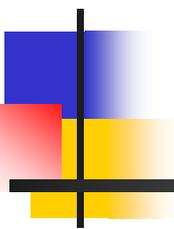


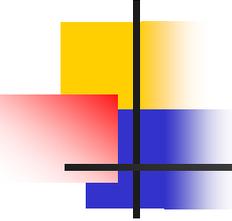
Report on Co-Occurring Disorders



Transforming the Mental Health System
Through Integration

11.18.2010

MHSOAC
MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

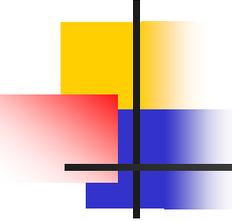


To Achieve the Promise...



“To achieve the promise of community living for everyone, **new service delivery patterns and incentives must ensure that every American has easy and continuous access** to the most current treatments and best support services.”

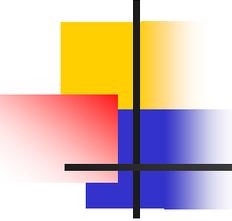
-Presidents New Freedom Commission
on Mental Health (2003)



Adopted Motion 11/2008

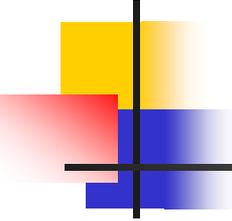


“The MHSOAC should promote Co-occurring Disorders Competency as a core value in implementation of the MHSA and this value should be reflected in the Commission’s Annual Strategic Plan.”



1. MHSA tenets include:

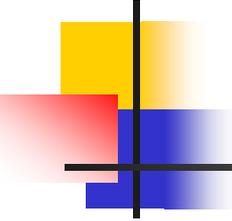
- Effective services for people living with serious mental illnesses must include *“whatever it takes”* for recovery.
- Services must be *“integrated.”*



“Whatever it takes”



- Refers, in part, to flexible funding.
- Flexible funding allows the use of funds for a wide array of clinical services and supports beyond what is normally allowed in categorical funding.



“Integrated Services”



- Means mental health prevention and treatment are coordinated so that there is “no wrong door” to receiving care.
- Services should be concurrently delivered by a coordinated team of caregivers, often sharing single sites.

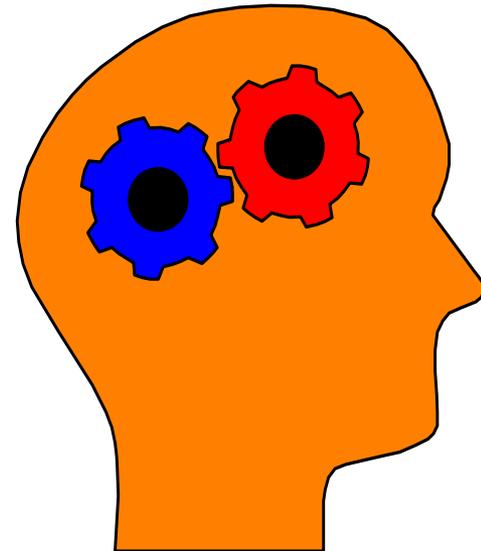
2a. Global Concerns

- Key Finding #1.

Approximately one half of people with a mental illness or a substance abuse disorder, also have the other condition.

These individuals have a co-occurring disorder (COD).

50%



COD

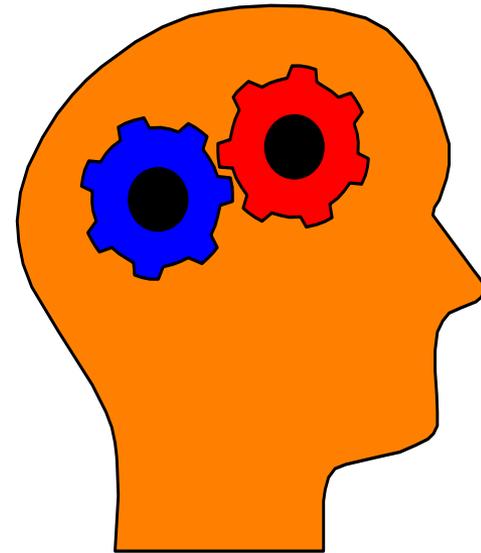
2a. Global Concerns

- Key Finding #2.

**Individuals with COD
are among California's
most underserved.**

Up to 60% of individuals
receiving treatment in
our public sector mental
health system have COD.
Most do not receive
integrated care.

underserved



COD

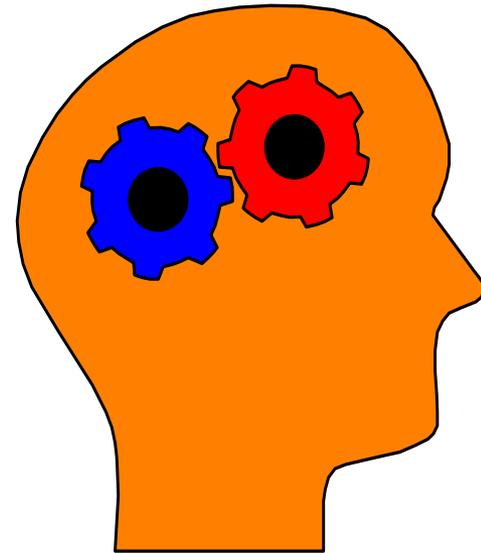
2a. Global Concerns

- Key Finding #3

**COD is pervasive
and disabling.**

Individuals with COD have more relapses, hospitalizations, depression & suicide, violence, homelessness, arrests and incarcerations, HIV, trauma and school failure.

disabling



COD

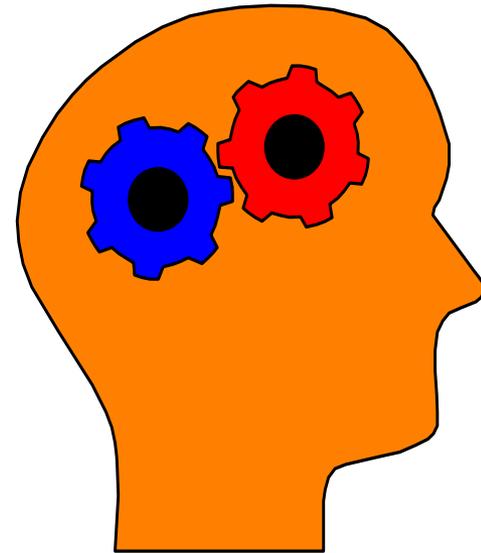
2a. Global Concerns

- Key Finding #4

Insufficient support for integrated COD treatment leads to a paucity of programs and skilled providers.

Unable to access appropriate care, individuals with COD are disproportionately served in emergency rooms, jails, foster care and among the homeless at great financial and emotional cost.

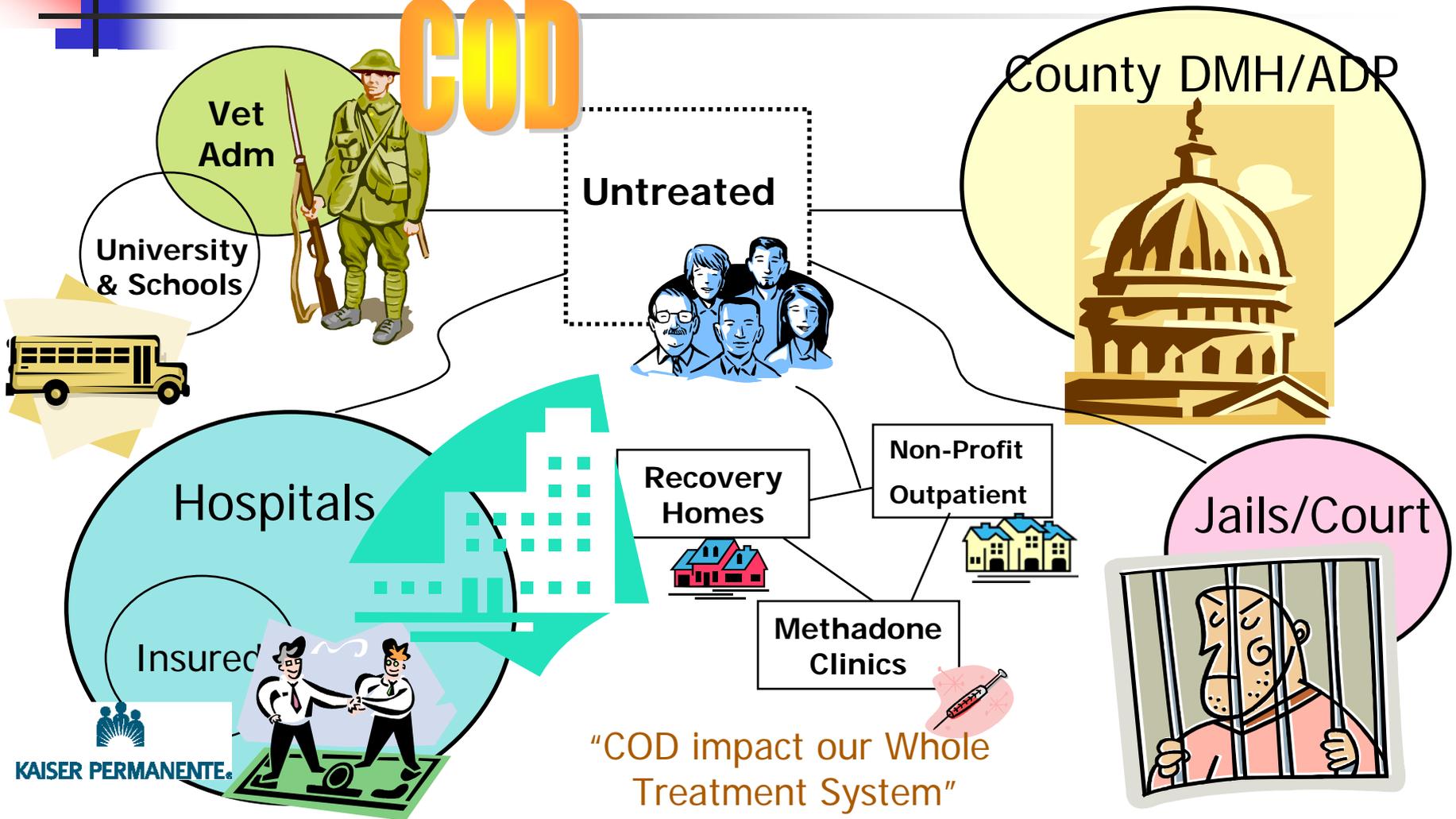
expensive



COD

California Treatment System

COD



“COD impact our Whole Treatment System”

2b. California's Strengths



1. DMH-ADP Collaboration:
Co-Occurring Joint Action Council
2. COD Best Practices in 13 Counties
3. Blended Funding: 1115 Waiver (?)

2b. Effective National Models

Improved Quality at Lower Cost!

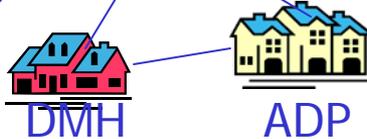
- MHSA Supportive Housing
- MHSA Full-Service Partnerships
- California SACPA (Prop 36) AOD Diversion
- Bexar County (Texas) MH Diversion
- Allegheny County (Penn) MH Court
- California AOD SBIRT (San Diego)



Decision:

How do we Integrate Services?

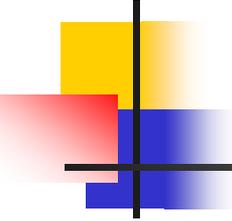
California's Strengths
DMH/ADP + National BP



Support Existing
COD State Plan

Transformation
Through MHSA





Change in Two Sizes

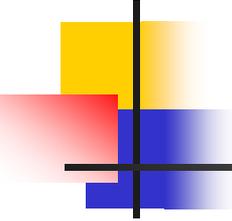
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Little

Big

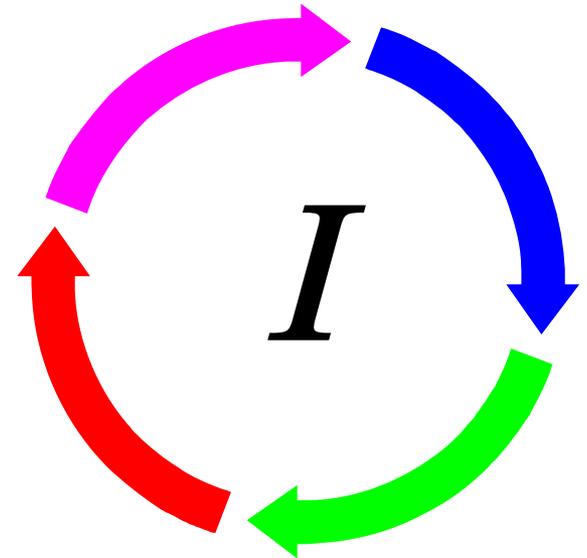
Integration



In a Transformed System...

Integration Means:

- Involve the Whole Community
- Integrate the Whole System
- Treat the Whole Person



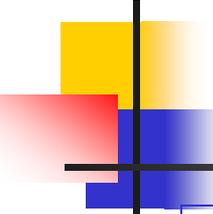
Next Steps:

COD: Focus on Integration

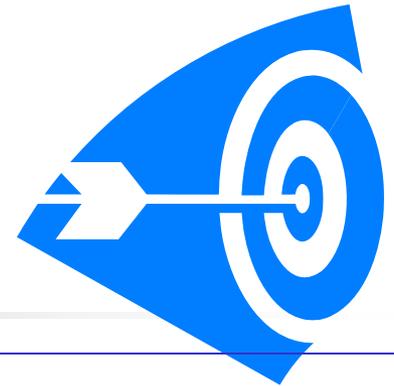


Look at **COD Integration** & PEI/Innovation through the Lens of:

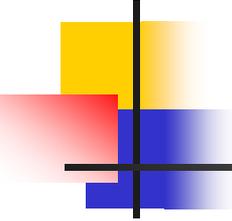
- Criminal Justice
- DMH-ADP (Co-Occ Joint Action Council)
- Older Adult System
- Integrated Behavioral Health Initiative
- K-12 Education



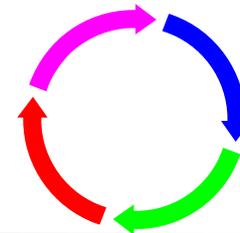
Ask Three Questions



1. Which COD or PEI/INN Programs noteworthy?
2. What is status of Systemic Partnership and Collaboration?
3. What can OAC do to foster Systemic Integration?



Transforming Mental Health



“If we want people with co-occurring disorders to recover, we must promote systemic recovery.”

-COD Report, p.2

