

MENTAL HEALTH/DEVELOPMENTAL SERVICES
COLLABORATIVE MEETING
AUGUST 19, 2010
MINUTES

Present:

DDS – Jo Ellen Fletcher, Renee Carnes, Jeanie Thurston
DMH – Claire Sallee
VMRC – Nicole Weiss
SG/PRC – Keith Penman, Steve Mouton
Alta – Kathy Lee, Olivia Balcao
Mosaic – Peggie Webb
ARC California – Tony Anderson
Berkeley Mental Health – Beth Meyerson
CVRC – Tom Keenen
WRC – Thompson Kelly, Nathalia Allevato Jimenez
SELPA Directors Assn. – Rusty Gordon
RCRC – Kathleen Kasmire
SDRC – Carlos Flores (Co-Chair)
Sonoma County MH – Mike Kennedy (Co-Chair)
Telecare – Ross Peterson, Ann Christen
ARCA – David Riester, Bob Baldo, Anh Nguyen, Joan Hoss
CMHDA – Patricia Ryan
Anchor Program – Amy Urbanowicz, Matthew Santana

By Phone:

IRC – Eliana Lois
SCDD – Michael Rosenberg
Private Practice – Barbara Devaney
Alta RC – David Rydquist

The meeting was co-chaired by Carlos Flores and Mike Kennedy. Following introductions and approval of minutes of the last meeting, the following matters were discussed:

1. New Faces:

Mike Kennedy is the Sonoma County Mental Health Director and will co-chair this committee. Rusty Gordon, SELPA Director for Yuba County, will represent the SELPA Directors Association. Joan Hoss, former MH director for Sutter-Yuba Mental Health, replaces Beth Meyerson as staff to the committee. Beth Meyerson is the new director of Berkeley Mental Health and Public Health and will serve as a member of the MH/DS collaborative.

2. Announcements:

a. On October 7, San Gabriel/Pomona Regional Center will hold an MHSA funded Dual Diagnosis conference entitled, First Response: Early Identification

and Treatment of Mental Health needs for Individuals with Intellectual Disabilities. For more information call Jennifer Taylor (SG/PRC) at 909-868-7783.

b. On October 14 and 15, Harbor and Lanterman Regional Centers, the Los Angeles County Department of Mental Health and the National Association for the Dually Diagnosed are conducting an MHSAs funded conference in Long Beach. The title is, Breaking the Barriers: Forming Cross-System Partnerships to Effectively Serve Individuals with Mental Illness and Intellectual Disabilities.

These MHSAs grants were awarded to the regional centers by DDS.

3. Priorities for DDS MHSAs Grants:

Jo Ellen Fletcher requested input on prioritizations for the next cycle of MHSAs grants beginning on 7-1-11. State agencies offering health and welfare services have been awarded MHSAs funds by DMH for special projects. Participants offered Ms. Fletcher these ideas:

- a. Replicate the San Diego Solutions Building Project in other parts of the state
- b. Promote regional partnerships
- c. Sponsor conference scholarships for mental health staff in financially strapped counties
- d. Establish a computer based resource directory with filtering capability
- e. Fund outpatient Mental Health services as psychiatrists will not accept inadequate Medi-Cal payments
- f. Provide training on assessment and diagnosis
- g. Arrange regional conferences, webinars, teleconferences, and make better use of technology to reduce travel time and cost
- h. Develop specialized services for transition aged youth

DDS will release the Requests for Application in October or November. Awards can only be made to regional centers but they can subcontract for grant project implementation with other entities. Applications from multiple regional centers as well as single center projects will be considered.

4. Community Treatment in Secure Settings:

Ross Peterson and Ann Christen of Telecare Corporation talked about Sanger Place, scheduled to open on or about November 1. This 15 bed locked Mental Health Rehabilitation Center will be located 14 miles SE of Fresno in downtown Sanger, a city with a population of 25,000. TriCounties, Kern and Central Valley regional centers will each have a commitment of 5 beds for their clients. While some start up funds were provided with DDS Community Placement Plan funds, this \$10M new construction project was partially financed by the building owner. The city of Sanger wants the jobs that will be created by the project and their enthusiastic cooperation included the waiving of use permit requirements.

The facility will feature a large community room, a low nursing station, a garden, a Snoezelen multi sensory room, 2 double and 12 solo bedrooms, each with

attached bathroom. All bedrooms will be within the line of sight of the nursing station and there will be licensed nurses on each shift. Staff will include a half time psychiatrist and a rehabilitation therapist. Treatment is based on the recovery centered clinical system pioneered by Telecare at their 30 bed Redwood Place in Castro Valley serving regional center clients with mental illness.

The anticipated length of stay will be 12-18 months and the cost will be \$700/day. An open house is planned for November.

The Telecare MHRC planned for Alameda should open in January, 2012. Alameda County has leased land for the project for 40 years at a lower than market amount. Construction financing issues should be resolved by November and construction will occur over the next 14 months.

5. ARCA Report:

Bob Baldo reviewed some of the more pressing political and economic issues facing regional centers at this time. Topics included the budget delay, cash flow and lines of credit, the anticipated closure of Lanterman Developmental Center, and system reviews by the Bureau of State Audits and the Inspector General.

6. CMHDA Report:

Pat Ryan provided information on the current challenges facing county mental health programs. The legislature rejected the Governor's proposals to move \$600M in realignment funds from Mental Health to the General Fund and to take \$133M scheduled to cover unreimbursed 3632 (mental health services in schools) funding. Rates for IMD's have been frozen. These are long term care facilities serving county mental health consumers. Only county funds are used for payment. An unresolved issue is payment for medical services and drugs for IMD residents. Medi-Cal has covered these costs in the past but that is no longer a funding source. Provider bills sent to the state and the counties are being ignored as each governmental entity believes the other has funding responsibility.

The Federal Government will continue their temporary enrichment of the Medi-Cal rate for core services for economic stimulus purposes. But, MHSA funds are declining as the fund source is a 1% tax on incomes over \$1M. The impact of health care reform on mental health services needs to be closely monitored. In these recessionary times, we are seeing inpatient facilities closing and emergency rooms becoming mental health crisis centers. FY 11-12 will be ugly.

7. Westside Regional Center Dual Diagnosis Training:

Nathalia Allevato Jimenez and Tom Kelly reported on their MHSA funded trainings co-sponsored with North Los Angeles Regional Center. The first training, Challenging Behaviors across the Lifespan, targeted physicians and independent licensed clinicians in May. The second training, Putting the Pieces Together: Behavioral Recognition and Intervention for People with Mental Illness and Developmental Disabilities, was aimed at direct care and social service

professionals. The third training, Addressing Behavioral Challenges in the Therapeutic Setting, was held in June for allied health professionals, including occupational and physical therapists. All three trainings were a great success. Another series of trainings will be offered this winter and target policy makers as well as the other groups.

8. Strategic Planning:

Concerns to be addressed in the future by the Collaborative include:

- a. Keeping the needs of the dually diagnosed on the radar screens of DMH, CMHDA, ARCA and DDS. For mental health agencies, these individuals are a small subset of their consumers. While the quantity may be small, the difficulties posed by this population are considerable.
- b. Determining the feasibility of expanding the law (W&I Code 6500) permitting involuntary placement of people considered dangerous by virtue of mental retardation.
- c. Meeting the needs of jail residents eligible for regional center and mental health services.
- d. Accessing LPS conservatorship by county public guardians when necessary to secure involuntary treatment.
- e. Monitoring the impact on health care reform of both mental health and developmental services.
- f. Matching MHSA funds with First 5 funds.
- g. Parent education.
- h. Dealing with substance abuse issues.
- i. Fulfilling our commitment to hold at least 7 more regional conferences on effective collaboration by 6-30-12.
- j. Meeting the needs of transition aged youth.

9. Next Meeting:

The next meeting of the MH/DS Collaborative will take place on Tuesday, November 16, at 10 AM at the Capitol Plaza Holiday Inn in Sacramento. Lunch will be served. For those calling in the number is 1-800-867-2581 and the access code is 3071818.

Submitted by: David Riester