

Prop 63 Planning Dual Diagnosis Committee Meeting 03/03/05

1. Integration of Treatment
 - Mental health treatment within substance abuse (those with SMI and others)
 - Dual Diagnosis treatment at all levels (Dominican, El Dorado, etc.,)
 - Outreach
 - Provide health screening, consults & links to treatment, awareness of how health issues interact with achieving sobriety (e.g., need for pain meds)
2. Training & Staff Development
 - Adequate, comprehensive training, with established standards, for those who provide substance abuse treatment
 - View of abstinence vs. harm reduction conceptualized on a continuum
 - Training mandates for substance abuse
 - Provide for a menu of treatment options: 12-step, DRA
 - Implement dual diagnosis best practices (motivational interviewing, harm reduction)
 - Develop harm reduction program: a) meet the person where they are, b) maintain long-term goal of achieving sobriety
 - Education regarding mental health vs substance abuse symptoms and the differential diagnosis
 - All mental health clinicians should have substance abuse training
 - Culturally competent treatment across all programs
3. Enriching & Expanding Treatment
 - Increase staffing to previous levels at Pioneer & River Street
 - Mental health assessments and support available in substance abuse
 - Hire consumers to provide services
 - More step down options from Dominican
 - Substance abuse case management
 - Have therapy services available when the client is in the stage of recovery where they can benefit
 - Have a flexible system with a menu of options to choose from and move between during various stages of recovery
 - Expand post hospital treatment for those dually diagnosed who don't meet system of care criteria (e.g., anxiety, depression). Build services beyond the STAT team (on-going, not just 1-2 months) and have psych consults available
 - Have standard health assessments available in all programs
 - Treatment for those in "J" unit of the jail who are dually diagnosed
4. Community Support
 - Increase sobering beds (including one for monolingual Spanish speaking consumers)
 - Clean and sober housing (SLE)
 - Damp and wet housing (no threshold for wet and damp beds)
 - Support for DRA programs in the community
 - Drop in center for those in the "pre-contemplative" and "contemplative" stages of recover (e.g., MHCAN-like, have facilities in both North and South County)
 - Support for housing: finding, maintaining, aftercare, on site support and support for those who live independently
 - Transportation: consumer run to attend meetings, etc.
5. Broaden Target Population