

**Public Behavioral Health Services for Individuals with Serious Mental Illnesses:
An Updated Position of The League of Women Voters of San Diego County
Adopted in 2015**

In 1997, the League of Women Voters of San Diego County (LWVSD) adopted a position on the role of San Diego County government in responding to the needs of individuals with serious mental illness. In 2014, LWVSD formed a committee to look into updating this position. After reviewing the committee's recommendations, the LWVSD adopted this updated position in 2015.

Regarding the County behavioral health system, LWVSD supports the following objectives to benefit those affected by serious mental illness:

1. Provide an integrated behavioral and physical health care system that includes a full array of integrated, coordinated, effective services and supports for all individuals who experience serious mental illness, including children, transitional age youth (emerging adults), adults and older adults. Services should be reasonably accessible to residents in all regions of the County. They should include services for early identification and intervention, treatment and crisis management, wrapping services and supports for individuals who are not candidates for clinic-run care, and long term services and supports. Integrated services and supports should include timely and affordable access to all necessary health care providers and medications that fully address physical, mental health, and substance use disorders.

This combines the 1997 objectives 1. and 4. which both address integration. The update committee agreed with the 1997 position that integrated services and supports are crucial to the health and wellbeing of individuals as well as being money and time savers. The term effective is very important since brain research and treatment evaluation moves very quickly. LWVSD can convene a task force to review effectiveness of any specific approach it wants to support or, more likely, insist that the Behavioral Health Department show why it considers a new service effective.

2. Ensure that integrated mental health and substance use disorder services are part of a behavioral health system throughout the County, with full services available regardless of point of entry into the system (no wrong door).

The current position is re-framed by updating "dual diagnosis" to behavioral health terminology, and by describing behavioral health care as a delivery system and not just a program or group of programs.

3. Ensure outreach services in all regions of the County for all residents who might need or benefit from the behavioral health system, using partnerships with the faith community, businesses, and other gateways into the community as well as traditional mental health community members.

Rather than one super outreach program, the County has built outreach requirements into every service and support contract, aimed at each contract's target population. Outreach should also include appropriate non-contracting community organizations such as faith communities and local businesses.

4. Exercise careful management, and leverage when possible, funds received from all sources in order to maintain continuity of services and supports during all economic conditions.

The original position seemed to suggest that the County has control over program design and funding. That has not been even partially true since Proposition 13 was passed. Mental health is a State government responsibility and much of the programming is mandated by the State legislature. The County can seek additional sources of funding including its own general fund and must manage what it receives from the State very carefully. Strategic collaboration with other agencies can take the place of hard cash as it did when developing supported housing with Redevelopment Agencies.

5. Provide an array of supports: a full range of housing that includes Housing First and other supported housing options, including shelter beds and permanent affordable housing; supported employment; supported education; opportunities for spiritual development; exercise and diet; training and support for family members; and inclusion of families in service and support development.

This County had no experience with County-developed housing when this position was developed. Since then, six programs have provided supported housing to more than 1,100 clients. A slight change in wording reflects what has been learned in the process and adds other supports that have since proven useful.

6. Divert individuals from the criminal justice system to behavioral health services and supports when possible, and to secure treatment-oriented settings when incarceration is required.

Diversion has been shown to be possible when all of the pieces are in place. When public safety and/or the law require incarceration, the facility must make appropriate treatment fully accessible.

7. Provide specialized law enforcement/clinical teams in all areas of the County, available when needed to respond to possible behavioral health crises on a 24/7 basis.

In 1997, the County had one pilot PERT team in San Diego Police Department's Western Division. The teams now operate in all law enforcement jurisdictions in the County and are the envy of the rest of the State, if not the country. The sheriff has said that all deputies will be PERT-trained. The training classes are full every time they are offered. Still, there are not enough teams to ensure availability when needed.

8. Collect and use meaningful input from a broad range of community stakeholders via innovative outreach, transparency, and participation in useful collaborative groups.

The committee's interviews revealed a significant number of stakeholder groups already working but not necessarily welcoming the community or getting meaningful input to the Behavioral Health Department.