



The Mental Health / Developmental Services Collaborative
Carlos Flores, Leslie Tremaine
Co-Chairs

November 5, 2008
Minutes

In Attendance:

Lori Banales
Barbara Devaney
David Riester
Stephen Mouton
Bob Hamilton
Tom Keenen
Jesse Tamplen
Susan Burger

Bob Baldo
Jeanie Thurston
Peggie Webb
Andrew Russell
Eliana Lois
Mike Wiederstein
Ann Christen

Keith Penman
Jo Ellen Fletcher
Beth Robey
Ross Peterson
Patricia Ryan
Troy Konarski
David Bathory

Lisa Rosene
Emily Woolford
Carlos Flores
Lon Russell
Nylene Anderson
Carolyn Novosel
Leslie Tremaine

I. Introductions

Meeting called to order by Co-Chairs Carlos Flores and Leslie Tremaine. Introductions were made. Carlos announced that he would have to leave early to attend another meeting. Beth recognized first-time attendee Carolyn Novosel from Alameda County Behavioral Health-Children's Services who is also a member of the CMHDA CSOC Committee.

II. Approval of Minutes/Agenda

Minutes of the August 6, 2008 meeting were approved by consensus.

III. Report from Consultants

David and Beth gave a short report about activities since the last meeting. The 16-bed facility in Yuba City has received preliminary approvals from CCL, Fire Marshal, DMH and local county are in place. The licensing application process has begun and the facility is being prepared for occupancy. There is still some question about whether the facility will qualify for a Home and Community Based Waiver. David will follow up. Beth talked about the first meeting of the Children's Summit Planning Committee, which was held in San Diego. There was further discussion on participants (MH, RC staff, Social Services staff, Special Ed) and the ability to travel in this economic climate. Leslie commented that the point of the exercise must be to change the way we practice. Consideration must be given to follow up on the impact of the meeting. The Committee will hold its second meeting immediately following the Collaborative meeting.

IV. Budget/Legislative/Policy Update

- A. Developmental Services – Bob Baldo reported that the mid year budget would be released tomorrow and it was not looking good. The State budget is about 11 billion short for this year and 13 billion for next year. ARCA is not getting a good response for a couple of its conferences due to budget constraints. The new rule limiting rates on contracts will make it even harder to find vendors.

The parties in the Capitol People First lawsuit are very close to a settlement. This class action lawsuit was filed 7 years ago. The 21 regional centers and the Department of Developmental Centers have defended themselves, at great expense, against charges that they ignore the community placement needs of their clients in developmental centers.

The Governor signed SB 1175, sponsored by ARCA. This bill supports the development of housing stock for people with developmental disabilities. AB 1825, also sponsored by ARCA, was vetoed. This bill establishes a process for the resolution of disputes between regional centers and the schools. The Governor in response to the legislature's inability to pass a budget bill vetoed this bill along with many others. Assemblymember Beall plans to reintroduce this bill.

- B. Mental Health – Pat Ryan reported that the Governor is looking for an additional \$25 million in General Fund cuts from Mental Health. In addition, Realignment revenue, which is based on sales tax and vehicle in-lieu fees are way down. Several counties are considering opting out of being the Medi-Cal Managed Care provider. In addition, there are threats at the federal level to the Medicaid Rehab. Option which could further reduce services. The only good news was that the mental health parity legislation finally passed at the federal level.

Most counties are losing core services and struggling to develop alternative and innovative programs with MHSA funds to meet the needs of county residents. There is a 2-year lag in distribution of the MHSA dollars generated by a 1% tax on incomes above a million dollars. This year's reduced tax collections will affect mental health departments in two years. Counties are striving to integrate their new MHSA services with their core services and create a seamless rather than 2- tiered mental health system.

V. Old Business:

- A. Wellness conference – Joey Fletcher reported that the conference was well attended, including participation from out-of-state. There was a “difficult to serve” track available to conference participants. A conference highlight was a presentation on the success of therapeutic foster services for children with mental illness adopted from other countries.

- B. Stephen Mouton reported that DCFS admitted their first regional center shared case into the DDMI Adolescent wing on Friday, after sending out a team of experts from DCFS and DMH to evaluate the DDMI Adolescent program. DCFS is solely financially responsible for the placement. The combined DCFS and DMH evaluation team that evaluated the program in October were very impressed with the program as compared to other hospitals and group homes and recommended to the Medical Director of DCFS to set up a contract to pay for DCFS children who would benefit from the rehabilitation model at DDMI Adolescent wing.

County of Los Angeles DCFS is the second children's county protection services agency in California to move forward with contracting with College Hospital's DDMI program.

DDMI is currently developing a Court Competency Training program at the request of several regional centers. DDMI continues the development of DBT therapy in a hospital setting and DDMI is participating in the future DDMI internship program with LA county DMH and DCFS.

The "Developmental Disability Psychiatric Hospitalizations in Los Angeles Using Treatment and Prevention Models" article was published and sent out to all NADD members in the September/October 2008 Volume 11, Number 5 pages 93-94 this past week. The article is available on line to NADD members, but will be set up on a public stationary site shortly.

Dr. Andrew Russell reported that psychiatric residents will visit DDMI as well as Fairview Developmental Center and San Gabriel Valley Pomona Regional Center to learn about the needs of people with a dual diagnosis. Leslie Tremaine opined that this experience would also be valuable for midlevels in training.

- C. Wellness Grants – Eliana Lois said that the curriculum for the Inland Regional Center-Riverside County Mental Health training for direct service providers is not ready for distribution yet. We are all anxious to get it!

- D. Update on "Difficult to Serve" Projects:

- San Diego: Peggie Webb gave a comprehensive report on the status of their project. After 18 months, a review of specific trends yields the following:

- o Strong community outreach to hospitals, MH Contractors, MH residential and RC residential seems to improve coordination of existing resources. 46 community stakeholder trainings in Phase I, and 14 hospital trainings
- o 42% of all persons referred for the project are between the ages of 18-26
- o Poly pharmacy is an issue. Crisis care coordination and wrap around across systems dramatically reduces this issue for some.
- o When the intensity of access to EMS appears to be triggered more by the behavioral gains, as opposed to the MH challenges, intensive crisis care coordination and wrap around services across systems can reduce access to ERS/hospitals and reduces LOS's. However, it does not appear to mitigate the high risk behavior, leaving the individual at risk in the community setting. Continued work in this area is needed.

- WRAP; adapted is an effective tool for some. Some do not wish to access. SDRC is in conversation with an advocacy org. on the MH side (RICA) to provide comprehensive adapted WRAP training to inform the DD side and to open up availability for this tool to a larger group of dually served outside of the project.
- 71% of current participants have Schizoaffective/Mood Dis NOS
- 36% have documents Substance abuse related disorders
- 28% have Forensic involvement
- 86% have Mild MR. remaining 14% -mod. MR
- DBT/DD is in development to address issues related to borderline pers. Traits (31%) and antisocial traits (23%).
- An emerging strategy to address stabilizing community tenure has been to work with the licensed B & C's and Ind. Liv. Fac.'s on the MH side in conjunction with adding Ind. Liv. Services from the DD side. Many folks as you know, do not benefit from the structure and super. Of the corporate living (group home) model and choose to live in the B & Cs and ILF's. Providing training and support to both the B &Cs and the ILS agencies is a work in progress, but with initial positive results.
- Close coordination with the San Diego probation department and the MIOCR program (before it was axed) had some initial positive results.

Next steps:

- 40 hour certification in dual diagnosis, program development continues with the William R Mead Training Academy.
- Looking at a Cross Systems Liaison staff position housed in the MH side to cover dually served .
- 6 county wide trainings to providers on Dual Diag 101 and concrete tools for maintaining community tenure in process
- Save the Date! March 3, 2009; one day conference focused on dually served.
- One day conference focused on local efforts projected for Sept. 2009
- Contract with RICA to target three separate groups re: WRAP (participants, providers, systems professionals)
- One day conference focused on DBT /DD being explored.
- New referrals for cross systems plans continue to come in each month. Current enrollment 17- 14 active.
- Developed survey for community... **it would be SO appreciated if Collaborative Members would take 5 min. to complete (doesn't' take longer than that). We are trying to gather information about community response and benefit from the feedback. Here is the link:**

https://www.surveymonkey.com/s.aspx?sm=Lsy3goyzyUzwx fwd1GXzhQ_3d_3d.

- Far Northern: Small crisis homes are up and running.

- E. DDS Project on Mental Health – Joey Fletcher reported that DDS has received \$270,000 from MHSA for training of family members, clients, care providers, and clinicians on how to work with persons with a developmental disorder. In addition, they received \$130,000 to conduct 3 regional activities. The project will also conduct additional data collection on persons who are dually diagnosed.

VI. New Business

- A. Southern California Regional Centers Project for Secured Facility – Carlos Flores reported that the Resource Development Project for Community Placement Planning by the SoCal centers has agreed to work on the development of a Community Treatment Facility, a locked setting, for adolescents with dual diagnosis an involvement with the criminal justice system. Alfredo Aguirre, Director of San Diego County Mental Health, and Carlos, Director of the San Diego Regional Center agree that North San Diego County would be an appropriate location for this program. There are 3 licensed CTFs in the state currently. Carlos co-chairs the ARCA Forensic Committee with Mary Lynn Clark, Director of Inland Regional Center, who is planning to develop a like facility for adults in San Bernardino or Riverside County if an appropriate licensing category can be found. Assemblyman Jim Beall, Chair of the Assembly Health and Human Services Committee has a special interest in the needs o individual with developmental disabilities who are enmeshed in the criminal justice system.

VII. Schedule Next Meeting Time & Place –

Next meeting scheduled for Wednesday, March 11, 10-2, at the following location:

Holiday Inn Capitol Plaza
300 J Street
Sacramento, CA 95814
(916) 446-0100

VIII. Meeting Adjourned and Children’s Summit Planning Meeting Convened.

Notes from Summit Planning Meeting:

Attendance: Beth Robey David Riester Stephen Mouton
 Andrew Russell JoEllen Fletcher Lori Banalas
 Tom Keenen Carolyn Novosel John Sayler

1. Lori Banalas introduced John Sayler, the San Juan Unified SELPA Director. He shared that the most difficult children to serve are the big, aggressive children who are frequently dually diagnosed and who don't always respond well to therapy. There was unanimous agreement on this by those present. There seems to be very little knowledge on how to work with these children. Many ideas, but every child is unique, and it can be a lengthy process to find out which approach works best. John suggested we connect with the SELPA Director's Association's Interagency Committee. John offered to help make that connection for us.
2. Tom Keenen gave a fascinating presentation on the Fresno Children's Assessment Center which is a one-stop, multi agency assessment center which works to identify unmet treatment needs and where needed, develop treatment alternatives, and provide intensive case management. Many of the children were drug-exposed in utero. Participants at the Center include First 5, Fresno Unified School District, Regional Center, MH, DSS, and private providers. Everyone agreed that this would be a great program to highlight at the Summit.
3. Beth mentioned that U.C. Davis was interested in getting involved and could provide a way for CPS Social Workers to attend and to perhaps provide CEUs. We should try to get it certified for LCSWs, Psychologists, MFTs, RNs, and doctors if possible.
4. Joey will talk to her Department about whether the MHSA funded program which calls for 3 regional programs might be a good match for the Summit. Discussion ensued regarding how many Summits would make the most sense, i.e. Redding, Bay Area, Fresno, Los Angeles. We will wait to hear from Joey on whether their program and our idea can be combined for a 2009 program.
5. Beth offered to contact the statewide First 5 organization since they are promoting universal screening of all children. It was also recommended that we make contact with the CIMH/CMHDA staff working on Prevention and Early Intervention.