

**MENTAL HEALTH/DEVELOPMENTAL SERVICES COLLABORATIVE  
MINUTES OF MEETING OF MAY 16, 2012**

Attendees:

ACRC	Olivia Balcao, John Decker
CVRC	Tom Keenen
GGRC	Hal Kirklin
NBRC	Alfonso Carmona, Michi Gates
SGPRC	Steve Mouton, Keith Penman
VMRC	Nicole Weiss
SDRC	Carlos Flores
WRC	Tom Kelly

Telecare	Ann Christen
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SELPA – Napa County	Shelton Yip
ARC-CA	Tony Anderson
CMHDA	Patricia Ryan
DMH – LA County	Irma Castaneda
DDS	JoEllen Fletcher, Don Braeger
ARCA	Eileen Richey
Consultants	Joan Hoss, David Riester

By Telephone:

Area Board IX	Anastasia Bacigalupo
WRC	Aga Spatzier
SGPRC	Nora Perez-Givens
GGRC	Lisa Rosene
Private Practice	Barbara Devaney
Consultants	Bob Baldo, J Holden

The meeting was chaired by Carlos Flores. Following introductions and approval of the minutes of the January 18, 2012 meeting, the following matters were discussed.

1. Consultant Report:

Joan Hoss served as the Director of Sutter-Yuba Counties Mental Health. She is also a former co-chair of the MH/DS Collaborative. On behalf of the Collaborative, Joan monitors state mental health policy and budget issues. Joan attends meetings of the County Mental Health Directors Association and its Forensic Committee. All county mental health departments are involved in implementation of Assembly Bill 109, Public Safety Realignment. Effective October 1, 2011, individuals convicted of non-serious, non-violent, non-sex offense crimes are diverted from prison to county jails and probation. Parole violators are also incarcerated in jail rather than in prison. The new law responds to Federal Court orders that California reduce the prison population

by 30,000 inmates. AB109 encourages the development of mental health and substance abuse programs to serve offenders.

Joan reported that, under the Governor's proposal, the state Departments of Mental Health (DMH) and Alcohol and other Drugs (AOD) will soon be obsolete and their functions will be absorbed by other departments. A new Department of State Hospitals will be created. County Behavioral Health Departments will be dealing with about twelve different state agencies instead of two, but the Department of Health Care Services will be the principal state agency.

2. Mental Health Services Report:

Patricia Ryan, Executive Director of the County Mental Health Directors Association, reported on state budget and legislative issues. The May Revise provides updated amounts of Realignment 2011 funding to be allocated to realigned programs including Medi-Cal Specialty Mental Health, Early Periodic Screening, Diagnosis and Treatment (EPSDT), and 1991 Mental Health Realignment. Funds were allocated for implementation of the Katie A lawsuit settlement, providing mental health services to foster care youth. The adequacy of mental health and substance abuse services funding is contingent on passage of the Governor's tax measure on the November ballot. New costs will be incurred by counties if the Governor's proposed transfer of children in the Healthy Families insurance program to Medi-Cal occurs. Counties will also be required to provide a 10% share of the cost of EPSDT growth, which could have a chilling effect on growth. While counties are required to provide EPSDT services, the amount of service is not specified. The November ballot initiative, if passed, will provide new revenue sources for county mental health programs and provide constitutional protections to county budgets.

The Governor's January Budget proposed to amend the Mental Health Services Act (MHSA) to appropriate \$60M in county MHSA funds to a new Department of Public Health Office of Health Equity and to provide MHSA funds to the Office of Statewide Health Planning and Development (OSHPD) for Workforce Education and Training projects.

Eighteen counties have joined the lawsuit against the State on the issue of payment for ancillary services to IMD residents. At this time, Counties have not been billed for these services. The State's position is that Medi-Cal cannot pay these bills for a resident's medical care because of the federal IMD exclusion rule.

Regarding the transition of mental health services in the schools from county mental health to the schools, there was funding for transition activities in the 11-12 budget. There are no new funds for 12-13, but the schools are responsible, under federal law, for providing education related mental health

services. While some school systems will continue to contract with county mental health, most systems are developing their own mental health resources.

The mental health piece of the Public Safety Realignment Act is being implemented. Every county established their mandated community corrections plan which may include the provision of mental health and substance abuse services for offenders.

3. Developmental Services Report:

Eileen Richey provided background on the impact of the recession on public health and social services throughout the country. In an effort to control costs while improving care, there is a nationwide trend toward managed care expansion to include long-term social services, behavioral health and developmental services. States want to pass fiscal risks on to plan providers.

The California Developmental Services system had a mid-year reduction of \$100M in 11-12. The deficit was managed, principally, by securing additional federal funds. The May revise budget calls for a \$200M reduction for 12-13 and an additional \$50M trigger reduction if the Governor's tax measure fails in November. The 4.25% service provider rate reduction will be changed to a 1.25% rate cut for 12-13. Nearly \$80M in General Fund savings will be achieved by implementing SB946 which requires health insurance payment for autism related services. More than \$60M will be saved by more aggressive pursuit of federal funds. \$20M will be saved by reducing reliance on developmental centers and on community residential resources ineligible for federal funding. The capacity of the Porterville Developmental Center Secure Treatment Facility, ineligible for federal funds, will be reduced by 30 beds to 170. Community care facilities with delayed egress and secure perimeters will be developed. A short-term crisis unit will be developed at Fairview Developmental Center. With the exception of short-term crisis referrals and court ordered competency training, there will be no developmental center (DC) admissions.

4. Alternative Community Resources:

Carlos Flores asked for volunteers from the Collaborative to meet and discuss the need for new community resources to serve people deflected from DC admission. For example, is the Mental Health model of Community Residential Treatment Systems/Social Rehabilitation Program (CRTS/SRP) replicable in developmental services and potentially eligible for federal funding? There are three categories of CRTS/SRP defined in WIC 5670 and 5671:

1. Short-Term Crisis Residential offering alternatives to acute hospitalization; provides stabilization and diagnostic services for no longer than three months.
2. Transitional Residential providing an activity program that encourages utilization of community resources for no more than eighteen months.

3. Long-Term Residential providing rehabilitation services for the chronically mentally ill who need long-term support and care for up to 2-3 years in order to develop independent living skills.

These settings are intended to provide psychiatric care in a normal home environment.

In discussing community alternatives, the subcommittee must be mindful of the importance of federal funding eligibility. Subcommittee members will include Joan Hoss, Michi Gates, Barbara Devaney, Nicole Weiss, Irma Castaneda, Mary Marx (name offered by Irma), Ann Christen, Mike Kennedy, Olivia Balcao, Keith Penman, and David Riester. The subcommittee was asked by Carlos to meet prior to the next MH/DS meeting on July 25.

5. DSM V – Revised Definitions:

The American Psychiatric Association (APA) publishes the Diagnostic and Statistical Manual of Mental Disorders (DSM). Clinicians currently use the 4<sup>th</sup> edition, DSM-IV-TR, as the standard for evaluation and diagnosis. The APA plans to produce a revised edition (DSM-V) in May, 2013. Several diagnostic categories are revised in the new edition including mental retardation and autism.

The term “mental retardation” will be changed to “intellectual developmental disorder.” The American Association on Mental Retardation (AAMR) is now the American Association on Intellectual and Developmental Disabilities (AAIDD). The federal government has replaced “mental retardation” with “intellectual disability” in laws and regulations. Several states have passed or are considering (California) legislation to obsolete the term “mental retardation.” The definition of all of these terms is essentially the same and there is no anticipated impact in eligibility for public services of this DSM modification. The same cannot be said for the proposed changes to the autism classification. In the current DSM, there is a clear distinction among the diagnoses of autism, Asperger’s Syndrome, and Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS). In the DSM-V, these diagnoses are collapsed into the term “Autism Spectrum Disorder.” This change offers some potential for confusion in eligibility for public services. For example, in California, autism is an eligible condition for regional center services, but is an excluded diagnosis for Medi-Cal Mental Health services. PDD-NOS and Asperger’s are conditions meeting Medi-Cal criteria for mental health, but are not listed in WIC 4512 as eligible conditions for regional center service. There are also concerns about insurance plan payment for autism services.

6. MHSA Grants Administered by DDS – JoEllen Fletcher

Alta Regional Center has two grants. John Decker spoke about the Substance Abuse Reduction Project to facilitate regional center client access to public drug and alcohol services. Olivia Balcao spoke about the two conferences co-sponsored by Alta and ARCA to promote collaboration in services to regional center clients in the criminal justice system.

Tom Keenen talked about CVRC's partnership with Fresno State University, the Foundations of Infant Mental Health Training Program, for the certification of 320 clinicians and service providers.

Michi Gates, NBRC, reported that Robert Fletcher, Executive Director, National Association on Dual Diagnosis (NADD), was the featured speaker at their recent Building Bridges conference. The Building Bridges project will enable mental health professionals from Napa, Sonoma, and Solano counties and regional center counselors to differentiate between behaviors associated with mental illness and those associated solely with developmental disabilities. NBRC has a second grant, Project Connect, which provides training for the support, evaluation, early intervention, and treatment for the mental health needs of young children and their families.

Nora Perez-Givens spoke on the SG/PRC's efforts to replicate the GGRC Anchor Project. In partnership with Alma Family Services, individual and group therapy will be provided to 50 regional center clients with a history of at least two psychiatric hospital admissions. Training will be provided to caregivers in the signs and symptoms of mental illness and navigating the mental health services system.

Tom Kelly and Aga Spatzier spoke on Westside Regional Center's Transition Age Youth Integration Project to establish a TAY resource directory. WRC has a second grant, Tools for Accessing Quality of Services project, to enhance the quality of diagnosis and treatment for consumers with mental health challenges.

Carlos Flores spoke about the 40-hour training and certification program in dual diagnosis treatment available at [www.mhsinc.org](http://www.mhsinc.org). This internet training program is a product of the Solutions Building Project, a DDS funded collaboration of SDRC and San Diego County Mental Health.

7. Next Meeting:

The next meeting is scheduled for Wednesday, July 25, in Sacramento, at a location to be announced later.

Submitted by David Riester