MH/DD Collaborative Meeting of 4/4/13

Present: (See attendance roster below)

Intro and Announcements

Minutes and Approval of Agenda

Include link to MHSA website for presentation on projects in agenda.

Mission and Goals of the Collaborative:

Each year discuss and update goals and objectives of collaborative. David, Keith and Carlos were all involved from the beginning. Started after the Coffelt court decision and concerns of the mental health system about the impact of reduced utilization of and access to the Developmental Centers.

At this time relationships between MH and RCs was not good—“all-out war.” Relationships are much improved but specifically what is status of relationships now? Collaborative consultants were initially very involved in dispute negotiation. There have been no formal disputes in the past 3 years. Consultants are involved in more informational activities to assist with problem-resolution.

The statute requiring memoranda of understanding has been helpful.

There should be greater focus on improving outpatient MH services for regional center clients.

The Collaborative should be a forum for sharing Information about excellent programs. There are a number of model programs throughout the state. Free training in dual Diagnosis treatment is available at SolutionsBuilding.org.

This body should raise issues and recommend solutions. Next meeting will continue discussions re information and dissemination and also outpatient treatment. More research is needed on funding resources. The Affordable Care Act will impact service development and will provide the Collaborative with opportunities to have a voice. Insurers will be motivated to take care of the whole person.

A priority of the committee is to get more MH participation at Collaborative meetings including, County reps and vendor reps. Within RCs there is an effective system to share information on best practices through the Training and Information Group. Need to broaden communications.

Funding for MH in much better shape than for Substance Abuse Disorder (SUD) treatment. Another significant issue is private insurance plans that do not provide adequate coverage for MH treatment or SUD. Recommend ERs have psychiatric emergency teams—counties cannot pick up services for ALL in community.
There is activity between meetings by our consultants.

Collaborative should continue. There are plenty of issues out there.

**Developmental Services Report by Eileen Richey:**

Budget hearings will begin next week. ARCA supports Regional Centers in payment of co-pay fees and co-insurance when services relate to the person’s developmental disability and treatment is on the IPP. ARCA also supports payment of deductibles if family income is under 400% of the federal poverty level. SB 946 has required a huge learning curve learning to understand health plans. Need to streamline the health plans response to service requests.

ARCA supports development of a comprehensive plan to close all state developmental centers—with many caveats outlined in recommendation.

Annual family program fee has been enacted and was due to sunset in June. The Administration wants to extend and ARCA is recommending it be allowed to sunset. It appears to cost as much to collect the fee as the fee itself and creates family barrier to accessing services.

ARCA supports a restoration of the Early Start Program to 2009 levels. Prevention is a wise investment.

ARCA supports restoration of the 1.25% reduction in provider rates and regional center operations.

RCs have been required to collect and post data on the purchase of services by caseload race and ethnicity. This data is now on the websites of each regional center. This will be a very busy legislative session as there are twenty to thirty bills related to developmental services delivery.

ARCA is sponsoring SB 579 (Berryhill) regarding the consolidation of quality assurance activities required of regional centers and licensing agencies. The bill proposes a pilot to streamline those activities to reduce the number of observers entering residential service programs.

**DSM 5——Dr. Patrick Maher, Chair of ARCA Physicians group.**

To facilitate the transition from DSM IV, will hold a statewide webinar with Sally Rogers from the Mind Institute and author of important pieces of DSM V. ARCA has asked DDS to update assessment protocol to reflect the changes in the DSM V. ARCA is working on guidelines refining the determination of substantial handicap through a range of functional areas. Will assess whether the person substantially handicapped rather than just looking at whether there is a diagnosis of autism spectrum disorder. DSM V is scheduled for release in May.

**Mental Health Report by Mike Kennedy:**
AB 109 requires local Community Corrections Partnership Planning bodies in each county. CMHDA recently surveyed members on the use of AB 109 funds for behavior health services for offenders. 50 counties responded. 10-20% of all funding is going to pay for services and the rest of the funding is going to county Sheriff and Probation for in-custody services and supervision. Ideally service staff are embedded with custody and supervision staff. San Diego County has a model program operated by the Behavior Health Agency. Staff pick up people at the prison and take them to the Community Treatment Center. Prison clinicians collaborate with San Diego County BH and Probation to plan for effective services to parolees. Sonoma County assists jail inmates in their access to benefits to facilitate their transition to the community.

Laura’s Law: There are 4 separate bills pending right now to modify Laura’s Law on assisted outpatient treatment. AB 1421 was implemented in 2003 following shootings of multiple people at Nevada County Mental Health. Judge orders into assisted outpatient treatment. Services are comparable to an MHSA full-service program and similar to MH court/forensic team. The County Board of Supervisors must approve and must issue a finding that implementation of Laura’s Law will NOT reduce funding for voluntary outpatient services. California Disability Rights (CDR) opposed and sued LA County, which settled by establishing a small voluntary program. A number of counties use MHSA funds to successfully provide services to treatment resistant individuals that accomplish the intent of Laura’s Law. National interest in involuntary, court ordered treatment results from mass murders in Connecticut, Colorado and Arizona. There is very strong advocacy to implement Laura’s Law from the Treatment advocacy Center, an advocacy group out of New York State. CMHDA is working with authors of all four of the bills. Consumer groups are very apprehensive about proposals for involuntary program. MH court has been very successful, especially with younger population and helps them to get engaged in long-term treatment. Current design lacks some of the legal safeguards in LPS law. Don’t know the position of Disability Rights on any changes to Laura’s Law. They have opposed existing version of law.

Mike Kennedy testified at a congressional hearing on school violence in Washington DC on his school-based services, including services at local community college. Train the trainers’ model focusing on training for teachers, students and parents. County staff also works with school staff in assessing crises. Training all freshmen in evidence based practice called QPR—question, persuade and refer. County received grant to train community college students to train high school students in QPR. Mike Thompson is the Sonoma County Congressman and he is using Sonoma’s model as the basis for proposed federal legislation. Mike Kennedy will provide info on QPR and info on reducing stigma.

**Update on AB 1472:**

This DDS trailer bill is very complex bill. Recently a small group of RC directors met with Terri Delgadillo. Comprehensive assessment of people in DCs, IMDs, MHRCs and out of state programs are required. RC chief counselors met and developed a comprehensive assessment tool. The assessment instrument has been shared with DRC and CASH-PCR, the state developmental center parents’ organization.
The regional center system serves 250,000 children and adults. Of those, there are 413 individuals with complex behaviors requiring treatment in secure community settings. Developed data base to reflect services.

Regulations on delayed egress and secured perimeter are in circulation. These facilities will not serve individuals who are dangerous to others.

There is considerable confusion about the status of regional center clients receiving treatment in secure community setting who will continue to pose a threat to public safety beyond 6-30-13. While AB 1472 permits placement in secure settings “in emergency circumstances”, there is currently no legal provision for extending treatment beyond 180 days. There is also a limit of 13 months imposed on crisis stabilization placements at Fairview Developmental Center.

Can payment be made to MHRCs that are locked? Cannot continue to pay if no plan to draw down FFP. Redwood Place is reducing from 36 to 15 beds to be eligible to draw down FFP effective 4/20. Sanger Place will change to delayed egress and the plan will be submitted for approval by 6/30. No ability to put a secured perimeter at that specific facility. Some current residents will need to be moved. Admission requirements will be changed.

Life Adjustment Team provided written information on individuals being served in secure settings.

Sierra Vista Highlands has new admission assessment and protocols. These document will be shared with collaborative members.

**California Hospital Association Presentation re Modifying LPS Act: Sheree Kruckenberg**

The slides used in the presentation have been distributed to collaborative members. CMHDA and CHA are looking to Senator Steinberg for assistance with updating laws related to involuntary holds, assessment and treatment.

**Mental Health Grants Update:**

DDS is soliciting suggestions for priorities for the next cycle. One suggestion is to focus on development of outpatient treatment services. Focus on services/processes to help RCs to work with these 400+ individuals with complex treatment needs. DDS MHSA website will contain info re updates on each project within the next couple of weeks.

Some MHSA funds are not being used and will revert. Please let DDS know if funding will not be fully used.

**Next Meeting**

**August 21st 10:00 in** Sacramento at a place to be announced.

Attendance Roster:

Carlos Flores, Mike Kennedy, Eileen Richey, Joan Hoss Nicole Weiss, Ann Christen, Olivia Balcao, John Decker, Andy Piskoulian, Mark Goulston, Pete Linnett, Michi Gates, Pamela
Madden-Krall, Patrick Maher, Tom Keenen, Tony Anderson, Eric Gelber, Sheree Kruckenberg, Peggie Webb, Steve Mouton, Keith Penman, Jo Ellen Fletcher, Renee Carnes, Andrew Cavagnaro, David Riester

By phone: Nora Perez-Givens, Mark Decker, Barbara Devaney, Anastasia Bacigalupo, and Jennifer Cummings

Minutes Prepared by Joan Hoss and David Riester