

**MENTAL HEALTH/DEVELOPMENTAL SERVICES COLLABORATIVE
MINUTES OF MEETING OF JUNE 1, 2011**

Attendees:

Alta RC	Olivia Balcao
CVRC	Tom Keenen
GGRC	Hal Kirklin
HRC	Michael Tredinnick
IRC	Eliana Lois
NBRC	Alfonso Carmona
SDRC	Carlos Flores
SGPRC	Steve Mouton

Telecare	Ann Christen
Priorities	Jeff Payne

DMH - City of Berkeley	Beth Meyerson
DMH – Sonoma County	Mike Kennedy
SELPA – Yuba County	Rusty Gordon
CA Disability Rights	Catherine Blakemore
CMHDA	Pat Ryan
DDS	Mike Januse, Renee Carnes, Andrew Cavagnaro, Cheryl Cavanagh
ARCA	Bob Baldo, Joan Hoss, David Riester

By Telephone:

GGRC	Lisa Rosene
VMRC	Nicole Weiss
DDS	Jeanie Thurston

The meeting was co-chaired by Mike Kennedy and Carlos Flores. Following introductions and review of the minutes of the March 2, 2011 meeting, the following matters were discussed.

1. Budget, Legislative and Policy Updates – Pat Ryan, Mike Kennedy

A. Mental Health

A budget bill was passed and signed which deals partially with the state budget deficit. Additional legislative work is necessary to achieve a balanced budget by July 1.

A total of \$861M in MHSA funds replaces General Fund for core mental health services in 2011-2012. The State Department of Alcohol and Drug Programs will disappear effective July 1, 2012. The billing and audit functions of DMH will move to DHCS on July 1, 2011. Licensing and certification functions will continue with DMH for another year and then

move to a division of DHCS for another year and then to a division of DHCS or a new Department of Behavioral Health.

The 3632 mandate requiring county mental health services to special education students is suspended. The schools are responsible for mental health services required by federal law (IDEA). Some SELPAs will contract with county mental health programs to provide services while others will hire their own qualified personnel. The Governor's mental health realignment plan will give counties more responsibility and authority with less state oversight and control. Counties support realignment on the condition that they receive adequate funds to fulfill their statutory obligations. If the now existing temporary tax measures are approved by voters, there should be sufficient funds for five years. What happens then?

B. Developmental Services – Bob Baldo

The regional centers sustained very deep cuts in 2010-2011 and face another round of reductions in 2011-2012. The Governor's May revision budget proposal addresses the \$9B deficit in part by an extension of temporary taxes for another five years. He needs four Republican votes to pass his budget and is struggling to secure those votes.

With stakeholder input, DDS has drafted a "Best Practices" plan to reduce General Fund expenditures by \$174M for developmental services. The plan calls for additional Federal reimbursement, transfer of the prevention program from regional centers to family resource centers, imposition of a Family Fee, reduction of capacity in the secure treatment facility at Porterville Developmental Center, and the prohibition of funding for day programs for 18-21 year-old clients eligible for special education.

2. Involuntary Treatment – Joan Hoss

Joan reviewed her report on "Information Regarding Laws Related to Involuntary Holds for Developmentally Disabled with Dangerousness."

While several state statutes speak to the issues of involuntary treatment or restoration of competence, it remains difficult to detain the individual considered dangerous but who has no mental retardation or mental illness. WIC 6500 allows involuntary detention of the person with mental retardation who is dangerous. Conservatorship under the Lanterman-Petris-Short Act permits secure treatment for the individual considered dangerous to self or others by virtue of mental disorder. PC 1370 authorizes the hold of a person incompetent to stand trial due to a developmental disability for restoration of competence but only to a maximum of three years. WIC 4507 permits commitment of an individual with developmental disabilities who is dangerous but contains insufficient due process protections found in the other statutes mentioned.

Joan found that the states of New Mexico, Wisconsin and Idaho offer examples of laws using the terms “developmental disability” (rather than mental retardation) and “dangerousness” as conditions permitting consideration of involuntary treatment.

A subcommittee of the Collaborative will consult with David Meyer, former deputy director of Los Angeles County Mental Health and now a USC professor and expert in mental health law, regarding crafting a bill to permit involuntary treatment of the person with developmental disabilities other than mental retardation whose behavior jeopardizes the safety of self or others.

3. Priorities – Jeff Payne

The Priorities program offers residential treatment to regional center clients with mental illness. This 15-bed delayed egress program is housed in a building that also contains a psychiatric health facility. North Valley Behavioral Health Services operates this and other mental health residential programs on their campus in Yuba City. The Collaborative invited Jeff Payne, NVBS administrator, to talk about Priorities’ first year of operation. The setting is licensed as an Adult Residential Facility. Since opening, Priorities has served 27 people. The average census has been 9.75 and the average length of stay has been 140 days. Eight of the admissions came to Priorities from PHFs. Seven regional centers have placed consumers in Priorities. Alta Regional Center screens referrals for compatibility and appropriateness. Cristina Barrios is Alta’s facility liaison to Priorities.

Priorities offers the services of a psychiatrist, a behavior consultant, and a primary care physician. Treatment plans are highly individualized. Upon discharge, half of the residents go to a lower level of care. At the time of this meeting, there are 10 residents. Family involvement is an important variable in discharge planning. The program accepts voluntary admissions as well as those involuntarily placed under WIC 6500, PC 1370, and LPS conservatorship.

The use of the downstairs PHF is becoming less frequent as program staff’s behavior management skills improve and resident selection becomes more sophisticated. Staff turnover is very low. Jeff reports that the learning curve has been steep, but worthwhile, for staff and residents.

4. MHSA Grants Administered by DDS – Renee Carnes

Fourteen grant applications have been received for Cycle 2 which begins in July, 2011. These applications include proposals to deal with substance abuse, infant mental health services, and crisis intervention. For Cycle 1, three grant projects have been successfully completed and three others will continue for another year.

The MH/DS Collaborative has used grant funds to conduct conferences on collaboration among county mental health programs, regional centers, and other agencies serving children with dual diagnosis. The next conference is in Pasadena on June 7, 2011.

In the third and final year of the MHSA grant, the conference focus will shift to dually served adults involved in the criminal justice system.

5. Clark Lawsuit – David Riester

Joan Petersilia, Stanford Law Professor, has studied the process used by the California Department of Corrections and Rehabilitation to identify inmates with developmental disabilities. Only .8% of California prisoners have been referred for the CDCR developmental disabilities program. The prevalence of developmental disabilities in America is estimated to be 2%. Is CDCR locating eligible inmates using their current screening methods? Perhaps. Unlike other states, developmental services in California is an entitlement and there are no waiting lists for community services. When a person with developmental disabilities is charged with a crime, a regional center is contacted and a diversion plan or a finding of incompetence to stand trial are factors in preventing the incarceration of individuals with developmental disabilities.

Dr. Petersilia reports that CDCR should improve their efforts to involve regional centers in the planning of prison discharge.

6. Next Meeting – The next meeting of the MH/DS Collaborative will be held at the Hampton Inn in Sacramento on Thursday, September 1, from 10:00 a.m. – 2:00 p.m. The agenda will include updates on the status of the mental health and developmental services systems, 3632 services to special education students, and development of a continuum of residential and treatment options for individuals at risk of dangerous behavior.

Submitted by: David Riester