Present: Carlos Flores, Mike Kennedy, Eileen Richey, Eric Gelber, Tony Anderson, Rusty Gordon, Peggy Webb, John Decker, Todd Clarkson, Tom Keenen, Patrick Maher, Deborah Carnahan, Steve Mouton, Melinda Gonser, Nicole Weiss, Irma Castaneda, Barbara Devaney, Emily Woolford, Andrew Cavagnaro, Olivia Balcao, Joan Hess, David Riester/Participating by phone: Mark Becker, Tom Kelly, Sandy Soliday, Pamela Madden-Krall, Michael Januse, Nora Perez-Givens, Michi Gates

The meeting was co-chaired by Carlos Flores and Mike Kennedy. The meeting was held at the Capitol Plaza Holiday Inn in Sacramento. Among the matters discussed were the following:

1. San Gabriel Pomona Regional Center - will move to new quarters at 75 Rancho Camino Road in Pomona on February 14.

2. Minutes of Meeting of November 2013 - Approved by consensus.

3. Behavioral Health System Update
   - SB 82 grants were awarded by the MHSOAC for the hiring of crisis and triage workers. Forty seven counties applied for funds and 22 received them. The California Health Facilities Finance agency is offering SB 82 grants to counties for crisis stabilization programs. SB 82, sponsored by Senator Darrell Steinberg, earmarked $200M in MHSA funds for the expansion of crisis services.
   - The Governor’s Budget contained no bad news for public behavior health services.
   - The Affordable Care Act extends Medi-Cal benefits to more people up to 138% of the Federal Poverty Level. Expands insurance benefits to cover mild, moderate and severe mental health and substance use disorders. Although Medi-Cal managed care plans may not cover all psychotropic medications, pharmacists can continue to bill fee for service Medi-Cal under certain circumstances.

4. Developmental Services System Update
   - The Governor’s Budget includes funds for minimum wage increases and new overtime rules. Also funds regional center assistance with health insurance co-payments to families with incomes below 400% of FPL.
   - New DDS Leadership - Director Terri Delgadillo and Chief Deputy Director, Mark Hutchison, have retired. The Governor has appointed Santi Rogers as the new DDS director and John Doyle as Chief Deputy. Santi has had a long and distinguished career in developmental services including stints as Director of San Andreas Regional center and Porterville Developmental Services. John has worked for the Department of Finance and the Department of Rehabilitation.
   - Native Language Requirements - New law clarifies that regional centers must offer services and documents in the native language of clients and their families. Such services are required of county behavior health services as well and implementation is closely monitored by state and federal agencies.

5. MHSA Grants Administered by DDS
   - Cycle 3 request for application will be released by March 1.
• Alta Regional center has two cycle 2 projects. The first, The Substance Abuse Reduction Project, assists clients to access public services and trains AOD and regional center counselors and service providers to deal with substance abuse by people with developmental disabilities. Their training curriculum will be posted on their website. Alta has vendorized the Bridges Program to provide specialized outpatient services and has established a mentoring program pairing recovering substance users with current users.

Their MHSA Forums Project funds their annual dual diagnosis conference to highlight successful programs and encourage their replication. The next conference, Unlocking the Secrets to Meeting the Mental Health Needs of Adults with Developmental Disabilities, will be held on April 29. There will be presentations by Omelegah Enterprises, CBEM, Turning Point, Project Hope. Irma Castaneda and Steve Mouton will speak on collaboration between the Los Angeles County DMH and the 7 Los Angeles Regional Centers. For more information, go to www.altaregional.org.

• North Bay Regional center also manages 2 MHSA projects, Project Connect and Building Bridges. Project Connect addresses barriers and gaps existing across the early childhood mental health service system in Napa, Sonoma and Solano Counties. The project has created the “Early Childhood Mental Health Assessment Tool”. Project focus areas are best practice model, professional development and universal screening. For more information, go to www.projectconnectnbrc.net.

With the Building Bridges grant, county interagency task forces have contributed to the development of the training curriculum, “Guidelines for First Responders: Encountering People with an Intellectual Disability Co-Occurring with Mental Illness”. See the website, www.nbrc.net.

• Central Valley Regional Center, in partnership with the Fresno State University Central California Children’s Institute, operates the Foundations of Infant Mental Health Training Program. Information is available at www.fresnostate.edu/chhs.

• The San Gabriel Pomona Regional Center Project Hope uses Alma Family Services to provide group and individual psychotherapy to an identified core group of clients with one or more psychiatric hospitalizations. Consumers receive training in anger management, social skills, human sexuality and problem solving. Parents and caregivers are offered training in “Signs and Symptoms of Mental Health and Navigating the Mental Health System”. See www.sgprc.org/resources.

• Westside Regional Center has a joint project with North Los Angeles county Regional center to develop Tools for Assessing Quality Services. The project is reviewing evidence based practices in dual diagnosis treatment to improve integrated systems of care.

• Westside Regional Center also has a grant for their Los Angeles Transition Age Youth Service Integration Project. The project task force is focused on enhancing cross system collaboration and communication, increasing awareness of services and resources, developing transition specific services and processes and establishing effective communication among consumers, families and providers. See www.reachacrossla.org.

6. Developmental Centers Task Force - Carlos Flores was a member of this task force chaired by Health and Welfare Agency Secretary, Diana Dooley. At their peak in 1967, the developmental centers housed 13,000 residents. Today, the census is at 1300, while the cost of services per capita is more than $400,000 per year. After 4 public meetings the task force of representatives of all stakeholder groups prepared a report to the legislature with 6 recommendations:

• More community style homes/facilities should be developed to serve individuals with enduring and complex medical needs using existing models of care.

• For individuals with challenging behaviors and support needs, the State should operate at least two acute crisis facilities (like the program at Fairview DC), and small transitional facilities. The State should develop a new “SB 962 like” model that would provide a higher level of behavioral
services. Funding should be made available so that regional centers can expand mobile crisis teams, crisis hotlines, day programs, short term crisis homes, new model behavioral homes, and supported living services for those transitioning to their own homes.

- For individuals who have been involved in the criminal justice system, the State should continue to operate the Porterville DC Secure Treatment Program and the transitional program at Canyon Springs Community Facility. Alternatives to the Porterville DC-STP should also be explored.

- The development of a workable health resource center model should be explored, to address the complex health needs of DC residents who transition to community homes.

- The State should enter into public/private partnerships to provide integrated community services on existing State lands, where appropriate. Also, consideration should be given to repurposing existing buildings on DC property for developing the service models described above.

- Another task force should be convened to address how to make the community system stronger. It is expected that the legislature will now hold hearings to consider the Task force recommendations. For the full report see www.chhs.ca.gov/Pages/DcsTaskForce.

7. Affordable Care Act - With full implementation, there will be new services provided and a serious effort to integrate the treatment of physical, mental and substance use problems. In Los Angeles County, DMH is cooperating with health plans that are screening for mental illness to accept referrals and see people within 7 days. In several counties, health plans are subcontracting for mental health services. Beacon is a large contractor. Covered California is still working on the details of the involvement of SELPAs in service integration. Insurance companies have a mandate to provide habilitative services. The mandate is unclear but holds promise for coverage of vital developmental services.

8. Establishing Collaborative Objectives - Carlos led this discussion on the future of the Collaborative. The collaborative was formed in the early 1990s when the Coffelt class action lawsuit was settled, requiring a net reduction of 2000 in developmental centers. County mental health programs were concerned about the potential for increased service demand. New law at that time required the creation of MOUs between regional centers and county mental health agencies. Provided an MHSA grant to Regional center of the East Bay which contracts with ARCA to staff the MH/DS Collaborative and to provide consultation to regional centers and county behavioral health departments. Requests for intervention to resolve local disputes have decreased as local lines of communication have improved. ARCA is reconsidering its sponsorship and support of all its committees and wonders if the collaborative, without stated goals and objectives, continues to have a role of value. Are there statewide and local issues that need the attention of this body? The Collaborative has been a valuable resource for networking, information sharing, developing best practices and identifying systemic issues in mental health, substance use and forensic services to regional center clients with mental illness. DDS is promoting the establishment of regional projects involving 2 or more regional centers to deal with low frequency, high intensity needs. There is a need for more effective efforts for prevention and early assessment. Regional centers serve 27000 clients with a mental health diagnosis, which is about 12% of their caseload. The strength of cross system collaboration varies throughout the state. The availability of both public and private residential mental health treatment to individuals has been severely limited by trailer bill language passed over the past two years. The collaborative successfully pressed for statutory language expanding the availability of involuntary treatment of individuals with developmental disabilities who are dangerous to self or others. The Collaborative has helped the regional centers and the public behavioral health agencies to better understand the mission the limits and the strengths of both systems. The Collaborative has informed the priorities established by DDS in awarding MHSA grants.

9. Next Meeting—Will be held in Sacramento on Wednesday, March 5, at 10 aM. The agenda will be focused on continued discussion of the mission, concerns, objectives and sponsorship of the Collaborative.

David Riester