

What Happens When the System Says “No”?

Someone must remain responsible

Aaron Meyer, MD
Associate Clinical Professor, UC San Diego
Behavioral Health Officer, City of San Diego

Everyone knows them.

Outreach knows them.

EMS knows them.

Hospitals know them.

Their family knows them.

So why are they still outside?

Serious illness does not always begin with homelessness.

Housing and treatment must work together.

> 50%

among people ever
hospitalized for mental
health care,
first psychiatric
hospitalization was before
homelessness

42%

before

23%

after

regular stimulant/opioid use relative to first
homelessness

The right care should not require another crisis.

Assess long-term care needs in the community.

Arrange care before hospitalization becomes necessary.

Resolve delays when someone is ready to leave the hospital.

Who will get the person to the care they need?

AN APPOINTMENT IS NOT ACCESS.

Not if the person cannot get there.

**Measure care delivered,
not appointments offered.**

Nearly 1 in 2

Napa State Hospital patients studied had no Medi-Cal mental health services billed in the six months before arrest.

How can we reach people before criminal court becomes their route to treatment?

**A completed referral
is not a completed response.**

WHO is responsible now? WHAT happens next? WHEN will it happen?

REFERRED $\neq$ **TREATED**

DISCHARGED $\neq$ **CONNECTED**

OFFERED $\neq$ **RECEIVED**

CLOSED $\neq$ **RESOLVED**

The outcome that matters is what happened to the person.

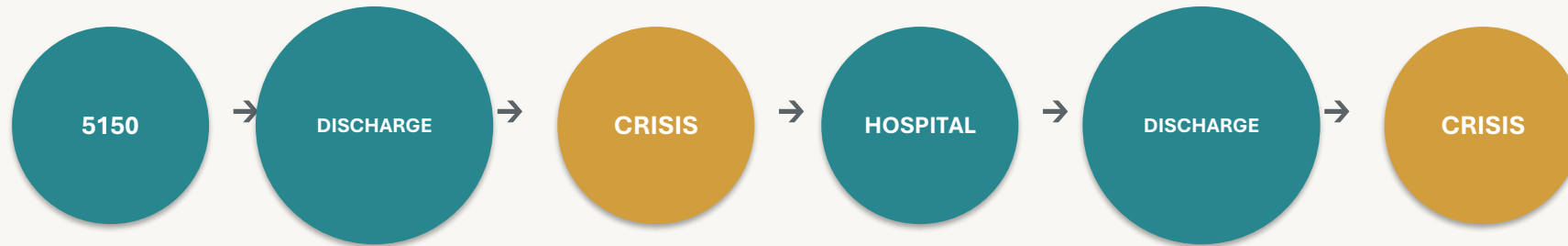
72%

of participants whose CARE petitions were dismissed at the initial decision did not go on to receive county behavioral health services or supports.

Some may not have needed county care.

For those who did: what happened next?

At what point does repetition require us to change the plan?



Repeated crisis is information.

It should trigger reassessment, not another identical handoff.

For someone already known to county behavioral health

3 holds OR 2 hospitalizations

within 12 months

TRIGGER A CLINICAL REVIEW

Not automatic involuntary treatment.
A requirement to ask why the existing plan is failing.

Accountability does not mean abandoning rights.

- Homelessness alone is not grounds for involuntary intervention.
- Refusing an offer does not, by itself, establish incapacity.
- Involuntary intervention still requires legal criteria and appropriate care.

Rights and responsibility belong in the same system.

**When repeated crises reveal serious
unmet needs and our systems keep
passing responsibility elsewhere, that is
systemic neglect.**



**Every encounter should move someone closer
to:**



**A SAFE
PLACE**

**TREATMENT
THEY CAN
USE**

**PEOPLE WHO
KEEP
SHOWING UP**

**The measure is whether the person's life actually
changed.**

Recovery can begin with a safe night's sleep.

Or reconnecting with someone they love.
Or enough stability to decide what comes next.

Our responsibility is to provide the care and support that help make those steps possible.