

MHSA Updates April 4, 2008

1. **Review Implementation Plan for Laura's Law – Action Item. Rob Shulman, Mary Lowe and Michael Heggarty. Handouts.**

Laura's Law will go to the Board of Supervisors on April 22nd. Michael Heggarty gave some background information on Laura's Law. Nevada County's MHSA plan requested to the Department of Mental Health to have an Assertive Community Treatment Team (ACT). As part of the ACT Team we would designate one staff person to do assessments of individuals referred under AB1421, W&I code 5345 (Laura's Law or Assisted Outpatient Treatment). The Laura's Law statute requires that you have an ACT Team in place in order to provide court ordered treatment. Our MHSA Plan was approved by the Department of Mental Health with minor modifications. We had to assure the Department of Mental Health that no MHSA funds would be used to pay for police, judges, or courtroom staff. The only MHSA funds we are using for Laura's Law will provide treatment and assessment services. The courts are funding the involuntary component.

Rob Shulman presented information on the legal aspects of Laura's Law. Laura's Law is part of the Lanterman-Petris-Short Act (LPS) which starts at Welfare and Institutions Code 5000. Laura's Law is W&I code 5345. The legislature intended for Laura's Law to be grafted onto LPS law. The handouts are titled "Summary of Laura's Law Documents," which is part of the packet of documents that will be sent to the California Department of Mental Health. Documents include: AOT Checklist, The County Process, Petition for an Order Authorizing Assisted Outpatient Treatment, Notice of Hearing, Settlement Agreement for Assisted Outpatient Treatment, Court Order for AOT, Court Order for Involuntary Admission to Hospital for Evaluation, and Court Order for Involuntary Admission to Hospital for Evaluation upon Clinical Judgment of Licensed Mental Health Treatment Provider. The AOT Checklist describes all the required elements before a court could find a person eligible for Laura's Law.

Rob Shulman presented an overview of the Implementation Plan for Laura's Law to the Mental Health Board. Pat Sweetser makes a motion to approve the Laura's Law Implementation Plan. The motion is seconded by Joan Merriam. All members present were in favor.

2. **Mental Health Services Subcommittee Reports.**

Prevention and Early Intervention Committee continues to meet, gather information and consider plan options. The Housing Committee has a draft plan that will be ready for the MHSA Steering Committee soon. Workforce Education and Training (WET) is meeting. Denise Harben is coordinating this group. The committee is reviewing the goals and purpose of the WET funding to ensure it is consistent with our plan options. The New CSS plan will be written by Michele Violett. It has not been submitted yet. Our goal is to have it submitted so that we receive funding in 2007/08. The Capital Facilities and Technology guidelines were released. The amount of funding in the planning estimate is less than what we were hoping for.

3. Iden's Questions. Handout.

Are there more Behavioral Health slots open, or expected to be open, now with the contractors in place. Turning Point has 100 slots, 53 are filled. Victor has 25 slots, but is full at 17 and can't take any more at this time. EMQ has 25 slots, 7 are filled. All of these contracts are being increased by at least 10% to increase capacity. The Behavioral Health Department does not have slots; we do not have a maximum capacity. Anyone who meets medical necessity would be admitted for outpatient services. Even though we have contractors seeing some of our clients the workload has increased because we are working on coordination, planning, and implementation. We have been able to increase therapy services with contracts we have with local therapists in our community to clients who were not receiving services before, but authorizing treatment and doing the assessments has increased the workload for existing staff.

The next question was about screening for mental illness in Social Services and Public Health. The departments have a close working relationship with Behavioral Health and refer clients to us. Social Services does not screen for mental illness, this question was answered by Alison Lehman at a NAMI Meeting. Public Health does not provide many direct treatment services, so if they did screen they would not reach very many people. Suggestion was made that Prevention could focus on screening for mental illness.

When someone is not accepted for MHSA or MIOCR services is there an appeal process. Members who are dissatisfied with their mental health services may file a grievance orally or in writing. Members who are dissatisfied with a denial, reduction, or termination of mental health services may file an appeal. Members who have experienced a denial, reduction, or termination of mental health services and have exhausted the Problem Resolution Process have the right to request a State Fair Hearing. The grievance process is posted on the wall and described in a brochure and booklet available in the lobby. Every client is also given a booklet "Guide to Medi-Cal Mental Health Services," when they fill out the registration paperwork. All Medi-Cal clients have the right to file for a State Fair Hearing if they are told they do not qualify for mental health services. Consumers can not file for a State Fair Hearing if they are offered services, but are not accepted for MHSA or MIOCR services. Fair Hearings are not for level of care determinations. The Fair Hearing process is for denial of services. Question was asked about the numbers of clients accepted into MIOCR. Roughly half of all those referred to adult MIOCR are accepted.

What are the criteria for acceptance. Handouts include medical necessity guidelines, level of care determination and a screening tool for MIOCR and MHSA. The higher the level of severity the more likely it is that a client will be recommended for MHSA or MIOCR.

How are non-MIOCR Mental Health Court participants being funded. Funding is through realignment funds. Medi-Cal can be billed if the participant is eligible; matching funds would come from realignment.