

**MENTAL HEALTH/DEVELOPMENTAL DISABILITIES COLLABORATIVE  
NOVEMBER 16, 2010  
MEETING MINUTES**

Present In Person:

Baldo, Bob  
Carmona, Alfonso  
Carnes, Renee  
Cavagnaro, Andrew  
Christen, Ann  
De Giere, Greg  
Fletcher, JoEllen  
Flores, Carlos  
Gordon, Rusty  
Hoss, Joan  
Januse, Michael  
Kasmire, Kathleen  
Kennedy, Mike  
Kirklin, Hal  
Mouton, Steve  
Penman, Keith  
Peterson, Ross  
Riester, David  
Russell, Lon  
Ryan, Patricia  
Sallee, Claire  
Webb, Peggie  
Wolfe, Wendy  
Yip, Shelton

Present By Phone:

Bazzano, Alicia  
Lehrer, Danise  
Rosene, Lisa  
Tredinnick, Mike  
Wackerman, Sylvia  
Weiss, Nicole

The MH/DD Collaborative occurred on November 16, 2010, in Sacramento and was chaired by Carlos Flores and Mike Kennedy. Among the matters discussed were the following:

1. Consultant Reports – Joan Hoss and David Riester reported on the preparations for a conference on collaboration, requests for resource information from regional centers, and efforts to monitor resource development.
2. ARCA Report – Bob Baldo provided a report on regional centers. The current year's state deficit is expected to require mid-year budget reductions for regional centers. Governor Schwarzenegger has called a special session of the Legislature to respond to the deficit.

The State has been sued by service provider groups seeking restoration of a 1.25 percent rate cut for the period July 1, 2010 to October 19, 2010

(the date of the signing of the delayed budget bill). This rate reduction is in addition to the continuation of a 3 percent cut from last year.

The federal government has approved a Medicaid State Plan (SPA) amendment, which will permit access to Federal reimbursement retroactive to 2007 for certain services. Day-program and transportation services used by regional center clients residing in intermediate care facilities (ICF-DD) are billable. In order to capture Federal funds, the ICF must bill Medi-Cal for the service and reimburse the regional centers for payments already made to the transportation and day-program service providers. Regional centers must provide data to the ICFs enabling them to bill Medi-Cal for each month from October 2007, to the present and each month in the future.

3. Comments on Mental Health Budget – Sonoma County Mental Health has been dealing with budget cuts for eight years. The five divisions in the Health Department were reduced to two divisions. The Mental Health and Drug and Alcohol divisions were combined. Mental Health staff has been reduced from 260 to 155.

Health care reform will bring changes to the mental health system. County mental health programs will rely more heavily on federally qualified health centers (FQHC).

Currently collected revenues for Mental Health Service Act (MHSA) implementation will be spent two years from now. Tax revenues from incomes over \$1M are on the increase and the mandate for maintenance of a prudent reserve will permit continuation of most county MHSA services. Mental health core services are not reliant on State General Fund monies but on dedicated sales tax and vehicle license taxes. Those funds have been declining in the recession.

4. CMHDA Report – Pat Ryan reported that several lawsuits seek to restore AB3632 funds blue-penciled by the Governor. These funds enable county mental health agencies to provide services to K-12 students.

There was further discussion of the potential impact of health care reform and State implementation of an 1115 Medicaid Waiver plan. Counties, rather than the State, will be required to match federal funds for health care. Each county will decide on the percentage of the Federal Poverty Level (FPL) that will qualify families for the county's managed health care plan. The extent to which substance abuse problems will be covered is unclear. Each county will study the Federal terms and conditions and decide what they are able to do in providing managed care and determining eligibility. Mental health wants to retain the recovery model and avoid the medical model while integrating physical and mental health and treating the whole person. State law currently requires that counties cover medical care for non-insured indigents. Required mental health services are limited to the extent that resources are available.

In Sonoma County, Mental Health is partnering with FQHCs and Indian Health clinics. Mental Health is working with primary care physicians to train on depression, offering a consultant model.

5. MH Grants Administered by DDS – JoEllen Fletcher reported that the Department of Developmental Services will soon release their Request for Application (RFA). DDS has \$740,000 available to regional centers for three-year projects.

Priorities for the new grant cycle are:

- Enhancing community capacity;
- Promoting long-term collaboration;
- Specialized programs for Transition Age Youth;
- New treatment options to reduce psychiatric hospital admissions;
- Replication of successful projects.

6. Dual Diagnosis Conferences – David Riester reported that San Gabriel Pomona and North Los Angeles Regional Centers recently held a conference featuring Robert Fletcher, Executive Director of the National Association for Dual Diagnosis. Mr. Fletcher was also one of several nationally prominent experts featured at an October conference sponsored by Harbor and Lanterman Regional Centers and Los Angeles County Mental Health. The Mental Health/Developmental Services Conference on Collaboration will be held on December 6, 2010, in Pasadena.

The San Diego Solutions Building Project will hold their annual conference on March 9, 2011, focused on Forensic Mental Health Issues. Westside Regional Center has a major conference on dual diagnosis scheduled for April 15, 2010, in Los Angeles.

7. Resource Development Updates – Telecare Corporation will open Sanger Place in December 2010. This 15-bed Mental Health Rehabilitation Center (MHRC) will provide secure treatment to clients of Central Valley, Kern, and Tri-Counties Regional Centers. Each resident will have his/her own bedroom and bathroom. The anticipated length of stay is 12-18 months. Residents must have a legal hold for the locked setting. The Clinical Director, Andrew Strambi, has both regional center and county mental health experience. Spanish speakers can be served and some rooms are designed for wheelchair accessibility. Telecare also operates Redwood Place, a delayed egress mental health treatment center serving regional center clients.

Peggie Webb, Director of Mosaic Connections, was a presenter at the NADD Conference on the San Diego Solutions Building Project. This joint project of San Diego County Mental Health and San Diego Regional Center provides highly enriched intensive treatment services to individuals with the co-occurring disorders of mental illness and developmental disabilities. Peggie also provided training to San

Francisco's Anchor Program staff and she had high praise for the treatment provided at this specialized dual-diagnosis clinic.

8. San Diego County Incident – Carlos Flores reported that a regional center client, a registered sex offender, has been charged with murder. Following completion of his prison sentence, he was admitted as a sexually violent predator (SVP) to Coalinga State Hospital for treatment. He was released when he was considered unlikely to re-offend.

Mike Kennedy reported that state law declares that SVP are mentally ill and require treatment in a locked setting. The law creates a new category of mental illness requiring locked treatment. This law may be a model that could be used to address the limits of Welfare and Institutions Code (WIC) 6500 permitting involuntary treatment of persons with mental retardation who are dangerous. There are dangerous individuals for whom neither WIC 6500 or LPS conservatorship for people gravely disabled or dangerous by virtue of mental disorder may be applicable.

9. Federal Reimbursement for Mental Health Rehabilitation Centers (MHRC Services) – In California, fees paid to the state's 17 MHRCs are state general fund monies. In Oregon, the state recovers federal funds for care in privately operated Secure Residential Treatment Facilities.
10. Strategic Planning – The Collaborative will invite the ARCA Forensic Committee to join them in considering the development of a legal mechanism to permit locked treatment when neither 6500 nor LPS conservatorship is applicable. There are cases in which voluntary treatment in a locked setting is a condition of probation. These committees will also work together to address the problems of individuals with substance abuse issues. Another problem requiring further discussion is how to deal with refusals to take medication necessary to maintain stability in living arrangements.
11. Next Meeting – The Collaborative will meet on Wednesday, March 2, 2011, at 10:00 a.m. at the Capitol Plaza Holiday Inn in Sacramento. To participate by telephone, call 1-800-867-2581 and use access code 3071818. The ARCA Forensic Committee members will be invited to participate in this meeting.

Submitted by:  
David Riester