State Departments
Mental Health Services Act (MHSA) Progress Report
Fiscal Year (FY) 2010-11
Reporting Period: July 1, 2010 – December 31, 2010

Department DEVELOPMENTAL SERVICES (DDS)

1. **Identify highlights for this reporting period**

   a. MHSA projects for Harbor Regional Center (HRC) and San Gabriel/Pomona Regional Center Infant Project (SG/PRC) are complete. These two regional centers (RCs) are conducting program evaluations.

      Golden Gate Regional Center (GGRC), San Andreas Regional Center (SARC), San Diego Regional Center (SDRC), SG/PRC, and Westside Regional Center (WRC) will convene upcoming trainings. See Goals 1, 2, and 3 for current activities and outcomes.

   b. 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 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	The following six projects, funded by MHSA through DDS, relate to this deliverable. Training agendas, support materials, and curriculum can be found at http://www.dds.ca.gov/HealthDevelopment/MHSATrngSupportMaterials.cfm.		
		~*GGRC developed and implemented a three-part seminar, *Embracing the Parent-Child Relationship in Your Work with Families*, for RC and other early intervention professionals focusing on infant mental health. After several meetings, the Interagency Collaboration Team agreed to provide consultation to Early Start Social Workers, Early Start Supervisors, RC Supervisors/Managers, RC Clinical Staff, Vendor Groups, and Infant Center Programs in the regions of San Francisco, Marin, and the Peninsula. The mental health consultation groups are designed to further the participants' understanding and integration of the foundational concepts of	GGRC contracted with the Easter Seals Northern California and Jewish Family and Children's Services. The Interagency Collaboration Team consists of representatives from First 5, 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.	On-going facilitated mental health consultation groups will continue in Year 3. DDS will provide the dates to the Department of Mental Health (DMH) as soon as they become available.

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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	GGRC (cont.) infant and early childhood mental health. The groups began meeting in October 2010, and will meet one to two times a month, through June 30, 2011. Discussions occurring in the groups are how to build strong relationships with the families served, as well as what is important to the family. Other groups have focused their time on understanding and implementing a reflective supervision program model. Throughout the year, participants will discuss, explore, and learn how the concepts of infant and early childhood mental health apply to their daily work. **Activities Phase: Implementation/Evaluation**		
		~*Harbor Regional Center (HRC) conducted a conference, *Breaking the Barriers – Forming Cross System Partnerships to Effectively Serve Individuals with Mental Illness and Intellectual Disabilities,* on October 14-15, 2010, at the Long Beach Hyatt Regency. Three hundred and ten individuals participated on the first day. Panel members and presenters discussed issues of assessment and diagnosis and psychopharmacology. A *Professional Networking and Roundtable* discussion occurred in the evening. The NADD introduced their new certification program for	HRC contracted with Ms. Paula Luna, consultant, to develop and coordinate the conference and the two concurrent one-day cross-training workshops. The Interagency Collaboration Team consists of representatives from the Lanterman Regional Center (LRC), Los Angeles County Department of Mental Health, and the Mental Health Administrative Service Planning Area 8.	All scheduled trainings are completed.

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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	HRC (cont.) professionals serving persons with dual diagnoses. On the second day, 210 individuals participated in intensive clinical workshops on evidence-based practices in interactive behavioral, dialectical behavioral, and trauma-focused cognitive behavioral therapies. The well-attended conference laid the groundwork for future cooperative and collaborative efforts between local DMH and RC agencies. **Activities Phase: Evaluation**		
		~*SARC is offering the *Santa Clara County Infant Family Early Childhood Mental Health Certificate Program*. The second year of the program began on August 26, 2010, and concludes on June 23, 2011. Twenty-four participants, comprised of RC staff, service providers, clinicians, ancillary professionals, and supervisors are participating in the program. Participants represent the areas of education, mental health, early intervention, and family and children services. Program participants attended four monthly didactic trainings. The small groups, consisting of eight participants and two reflective facilitators, met six times. SARC (cont.)	SARC contracted with Kidango, Inc. An Interagency Collaboration Team consists of representatives from the Santa Clara County Office of Education, First 5, and Behavioral Health Care.	Six monthly didactic trainings and 12 small group facilitation meetings are scheduled.

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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	The small groups spend time processing each monthly didactic topic and discuss how to integrate the topic into their daily work. Each group member is required to do a case study presentation. Through reflective questioning by the participants and facilitators, the presenters are given an opportunity to study cases in a different manner. The Interagency Collaboration Team continues to meet one to two times monthly to access program outcomes and focus on future planning. **Activities Phase: Implementation/Evaluation**		
		*SG/PRC is presenting *Best Practices for Medication, Treatment, and Monitoring of Individuals with Developmental Disabilities and Mental Illness.* The last two training events of Year 2 convened on September 8 and November 10, 2010. Twelve psychiatrists attended the "live patient" training held at College Hospital's Developmental Disabilities/Mental Illness Adult and Youth units in the morning. The afternoon session occurred at SG/PRC. The curriculum and instructors remain the same as used in Year 1. Although the curriculum materials remained the same, the application differs with each "live" patient due to changing real life conditions and dynamics. SG/PRC (cont.)	SG/PRC contracted with Alma Family Services and College Hospital. 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 health clinics.	The training events for Year 3 convene on June 8, September 14, and November 9, 2011.

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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	The discussions vary among the psychiatrists based on their familiarity with known and "off-label" medication use for specific issues, unusual treatment responses, and control of side effects, as well as secondary environmental factors and family dynamics. Learning occurs on many levels due to the small group dynamic allowing for immediate discussion of factors such as participants' past experience with similar patients in different conditions. Training materials and updates are on line at www.mhsagrants.com. **Activities Phase: Implementation/Evaluation**		
		~*SG/PRC –The Infant Project provided three extensive trainings focusing on the best strategies for working with and supporting the families of consumers at risk for abuse and trauma. On October 7, 2010, *First Response – A Multi-Systems Perspective on the Early Identification and Treatment of Mental Health Needs in Individuals with Intellectual Disabilities,* convened at the Embassy Suites in Arcadia. Approximately 220 professionals from various RCs, the Los Angeles County Departments of Mental Health, Children and Family Services, and Probation, local mental health clinics, and providers of residential services attended this training. The morning session focused on the best models SG/PRC –The Infant Project (cont.)	SG/PRC contracted with Dr. Robert Fletcher and Dr. Karen Finello, who are responsible for developing and presenting curriculum for the trainings. The Interagency Collaboration Team consists of Dr. Carol Tomblin, Dr. Stephen Mouton, and Margarita Salazar, from the Parent's Place Family Resource Center.	All scheduled trainings are completed. The Interagency Collaboration Team is exploring the development of a new set of training materials for families. The materials would include information on: • Identification of signs and symptoms in mental illness and events that can trigger mental disorders; • Resources for mental health professionals to assist in the assessment and treatment process; • Local mental health resources for families; and • Support for families during crucial transition times.

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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	of assessment, identification, and treatment of mental illness, the need for a bio-psycho-social model encouraging communication among all service providers, and the unique needs of transitional age youth. The afternoon session addressed utilization of relationship-based interventions for very young children to address early childhood mental health needs and the effect of trauma. Also discussed was the coordination of services among child welfare, RCs, mental health providers, and others working with a family with young children. On October 28, 2010, *Mental Health 101* convened at SG/PRC. Eighty-four residential service providers attended this training. This training specifically focused on the residential service provider's role in working with mental health professionals to implement treatment plans. **Activities Phase: Implementation/Evaluation**		
		~*WRC is convening *Los Angeles Mental Health and Developmental Disabilities Education.* Based on feedback from the Spring 2010 conferences, the speakers incorporated more real-life scenarios and case-based discussions. On October 28, 2010, *Strength-Based Tools for Success: Working with Challenging Behaviors in People with Developmental Disabilities and Mental* WRC (cont.)	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, NADD. Nurses, allied health professionals, community psychologists, and client (cont.)	In early Spring 2011, a conference for mental health, developmental disability, and education system administrators will convene to address cross-system collaboration. DDS will provide dates to DMH as soon as they become available. *Seeking Success, Building Bridges: Best Practices in Assessment, Management and Intervention for Developmental Disabilities and Mental Illness* convenes on April 15, 2011, at the California Endowment's Center for Healthy Communities in (cont.)

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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	*Health Issues*, convened at the Skirball Cultural Center. A group of 68 direct care and social services professionals, residential services staff, day program/wellness center staff, educators, service coordinators, case managers, other professionals, and parents attended this conference. On November 5, 2010, *Exceptional Behaviors, Innovative Responses: Strategies for Assessment and Therapy for Individuals with Developmental Disabilities and Mental Health Issues* convened at the Skirball Cultural Center. A group of 53 clinical, occupational, and physical therapists, speech and language pathologists, behaviorists, education specialists, allied health professionals, and parents attended this conference. On November 10, 2010, *Working Together Towards Success: Cross-Disciplinary Approaches to Assessment and Management of Developmental Disabilities and Mental Health Disorders* convened at the Skirball Cultural Center. A group of nurses, psychologists, case managers, therapists, direct service providers, behaviorists, service coordinators, social workers, and parents attended this conference. On December 2, 2010, *Managing Care for Adults with Developmental Disabilities and Challenging Behaviors* convened at the Exodus Recovery Urgent Care Center at the University of Southern California. A group of 30 physicians, nurses, psychologists, therapists, social workers, WRC (cont.)	advocates are also participating. Representatives from the 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.	Los Angeles. 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.

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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	behaviorists, service coordinators, case managers, and parents attended this training. A mental health and developmental disability resource directory was distributed at each of the four conferences. **Activities Phase: Implementation/Evaluation**		
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 consumers.	Development of materials has begun and will continue through FY 2010-11, as scheduled.	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	n/a

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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.	DDS continues to post RC training and support materials on the webpage so families, RCs, and others can 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	Ongoing	As the Progress Reports are submitted, DDS is utilizing the worksheets to track completion of the project deliverables.	n/a	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, Special Education Local Plan Area (SELPA), Social Services, Child Protective Services, Probation, and First 5 Organizations. The first Regional Planning Summit of Year Two convened on July 29, 2010, at the Ontario Airport Hilton. The target RCs were Inland Regional Center, Regional Center of Orange County, and SDRC. The five target counties were Imperial, Orange, Riverside, San Bernardino, and San Diego. Approximately 225 individuals participated in this Summit. The second Regional Planning Summit was held on December 7, 2010, in Pasadena for Los Angeles county. The target RCs were East Los Angeles RC, HRC, LRC, North Los Angeles RC, SG/PRC, South Central Los Angeles RC, and WRC. Approximately 500 individuals participated in this Summit.	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, The Arc, and service providers specializing in dual diagnosis.	Two Regional Planning Summits will convene between January and June 2010. 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
a. Regional Planning Summits will focus on early intervention and treatment for children and families. (cont.)	FYs 2008-09 through 2010-11	Regional Planning Summits (cont.) Local planning committees were used to plan these Summits. The planning committees were comprised of key staff from the RCs, mental health, and others that designed each Summit based on local need, and identified and selected speakers for the Summit. **Activities Phase: Implementation/Evaluation**		
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.	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.	SDRC's conference materials will be available for families, RCs, and others to access. DDS will provide a link from our webpage to the ARCA website so families, RCs, and other can access the Regional Planning Summit materials.	n/a	n/a

Activity 3
MH/DD Collaborative

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 August 19 and November 16, 2010. See the attached minutes from these two meetings.	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 March 2, 2011.

Activity 4
Track deliverables of MHSA 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
Track MHSA Training Project deliverables.	Ongoing	As the Progress Reports are submitted, DDS will use the worksheets to track completion of the 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). 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.	n/a	n/a

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5a. Identify consumers at risk; (cont.)	12/31/10	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 have been 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 have been 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 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)	n/a	n/a

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5a. Identify consumers at risk; (cont.)	12/31/10	• 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 has 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. 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,	n/a	n/a

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5a. Identify consumers at risk; (cont.)	12/31/10	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 (RRDP) - 175 (January – December 2009). Over 80% (144 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.	n/a	Data will continue to be collected and analyzed.
		The total number of active consumers incarcerated (Penal Facilities, California Youth Authority, and County Jails) was 177 (2008). DDS and DMH have entered into an informal data	n/a	n/a

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5a. Identify consumers at risk; (cont.)	12/31/10	sharing agreement. DMH has 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.		
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 POS 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	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. Statewide, there are 19 facilities providing 23-hour crisis intervention services.	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; (cont.)	6/30/10	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. 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 continues to collect 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 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	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. 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	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; (cont.)	12/31/10	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 regional centers 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 following: 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.		
		DDS will continue exploring successful blended funding programs such as the Children's Assessment Center in Fresno, California. Key components of successful blended programs include the following:	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
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; (cont.)	12/31/10	• Ongoing regular communication within and across agencies; • 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.		
5g. Explore less restrictive transitional placement options for consumers in a restrictive environment; and	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 the new MHRC called "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, will admit court-hold clients from Porterville DC who are moving to a less restrictive environment.	DDS is collaborating with the Mental Health Consultants.	DDS' Health Development Section (HDS) will continue to meet with DDS' DCD to discuss alternative to DCs placement options.

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
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:

MH/DD Collaborative Meeting Minutes - August 19 and November 16, 2010

Submit electronic copies of reports by January 31, 2011, to:

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Community Services Division
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