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January 11, 1999

DMH INFORMATION NOTICE NO.: 99-01

TO: LOCAL MENTAL HEALTH DIRECTORS

LOCAL MENTAL HEALTH PROGRAM CHIEFS LOCAL MENTAL HEALTH ADMINISTRATORS

COUNTY ADMINISTRATIVE OFFICERS

CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: SB 1038, CHAPTER 1043, STATUTES OF 1998 REGARDING CHANGES TO THE

LANTERMAN DEVELOPMENTAL DISABILITIES SERVICES ACT THAT

AFFECTS COUNTY MENTAL HEALTH PROGRAMS AND REGIONAL CENTERS

This notice provides information about recent chaptered legislation that affects the relationship between county mental health programs and Regional Centers.

We have excerpted Section 17 of Chapter 1043, Statutes of 1998 for your review. This new law is primarily the responsibility of the State Department of Developmental Services and the Regional Centers. However, Section 17 specifically requires the Department of Mental Health and the county mental health agencies to coordinate with the State Department of Developmental Services and the Regional Centers in the provision of services to dually diagnosed (developmental disability and mental illness) consumers.

By July 1, 1999, a memorandum of understanding is to be developed between each county mental health agency and Regional Center. The contents of the memorandum of understanding are stipulated in Section 17 of the chaptered legislation.

In concert with the Regional Center that serves your county, please develop the memorandum of understanding. If more than one Regional Center serves your county, a memorandum of understanding is needed for each Regional Center.

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If you have any questions, please contact your regional liaison.

Ruth Walz (Bay): (707) 252-3168	Anne Tracy (Southern): (916) 654-2643	
Dee Lemonds (Central): (916) 654-3001	Jack Tanenbaum (Superior): (530) 224-4724	

Sincerely,

GARY M PET MGREW

Deputy Director Systems of Care

Enclosure

cc: Chief, Technical Assistance and Training California Mental Health Planning Council

- SEC. 17. Section 4626.1 is added to the Welfare and Institutions Code, to read:
- 4626.1. (a) The Legislature **finds** and declares that improved cooperative efforts between regional centers and county mental health agencies are necessary in order to achieve each of the following:
- (1) Increased leadership, communication, and organizational effectiveness between regional centers and **county mental health agencies.**
- (2) Decreased costs and minimized fiscal risk in serving persons who are dually diagnosed with mental illness and developmental disabilities.
  - (3) Continuity of services.
- (4) Improved quality of mental health outcomes for persons who are dually diagnosed.
- (5) Optimized utilization of agency resources by building on the strengths of each organization.
  - (6) Timely resolution of conflicts.
- (b) In order to achieve the outcomes specified in subdivision (a), by July **1, 1999**, each regional center and county mental health agency shall develop a memorandum of understanding to do all of the following:
  - (1) Identify staff who will be responsible for all of the following:
  - (A) Coordinate service activity between the two agencies.
  - (B) Identify dually diagnosed consumers of mutual concern.
- (C) Conduct problem resolution for those consumers serviced by both systems.
- (2) Develop a general plan for crisis intervention for persons served by both systems. The plan shall include after-hours emergency response systems, interagency notification guidelines, and **followup** protocols.
- (3) Develop a procedure by which each dually diagnosed consumer shall be the subject of a case conference conducted jointly by both regional center staff and county mental health as soon as possible after admission into a county operated or contracted acute, inpatient mental health facility. The case conference shall confirm the diagnosis and the treatment plan.
- (4) Develop a procedure by which planning for dually diagnosed consumers admitted to a mental health inpatient facility shall be conducted collaboratively by both the regional center and the local mental health agency and shall commence as soon as possible or as deemed appropriate by the treatment staff. The discharge plan shall include subsequent treatment needs and the agency responsible for those services.
- (5) Develop a procedure by which regional center staff and county mental health staff shall collaborate to plan and provide training to community service providers, including day programs, residential facilities, and intermediate care facilities, regarding effective services to persons who are dually diagnosed. This training shall include crisis prevention with a focus on proactively recognizing crisis and intervening effectively with consumers who are dually diagnosed.
- (6) Develop a procedure by which the regional center and the county mental health agency shall work toward agreement on a consumer-by-consumer basis on the presenting diagnosis and

medical necessity, as defined by regulations of the State Department of Mental Health.

(c) The department and the State Department of Mental Health shall collaborate to provide a statewide perspective and technical assistance to local service regions when local problem resolution mechanisms have been exhausted and state level participation has been requested by both local agencies.

(d) The director of the local regional center and the director of the county mental health agency or their designees shall meet as needed

but no less than annually to do all of the following:

(1) Review the effectiveness of the interagency collaboration.

(2) Address any outstanding policy issues between the two agencies.

(3) Establish the direction and priorities for ongoing collaboration

efforts between the two agencies.

(e) Copies of each memorandum of understanding shall be forwarded to the State Department of Developmental Services upon completion or whenever amended. The department shall make copies of the memorandum of understanding available to the public upon request.

(f) By May 15 of each year, the department shall provide all of the

following information to the Legislature:

(1) The status of the memorandums of understanding developed jointly by each regional center and the county mental health agency and identify any barriers to meeting the outcomes specified in this section.

(2) The availability of mobile crisis intervention services, including generic services, by regional center catchment area,

including the names of vendors and rates paid.

(3) A description of each regional center's funded emergency housing options, including the names and types of vendors, the number of beds and rates, including, but not limited to, crisis emergency group homes, crisis beds in a regular group home, crisis foster homes, motel or hotel or psychiatric facility beds, and whether each emergency housing option serves minors or adults and whether it is physically accessible.