

Behavioral Health Division

7/27/16

Clarifications on the “White Paper”

The Behavioral Health Division appreciates the Mental Health Commission’s efforts in identifying areas for improvement. The Behavioral Health Division continues to collaborate with all community stakeholders to address the needs of our consumers. We would like to clarify a number of issues identified in the “White Paper.”

Page 1. “The compromised ability of the Adult Clinics and Child/Adolescent Clinics to meet the needs of patients due to understaffing as evidenced by three to four month wait times and a migration of patients in crisis to PES for intervention that is not meant to be a stand-in for treatment.”

While it is true that the East County Adult Mental Health Clinic has a 3-4 months wait for a first psychiatrist appointment, it is not the case for all other clinics.

Page 1. “The adverse lack of support for families, who are so critical to diagnosis, support and treatment, due to the absence of Family Partner positions in the Children/ Adolescent Clinics and unfilled positions in the adult clinics.”

Family Partner positions in the Children/ Adolescent Clinics are all filled. The Adult Family Services Coordinator (Manager) position was filled two months ago. A Family Partner position for the East Adult Clinic was filled last week. Another Family Partner position recruitment for West Adult Clinic is underway.

Page 1. “The underlying theme of inadequate staffing levels due to the inability of treatment facilities to attract and keep high quality psychiatrists and nurses because of uncompetitive compensation and such practices as the closing of lists.”

All nurse positions are filled. We have no nurse position vacancies.

Page 1. “The underlying theme of dedicated, quality staff struggling to offer excellent care but undercut by budgets that are generated by a formulaic, a top down process rather than a process that builds up a budget from program needs.”

The Behavioral Health Division periodically assess and re-assess the ongoing needs of our consumers. When such need is deemed appropriate, the Behavioral Health Division would reach out to the Finance Department to seek approval to expand our service capacity.

Page 2. “The Behavioral Health Administration points out the pressing need for access to key outpatient services that are critical for discharge planning from both PES and the inpatient unit of hospital (4C). These services include active case management, adult mobile response teams, drop-in services (e.g. a sobering center), and dual diagnosis treatment.”

The Behavioral Health Division does have case management services in all of our clinics to address consumers who have acute needs. While it may not be offered at all clinics, the West County Adult Clinic and East Adult Clinic have developed a model of integrating substance abuse treatment counselors into their existing services.

Page 3. “The Family Partner positions must be fully funded in each Children’s Clinic and the Family Service Coordinator positions that have remained unfilled for five years must be filled in each Adult Clinic.”

In the Children’s System of Care, the Family Service Coordinator and all Family Partner positions are all filled. In the Adult System of Care, the Family Service Coordinator was filled two months ago and the East County Adult Family Partner position was filled last week.

Page 4. “Behavioral Health is committed to working with stakeholders to look at the who picture and to define solutions to housing crisis, but planning meetings without action plans that are implemented remain only a dream, not a needed solution.”

Housing and housing with treatment are complex issues. Given that housing is a scarce resource, the Behavioral Health Division organizes a number of housing committees to address the various needs of our consumers. These committee meetings solicit community stakeholder input as required by our funding stream. This includes, for example, the recent development of our Coordinated Housing Entry Program.