed lower annual POS costs ($43,724). 1,266 individuals with dual diagnoses are victims of child abuse. For these persons, annual POS costs for FY 2008-09 averaged $37,774 compared to $29,853 for persons with dual diagnoses who were not victimized by child abuse. Child abuse victimization is also correlated with criminal justice system involvement. For FY 2008-09, rates of criminal justice system involvement are nearly three times the rate for people who have been victimized by child abuse (15.7%) compared to those who have not been victimized (5.8%). The number of consumers referred for assessment by Regional Resource Development Projects		

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5a. Identify consumers at risk. (cont.)	12/31/10	(RRDP) – 169 referrals for FY 2010/11. 77% (130 consumers) had an Axis I diagnosis. RRDP's assist in consumer community placement out of DCs, deflection from admission to a DC, and appropriate admission to DC. Of these referrals, 61% (79) were incarcerated in jails and 8% were incarcerated in juvenile halls.	n/a	
		The total number of active consumers incarcerated (Penal Facilities, California Youth Authority, and County Jails) was 177 (2008). DDS and DMH entered into an informal data sharing agreement. DMH provided DDS information on persons with developmental disabilities who receive specialty mental health services through DMH. Some of the information comes from the Client and Services Information System while other items come from the Short Doyle MediCal claims system. DMH data show that at least 68 individuals with dual diagnoses were incarcerated during FY 2008-09.	n/a	n/a
5b. Assess the need for inpatient diversion programs.	6/30/11	DDS staff discussed the relevance of this need at the ARCA Forensic Committee.	DDS attends the ARCA Forensic Committee quarterly meetings.	Completed The need for inpatient diversion programs remains extensive. For instance, at Central Valley Regional Center, a RC serving over 13,000 individuals with developmental disabilities, 19 consumers are committed to inpatient diversion programs (such as California Psychiatric Transitions in Merced County and CDL Education Consultants in Tulare County) under either Welfare & Institutions Code 1370 or 1370.1. Eight consumers reside in the Secure Treatment Area

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5b. Assess the need for inpatient diversion programs. (cont.)	6/30/11			(STA) at Porterville Developmental Center (PDC), and 1 individual previously at PDC has become competent to stand trial and is incarcerated in Tulare Count jail. DDS continues to discuss the aspects and complexities of this complex issue at the ARCA Forensic Committee.
5c. Investigate the use of mobile urgent care teams.	6/30/11	DDS 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. During FY 2009/10, 568 consumers were served by Crisis Teams at a cost of $8,226,805. During this same time period, 128 consumers were served in Crisis Facilities at a cost of $7,168,676. Length of stay was not captured.	n/a	Completed.
5d. Evaluate the use of 23-hour beds for future assessment and observation.	6/30/10	DDS 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. Statewide, there are 19 facilities providing 23-hour crisis intervention services. The shortage of 23-hour crisis units has occurred despite an overall increase in emergency department visits for mental illness in the past	DDS contacted the California Hospital Association to review information concerning: • inpatient facilities, • inpatient and outpatient visits, • emergency room visits for mental disorders, • visits for people with developmental disabilities and co-occurring mental disorders. DDS was unable to obtain Information from this data source.	Completed.

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5d. Evaluate the use of 23-hour beds for future assessment and observation. (cont.)	6/30/10	decade and the shortage of psychiatric beds in the state. According to the California Healthcare Foundation 2009 Report "Telepsychiatry in the Emergency Department: Overview and Case Studies", the rate of utilization of ER visits grew by 0.2 percent in California from 2001-2007. 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 collected information on Mental Health Rehabilitation Centers (MHRC). Presently, there are 24 MHRCs statewide. The diversion unit at the MHRC facility in Delhi in Merced County opened in September 2009. It currently provides services to 20 adult males and females with dual diagnoses, with a maximum capacity of 32 individuals. DDS continues to identify examples of crisis facilities across the state that provide 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.	DDS collaborated with all MHRCs. DDS discussed aftercare option needs with the RRDPs. Aftercare options, following intensive treatment, continue to be limited and remain a priority for both DDS and RCs. Transition from a restrictive setting into the community can be very challenging. Without aftercare services, consumers are at risk of readmission to a Developmental Center, inpatient psychiatric facility, or becoming involved in the criminal justice system.	Completed. Although this is no longer a reportable MHSA deliverable, DDS will continue to focus on this issue at the MH/DD Collaborative subcommittee on forensic issues.

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
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	The need for crisis residential facilities remains great. Crisis residential facilities can help offset costly inpatient psychiatric services. According to DMH data, 67 adults with dual diagnoses had at least one visit to a crisis residential facility in FY 2008-09, costing a total of $340,308. This corresponds to an average cost of $5,079 per adult. This is significantly less expensive than inpatient hospitalization. 223 adults had at least one inpatient psychiatric hospitalization in FY 2008-09, costing a total of $2,030,616. This corresponds to an average of $9,106 per adult. According to special incident reporting data by the RCs to Acumen LLC, a private organization contracted by DDS, involuntary psychiatric hospitalizations varied from 70 to 132 times per month statewide for out-of-home placement RC consumers from June 2008 – June 2010. This averages to 103 psychiatric hospitalizations per month or 1,236 hospitalizations annually. Other successful crisis residential facilities include: The Bungalows, College Hospital Developmental Disabilities/Mental Illness Wing, California Psychiatric Transitions, Redwood Place, Sierra Vista Behavioral Health Center, the Willow Glenn Priorities Project, Remi Valley, IPS Services, and Fred Finch. Key components of successful blended programs include the following: • Ongoing regular communication within and across agencies;	DDS collaborated with county mental health departments, RCs, ARCA, and Mental Health Consultants. DDS annually posts a Crisis Services Report on its website.	Completed.

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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.		• Interagency case conferencing, which facilitates problem solving, innovation, and fosters vital social support networks; • Blended funding, which prevents reliance or dependence on one funding source; • Flexibility in program structure and delivery of services; • Well-trained and dedicated multi-disciplinary staff; • Comprehensive intake process by multiple professionals from different disciples (i.e., medicine, psychiatry, psychology, nursing, etc.); • One-stop calling for consumers, so individuals do not have to contact multiple agencies for an initial appointment; and • Executive Director with multiple years of experience who has a keen understanding of the vision of the program. Federal funding is not available.		
5g. Explore less restrictive transitional placement options for consumers in a restrictive environment.	12/31/10	DDS continues to investigate transitional placement options which might be available for consumers in a restrictive environment (like a DC) to move to a less restrictive setting. One such setting is “Sanger Place” which opened in Fresno County on December 7, 2010. This 15-bed facility, serving Kern County RC, Central Valley RC, and Tri-Counties RC, can admit court-hold clients from PDC who move to a less restrictive setting.	DDS collaborated with the Mental Health Consultants.	Completed.

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5h. Investigate the use of DCs as a community resource.	6/30/11	Deferred. DDS is focusing on resource development to provide services in the community which might otherwise be found in DCs.	n/a	n/a

Attachments:

A. Regional Planning Summit Attendance by Organization
B. MH/DD Collaborative Meeting Minutes – March 2 and June 1, 2011