



SAMHSA Block Grant

Peer Review Report San Diego County Behavioral Health Department

Methodology

In federal statute Title XIX, Part B, Subpart 1, Section 1943(a)(1) requires that an independent peer review be conducted of block grant programs to assess the quality, appropriateness, and efficacy of treatment services. These reviews are to be conducted on at least five percent of the entities providing services in the State each year.

The California Mental Health Planning Council (CMHPC) has been delegated the responsibility to conduct these peer reviews by the Department of Mental Health pursuant to a Memorandum of Understanding which shall stay in effect until June 30, 2012. The CMHPC is mandated in federal statute to review and comment on the annual Block Grant Application and Implementation Report, advocate for persons with serious mental illnesses, and monitor, review, and evaluate the allocation and adequacy of mental health services within the State. In state statute, the CMHPC is mandated to provide oversight of the public mental health system, advocate for adults and older adults with serious mental illnesses and children and youth with serious emotional disturbances and their families, and to advise the Legislature and the Department of Mental Health on mental health policies and priorities.

The SAMHSA Block Grant is a federal source of funding. In federal fiscal year 2011, California received \$54 million. The Block Grant is a relatively unrestricted source of funds that can be used for a variety of services, including emergency services, screening for facility admission, outpatient services, psychosocial rehabilitation, day treatment, partial hospitalization, or juvenile justice mental health treatment. Some uses of funds are prohibited: inpatient services, cash payments to service recipients, land or building purchase or improvements; matching other federal funds; and financing assistance to a for-profit entity.

To conduct the peer review, the CMHPC assembled a review team that consisted of one client, one family member, one advocate, one representative from a county mental health program, and two CMHPC staff. The representative from a different county mental health program is required to create the "peer"

review aspect of the review. For this review, the person selected was from San Bernardino County.

In advance of the onsite review, the Department of Behavioral Health (DBH) was asked to respond to set of questions about the SAMHSA funded programs. See Appendix A.

Once the peer review team completes their findings, the review/report is sent back to San Diego County for comment. Their comments on the report can be found under Appendix B.

Background

San Diego County is a diverse county with both urban and rural areas. The county's population is estimated to be 3,224,432 (source: CA Department of Finance, Updated 2010). The US Census 2010 provided the following data on the race/ethnicity in the county's population:

Race/Ethnicity	Percent
Latino	32%
Euro American not Hispanic	48.5%
African American	5.1%
Asian American	10.9%
Native American	0.9%
Other	2.6%

Source: US Census Bureau 2010-11

According to the county's Annual Report for 2010-11 its total behavioral health services budget was \$405,914,153 while the Department of Mental Health's is \$294,445,966. According to its application for Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant funds for fiscal year 2010-11, its total budget from that source was \$3,238,202.

SAMHSA Block Grant Funded Program Descriptions

Dual Diagnosis—Emergency Psychiatric Unit (EPU)

The Emergency Psychiatric Unit is a locked/secure Medi-Cal certified program, which houses a wide range of licensed mental health professionals who perform psychiatric assessments, treatment and stabilization services. Included in these services are triage, evaluation, crisis stabilization, early detox, medication management and referral to appropriate acute care hospitals, clinics, day treatment/residential rehabilitation programs, substance abuse provider agencies, dual diagnosis programs and other community resources as needed.

The Emergency Psychiatric Unit (EPU) serves both voluntary clients and those being evaluated on involuntary detentions pursuant to Section 5150 of the California Welfare & Institutions Code. Voluntary clients are thus free to leave unless it is clinically determined that they must be held pursuant to Section 5150. This service is the only psychiatric emergency department in San Diego County open 7/24/365. In general, episodes of crisis stabilization are brief, with an array of services delivered by a team of mental health professionals to diagnose and resolve the crisis, which includes short-term detoxification, all geared for returning the client to other community-based behavioral health services.

In Fiscal Year 2009-10, the program served approximately 7,000 clients. Of those clients, over 53 percent had an alcohol/drug diagnosis in addition to their presenting mental health diagnosis. Furthermore, over 70 percent of the clients served were indigent.

The Emergency Psychiatric Unit is licensed for 18 beds. This unit is designed to serve patients with an acute psychiatric diagnosis, who have medical co-morbidities that do not require intensive or invasive medical treatment, or who have a co-morbidity of substance abuse.

The EPU receives 650-750 visits per month. 60% are involuntary patients and 60% are discharges from the crisis stabilization level of care. 35% are admitted to inpatient status, 5-10% are evaluated and discharged as outpatients. 30% in the EPU have insurance while 70% have no financial resources. Average length of stay for inpatient is 6-7 days. 60% - 70% have a co-morbidity of substance abuse.

Staffing Chart for up to 13 patients

Staff	Total FTE	SAMHSA FTE
Psychiatrist	6.00	2.00
RNs (Psychiatric Nurse)	11.00	8.00
LVNs	4.00	.00
MHA	3.00	0.00
Social Workers	2.00	1.00
Senior Psychiatric SW	1.00	1.00
Internal Medicine Physician		.25
Medical Records Clerk		.50
Human Services Specialist		.25
Admissions Clerk		1.00
Custodian		2.00
Total	27.00	16.00

Program Budget

The SAMHSA Block Grant Application for fiscal year 2010-11 reports that the total gross cost of the EPU program was \$1,873,457. The SAMHSA portion of those costs was \$170,314.

Measurable outcome objectives: *EPU will identify the number of patient episodes with a coexisting diagnosis of mental illness and substance abuse.*

The review process for the EPU program consisted of a tour of the facility by the six members of the review team. Then three members of the review team (one staff, one planning council member, and the County peer representative) conducted a focus group with eight staff members. The remaining three members of the review team (including a staff person, a family member and a consumer from the planning council) conducted a focus group with clients. A copy of those questions for each group is provided in Appendix A.

The demographic breakdown of the staff focus group is as follows. Males comprised 4 (50%) of the sample; females comprised 4 (50%) of the sample.

Race/Ethnicity EPU Staff

Race/Ethnicity	Number	Percent
Hispanic	1	12.5%
African American	0	0.0%
White	4	50.0%
Asian/Pacific Islander	2	25.0%
Bicultural	1	12.5%
Other	0	0.0%

Source: EPU Staff Focus Group Questionnaire

The demographic breakdown of the client focus group is as follows. Males comprised 9 (69%) of the sample; females comprised 4 (31%) of the sample.

Race/Ethnicity of Client Focus Group

Race/Ethnicity	Number	Percent
White	10	77%
Hispanic	1	8%
African American	2	15%
Asian/Pacific Islander	0	
Bicultural	0	

Findings and recommendations for the EPU program are found at the end of this report.

Social Advocates for Youth (SAY)

Social Advocates for Youth provides mental health and outreach services; counseling; and psychosocial and substance abuse education services to youth incarcerated in juvenile probation detention facilities. The program provides individual, group, and aftercare services. The program is designed to initiate treatment services in juvenile detention facilities and then provide referrals/linkages to appropriate community-based care upon release.

Funding for the program comes from SAMHSA, the Juvenile Justice Crime Protection Act (JJCPA), General Program Revenue (GPR), and State Aid for Citizen's Option for Public Safety (COPS). SAY collaborates with County Mental Health and Probation.

Cultural Statistics (from SANDAG) of Clients
San Diego Association of Governments (SANDAG)

Black	18%
Mexican/Hispanic	57%
White	19%
Other	6%

Measurable Outcome Objectives: *At least 80% of clients who participate in 3 or more educational/counseling groups will demonstrate ability to identify 2 or more personally relevant points or issues learned, and 1 or more means by which the learned material will be applied to his or her behavior or functioning. Services shall be provided to at least 1,200 unduplicated clients per year.*

The SAY program provides services to at-risk youth in a variety of settings and develops positive adult relationships/role models for youth. Staff members are able to meet individually with incarcerated youth to provide these support services. These services are provided at seven locations around the county.

In addition, SAY provides counseling services to youth who are assigned to drug court and provides input regarding selection of participants. SAY then helps guide the treatment direction for assigned youth.

SAY provides clinical services to detained youth as well as youth at Reflections and Youth Day Center (YDC). Finally, SAY provides medication support services to program participants at certain locations.

The review process for the SAY Program consisted of a tour of the offices and then three review team members (one staff member and one each planning council family member and consumer) walked over to a meeting near Kearny Mesa Juvenile Facility where they conducted a client focus group.

The demographic breakdown of the SAY client focus group is as follows. The entire client focus group was comprised of males (8 consumers).

Race/Ethnicity of Client Focus Group

Race/Ethnicity	Number	Percent
Hispanic	6	75%
African American	2	25%

The other three members of the review team (one staff member, the peer representative, and a planning council member) conducted a staff focus group with nine persons. The demographic breakdown of the staff focus group follows.

Race/Ethnicity SAY Staff

Race/Ethnicity	Number	Percent
White	3	33.5%
Hispanic	3	33.5%
African American	1	11.%
Asian/Pacific Islander	0	0.0%
Bicultural	1	11%
Other	1	11%

Source: SAY Staff Focus Group Participants

Findings and recommendations for the SAY program are found at the end of this report.

Both programs met the program objectives outlined in San Diego County's Block Grant application.

Program Findings

EPU

Strengths

Staff focus group answers

Dedicated and committed staff
Outpatient follow-up on AOD referrals
Excellent intake screening and referral
Focus on housing first
Excellent list of resources
Staff camaraderie
Staff working together is a strong component
Excellent collaboration with law enforcement
HOT team
Emergency response team
Advance notice of incoming clients from law enforcement
Training for co-occurring law enforcement intervention
Staff training – motivational training, annual CC, HARM reduction, online LMS training, in-service training, CEUs, video feedback on motivational interviewing, LBGQT training
Effective new hire orientation program

Client focus group answers

Excellent program referral process
Hope Connections and Bridge to Recovery
Caring staff (2 consumers)
Gave me hope (4 consumers)
Education in the disease concept (2 consumers)
Staff stuck with me (2 consumers)
Feel safe in program (3 consumers)
Physical health checked
20 days in Crisis House
Worked to find the right match
Treating each person as a special person
Program strives to serve the individual needs of everyone
Bridges program celebrates success weekly

Overall, the EPU program is an excellent program staffed with caring and dedicated personnel. The supervisor refers to his staff as his 'angels' which speaks well to the working atmosphere at EPU. The review team understands

that the EPU program receives the bulk of the county SAMSHA block grant funding and with it they have built an impressive program.

Recommendations

Increased community resources for discharged individuals

Staff needs to be reminded to take breaks despite their dedication to clients

More 'just in time' training (staff requested this)

Decrease paperwork requirements for staff wherever possible

Increase number of in-house 12 step meetings (AA, NA, CA, etc)

Decrease amount of paperwork when a consumer 'self admits'

SAY

Strengths

Staff focus group answers

Staff are extremely dedicated to the clients
Group workers are a close knit group who try to support one another
Data management services are exceptional
Creative programs that are adaptable to change
Program provides an important service to troubled youth
Youth are motivated and appreciative of the program

Client focus group answers

Staff give us their business cards and tell us to contact them if we need anything
Good program, it shows they care about us
Program is a safe place
Teaching us to control our anger, make better choices, help ourselves, work together, and look to the future
The staff are respectful, nice, smart, kind, caring, and honest
They try to link us with community services before we leave
Staff is interested in providing fun activities
ART program staff talk to us
Program gives us a reality check
Improved my self esteem
Tell us to choose different paths
Help us learn about our feelings
Learn conflict resolution

Recommendations

Recommendations for/from line staff

More group workers
Less paperwork, staff are pulled away from clients to deal with paperwork
Improve coverage of staff that are ill or need time off (vacation, appointments, sick, etc) this should be a management function not the responsibility of staff to find their own coverage
Improve collaboration with probation department
Involve parents more
Turnover in upper management has caused stress on staff, improve communication down to line staff including them in changes as they occur
Lack of positive reinforcement to line staff from management

Law enforcement personnel withhold group sessions as a form of punishment when in fact consumers need just the opposite

Improve screening process to ensure the consumers are placed into appropriate programs based on their needs

More aftercare programs for discharged consumers

Improve training for line workers (staff had only heard about the concept of 'recovery' the prior day from another program worker)

Design each site where services are provided based on the needs, strengths, and outcomes desired (each site is different with different needs) One size does not fit all.

Coordinate more with probation/families to minimize re-admissions

Work with probation in increasing their responsiveness to staff's suggestions of how to work with the youth

Line staff have been provided minimal training and have received most as on the job training (OJT)

Staff received their first training info on 'wellness and recovery based services' the day prior to review

Develop format for each site to outline the responsibilities of probation, mental health services, and SAY (staff indicated that each site is different but are administered under the same 'umbrella' of program operations)

Staff need more training in current trends and themes in service delivery

There needs to be more cross training of probation workers (law enforcement/probation) in mental health – co-occurring disorders treatment delivery

Line staff are overwhelmed by the demands of the job and need to have a 'self care' program to help them with their stress levels and job burnout

Program needs more line workers

Some type of 'respite relief' must be provided to line staff

Recommendations from clients

Would like some type of certificate, with stars, to take to Court

Celebrate successes with something special (pizza, cookies, treats, etc)

More activities

ART classes are too short and lack a quiet place without interruptions

Substitute leaders don't follow set structure

More ways to learn lessons would help, besides just reading (videos, role play, etc)

Appendix A

Substance Abuse and Mental Health Administration Block Grant
Peer Review Protocol

1. Have there been any revisions to the program description? If so please describe.
2. What staff are providing services? Please specify in full time equivalent positions.
3. How does the program serve the target population; eg, Children and Youth, Transition Age Youth, Adults, and Older Adults.? Please specify the number of clients served by target population for fiscal year 2008-09.
4. What collaborative efforts with other County programs have been undertaken with CMHS-funded services?
5. Please provide data on the measurable objectives in the Program Evaluation Plan for fiscal year 2008-09. If there are problems, what has been or needs to be done to resolve the issue?
6. Does this program have a role in reducing racial/ethnic/cultural disparities in your county?
7. What barriers have you encountered? What means have been used to eliminate any identified barriers?
8. What special gains or service reforms have occurred as a direct result of the County's SAMSHA grant program?

Staff Focus Group Questions

Start with review team introductions. Then, ask each person in the focus group to introduce themselves and say a little about their role in the program and how long they've been with the program.

1. Please tell us about the program. How is the program staffed? Who is served? How are potential consumers identified? How is assessment conducted? How do you develop treatment plans? What services do you provide?
2. What are the program's strengths/successes and what are the program's challenges? From the perspective of management? Supervisor? Line staff?
3. What interagency involvement is there? How successful is collaboration? What strategies are used to facilitate collaboration? Management? Line staff?
4. How are staff trained? Is there any training regarding specific treatment approaches or treatment philosophy? What kind of training is provided regarding Cultural competency? How is Cultural Competency training incorporated into service delivery? Do staff receive any specific training on Recovery principles? Describe. How are Recovery principles incorporated into service delivery?
5. What does success look like for the program's consumers? Please provide some examples. What are the greatest challenges for obtaining this success? What are the programs greatest strengths in helping consumers succeed?
6. If we asked consumers what they thought about the program, what would they tell us? What would be the program's greatest challenges from their perspective? What would be the program's greatest strengths? If we talked to consumers, what would they say about cultural competency? About the focus on recovery?

Client Focus Group Questions

1. What part of this program do you think is the most helpful to you?
2. How involved are you in helping to develop your treatment plan and setting your goals?
3. What goals are most important for you, and how do your services help you get there?
4. How is this program helping you “recover” from the problems that brought you here?
5. Do you consider yourself to be a part of a certain culture, such as ethnicity, age, or religion? Is the staff respectful of this when they talk to you or assist you in your plans?
6. Are you receiving community-supported services in preparing you for transition to independent living; e.g. employment, housing, education?
7. What do you recommend for improving services here?

County Answers to Peer Review Protocol Questions (page 13)

EPU

Substance Abuse and Mental Health Administration Block Grant
Peer Review Protocol

Have there been any revisions to the program description? If so please describe.

There have been no revisions to the program description. The program entails the following treatment interventions: 1. Triage, 2. Medical Screening Evaluation, 3. Stabilization/Treatment, 4. Referral & Linkages

What staff are providing services? Please specify in full time equivalent positions.

Staff providing services include the following:

- 1. Psychiatrists, 2. Internists (on as needed basis), RNs, LVNs, Social Workers, &**
- 2. Contracted Providers: a) Masters Level Clinicians & Peer Specialists working with Substance Abuse patients, b) Mental Health Peer & Family Specialists.**

Full time equivalents for hospital employees are as follows for up to 13 patients:

Position	AM Shift	PM Shift	NOC Shift
Psychiatrist	2.5	2.5	1.0
RNs	4.0	4.0	3.0
LVNs	1.0	1.0	2.0
MHA	1.0	1.0	1.0
Social Workers	2.0		

Full time equivalents for hospital employees are as follows for 14 or more patients:

Position	AM Shift	PM Shift	NOC Shift
Psychiatrist	2.5	2.5	1.0
RNs	5.0	5.0	4.0
LVNs	2.0	2.0	2.0
MHA	1.0	1.0	1.0
Social Workers	2.0		

Bridge to Recovery Staffing for the Emergency Psychiatric Unit is as follows occurs during the following hours:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8:30 am 1:00 pm	2	2	2	2	2	1	1
12:00 - 1:00 pm		1			1		1
1:00 – 5:00 pm	1	2	1	2	1	1	1
5:00 – 8:00 pm	1	2	2	2	2		

Hope Connection Staffing for the Emergency Psychiatric Unit is as follows during the following hours:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8:30am – 7:30 pm	1	1	1	1	1		
10:00am – 6:00pm						1	1
Additional staff may be supplied based on need							

How does the program serve the target population; e.g., Children and Youth, Transition Age Youth, Adults, and Older Adults.? Please specify the number of clients served by target population for fiscal year 2010-11.

The program serves Transition Age Youth, Adults, and Older Adults. The program serves each population utilizing the same clinical approach: Triage, Medical Screening Evaluation, Stabilization/Treatment, Referral and Linkages. Clinical assessments/formulations & treatment are predicated on the unique characteristics pertaining to each age-related population as well as individual needs. Referrals & linkages are based on age-related and individualistic needs.

2010-2011 Target Population		
TAY (ages 18-24)	806	17%
Adults (ages 25-59)	3,638	78%
Older Adult (60+)	237	5%
Total	4,681	100%
Clients with any Substance Use Disorder	3,112	66%

Has this program undertaken collaborative efforts with other County programs?

Yes. Examples of collaborative efforts include linkages with such programs/resources as:

- **Bridge to Recovery**
- **Hope Connections**
- **Outpatient Clinics**
- **Crisis Beds**
- **Sober living homes**

Please provide data on the measurable objectives in the Program Evaluation Plan for fiscal year 2010-11. If there are problems achieving the objectives, what has been or needs to be done to improve achievement?

There were 3,112 visits representing the target population in fiscal year 2010-2011. The primary objective was to provide Triage, Medical Screening Evaluation, Stabilization/Treatment, and Referral & Linkages to appropriate community resources.

Primary objectives were met. Two challenges that were planned for during fiscal year 2010-2011 included:

- 1. The closure of the Crisis Clinic associated with the SDCPH and the expected increase in the number of patients who would visit the Emergency Psychiatric Unit as a result, during the transition to regionalized “walk-in crisis services” and,**
- 2. The planning of a “Short Stay Protocol” for patients who were diagnosed as having primary substance abuse or co-occurring disorders and did not need acute inpatient psychiatric treatment.**

Does this program have a role in reducing racial/ethnic/cultural disparities in your county?

Due to the mission of the San Diego County Psychiatric Hospital “to serve the unfunded”, the hospital treats a wide variety of ethnic, racial, and culturally represented groups. The organization also employs a broad representation of ethnic, racial, and culturally diverse employees. The hospital has the capability to provide interpreter services to those patients whose primary language is other than English

What barriers have you encountered? What means have been used to eliminate any identified barriers?

Barriers that have been encountered include but are not limited to:

- **Gaps in community based services for the indigent population.**
 - **Housing**
 - **Transportation**
 - **Medical care**
 - **Nutrition**
- **Gaps in community based services for substance abuse populations**
- **Gaps due to the economic realities and the consequent increased demand for service paired with a lack of growth in the service sector**

What special gains or service reforms have occurred as a direct result of the County’s SAMSHA grant program?

Due to the SAMSHA grant program, the San Diego County Psychiatric Hospital has been able to serve an increasing demand in the Emergency Psychiatric Unit. The numbers of patients with primary substance abuse diagnoses or co-occurring disorders remains high and the grant program has enabled the hospital to serve this population well within its capability as a Psychiatric Emergency Room. In so doing, the hospital has been able to link patients with collaborating providers in order to increase the likelihood of treatment success.

SAY**Substance Abuse and Mental Health Administration Block Grant
Peer Review Protocol**

Have there been any revisions to the program description? If so please describe.

In January 2010 a funding reduction was made by the JJCPA funding source. At this time we had to eliminate our 10 hours of Psychological services each month, .5 FTE of our Bilingual Counselor Position, and .5 FTE of our Drug Court counselor position.

What staff are providing services? Please specify in full time equivalent positions.

.05 FTE YFCS Director
.15 FTE Mental Health Coordinator
1.0 FTE Program Coordinator
.75 FTE Data Manager
.25 FTE Data Clerk
1.0 FTE Group Worker
1.0 FTE Mental Health Clinician (.5 FTE Drug Court/ .5 FTE Mental Health Clinician)
12 hours/week of contracted Psychiatric services

How does the program serve the target population; e.g., Children and Youth, Transition Age Youth, Adults, and Older Adults.? Please specify the number of clients served by target population for fiscal year 2010-11.

The SAY San Diego Dual Diagnosis Program provides services to youth in juvenile probation detention facilities and field service programs (Juvenile Court Schools – Youth Detention Center and Reflections Central). The majority of the

youth we serve are 12-18, however occasionally youth remain longer to complete their sentence, or get admitted at an early age based on their circumstances. This program potentially provides services to the entire spectrum of youth in these facilities. Group workers provide primarily evidence based psycho educational groups to these youth with the purpose to teach skills that will prevent them from re-offending once released back to the community. Group Workers are also able to provide specific identified youth with individual services to help reinforce the concepts provided in the groups. The Mental Health Clinician provides individual clinical services to youth assigned to Drug Court (.5 FTE) and individual clinical services to youth in any of the 7 facilities that we serve (.5 FTE). These individual services are primarily provided at the Youth Detention Facility (Juvenile Court School). Ten hours a week of medication support is provided at Reflections (Juvenile Court School), and 2 hours/ week is provided at the Youth Detention Center. The SAY Dual Diagnosis Program served 2220 youth in the 2010/2011 fiscal year.

Has this program undertaken collaborative efforts with other County programs?

The SAY Dual Diagnosis Program is in constant collaboration with the Probation Department. Group services are provided at the Kearny Mesa Detention Facility, the East Mesa Detention Facility, the Girls Rehab Facility, Camp Barrett, Campo, Reflections Central (Juvenile Court School), and the Youth Detention Center (Juvenile Court School). This program works closely with Probation to determine which youth receive services and which services would be most appropriate in the different facilities/ units. In addition this program works closely with Drug Court who specifies which youth receives individual clinical services and the clinician provides recommendations for the direction of treatment for the youth. The Drug Court Clinician also helps in the selection process for youth who are admitted into Drug Court. Individual services and medication services are also provided with close collaboration with Probation.

Please provide data on the measurable objectives in the Program Evaluation Plan for fiscal year 2010-11. If there are problems achieving the objectives, what has been or needs to be done to improve achievement?

2010/2011 Outcome objectives:

At least 80% of clients who participate in 3 or more educational/counseling groups will demonstrate ability to identify 2 or more personally relevant points or issues learned, and 1 or more means by which the learned material will be applied to his or her behavior or functioning.

2010/2011: 89% of youth met this objective.

100% of all clients shall be assessed for substance use during the assessment period as evidenced by documentation in the medical record and completion of the CRAFT measure.

2010/2011: 100% of youth who received individual services met this objective.

Does this program have a role in reducing racial/ethnic/cultural disparities in your county?

One of the psycho-educational groups provided to this population focuses on social tolerance in order to address gang concerns in this population. The specific curriculum is: Gang Intervention Resources (Phoenix Gang Intervention Program) - Customized for Social Tolerance.

What barriers have you encountered? What means have been used to eliminate any identified barriers?

The County Mental Health's Electronic Health Record (Anasazi) is designed to be used mainly for Mental Health Clinicians with some support from paraprofessionals. This program has mainly paraprofessionals without the standard mental health clinician support which creates unique challenges with the implementation of this Electronic Health Record and the maintaining of appropriate documentation. The Program Manager has been working closely with the County to mitigate these concerns.

The budget and RFP was created based on a contract obligation to serve 1200 youth each year. Each year we provide services to almost twice that many youth which puts a financial strain on the program and case load strain on the staff. Over the years the program has made changes to help increase the efficiency of all its internal systems to continue to provide services to this volume of youth.

The Probation Department frequently expresses the desire for more psycho-educational groups, and more clinical services for Drug Court. Due to current funding, these desires are unable to be met.

What special gains or service reforms have occurred as a direct result of the County's SAMSHA grant program?

The SAY Dual Diagnosis Program has collaborated closely with the Probation Department to increase the fidelity of the Evidence Based Programming provided

in Juvenile Hall. Due to the specific movement of the youth throughout the various facilities it is a challenge to provide the youth with consistent programming. Because the Dual Diagnosis Program is able to provide programming in all 7 facilities, consistency is able to be increased where ever possible. This has been carried out through collaboration between Dual Diagnosis Staff treating the same youth, collaboration with Probation when selecting youth, and creating closed groups when possible.

Through the collaboration between Drug Court and the Dual Diagnosis Drug Court Clinician, the co-occurring disorders for identified youth have been able to be addressed. The Drug Court clinician is able to provide assessment and treatment services which focus on both mental health concerns and substance use concerns. She is also able to make treatment recommendations as the youth is released back into the community that better meet the needs of the youth. The Drug Court Clinician employs evidence based practices which include Motivational Interviewing, Cognitive Behavioral Therapy, and Brief Strategic Therapy. The Drug Court Clinician has been able to help youth who have not been meeting their Drug Court requirements graduate from the program.

Appendix B
Comments from San Diego County

