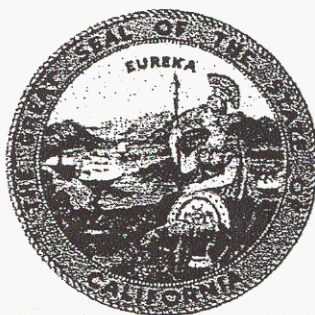


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# Department of Developmental Services

## CRISIS INTERVENTION FOR PERSONS WITH DEVELOPMENTAL DISABILITIES



### REPORT TO THE LEGISLATURE May 15, 1999

Department of Developmental Services  
1600 9<sup>th</sup> Street, Room 240  
Sacramento, CA, 95814

California Health and Human Services Agency • State of California

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**Crisis Intervention for Persons With Developmental Disabilities  
Senate Bill 1038 (Thompson, Chapter 1043, Statutes of 1998) Section 17 (e).**

Table of Contents

Status of Memorandums of Understanding  
Between The Regional Centers And County Mental Health Agencies ..... 3

Mobile Crisis Intervention Services  
and Emergency Housing Options of the Regional Centers ..... 15

Acronym Key ..... 36

Attachment A  
Letter to Regional Center Directors ..... 37

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Senate Bill 1038 (Thompson, Chapter 1043, Statutes of 1998) Section 17 (e)., requires:

By May 15<sup>th</sup> 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."

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**Status of Memorandums of Understanding  
Between The Regional Centers And County Mental Health Agencies**



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**Status of Memorandums of Understanding  
Between the Regional Centers and County Mental Health Agencies**

SB 1038, W&I Code, Section 4696.1.(b), makes technical and substantive revisions to the Lanterman Developmental Disabilities Services Act. One of the requirements of SB 1038 is the collaboration between regional centers and county mental health agencies in establishing and maintaining a Memorandum of Understanding (MOU).

Historically, regional centers and county mental health agencies often disagreed on the responsibility for payment and service plan implementation for persons with a dual-diagnosis (mental illness and developmental disability). According to SB 1038, each regional center and county mental health agency is required to establish an MOU to do the following:

1. Identify staff who will be responsible for all the following:
  - Coordinate service activity between the two agencies.
  - Identify consumers of mutual concern who are eligible for services at the county mental health agencies and regional centers.
  - Conduct problem resolution for those consumers served by both systems.
2. Develop a crisis intervention plan for both systems which includes after-hour emergency response systems, interagency notification guidelines, and follow-up protocols.
3. Develop a procedure by which each dually-diagnosed consumer shall be the subject of a case conference which will:
  - Convene as soon as possible after admission to a mental health facility.
  - Confirm the diagnosis and the treatment plan.
4. Develop a procedure which will:
  - Include a collaborative planning meeting conducted by the regional center and the county mental health agency.
  - Convene as soon as possible after admission to a mental health facility.
  - Provide for a discharge plan which identifies subsequent treatment needs and the agencies' responsibility for providing those services.
5. Develop a procedure by which regional center staff and county mental health staff shall collaborate to plan and provide trainings on providing effective services to persons who are dually-diagnosed. The trainings will be directed to the following groups:
  - community service providers
  - day programs
  - residential facilities
  - intermediate care facilities

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The trainings shall include crisis intervention which focuses proactively on crisis recognition and effective intervention for 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.
7. Establish a plan for the directors, or their designees, of the regional center and the county mental health agency to meet on an as-needed basis, but no less than annually, to do the following:
  - Review the effectiveness of the interagency collaboration,
  - address any outstanding policy issues between the two agencies, and
  - develop the direction and priorities for ongoing collaboration efforts between the two agencies.
8. Design a procedure for the Department of Developmental Services (DDS) and the Department of Mental Health (DMH) to provide a statewide perspective and technical assistance to local service regions when local problem resolution mechanisms have been exhausted and state level participation by both local agencies has been requested.
9. Submit MOU revisions to DDS and make copies available to the public. By May 15 of each year, DDS will provide a report addressing the status of the MOUs and identifying barriers to meeting the MOU requirements.

#### **Technical Assistance**

In addressing the mandates of SB 1038, the Association of Regional Center Agencies (ARCA) and the California Mental Health Directors Association (CMHDA) reconvened The Mental Health Task Force For Persons with Developmental Disabilities. The goal of the Task Force is to provide statewide perspectives and technical assistance to regional centers and county mental health agencies. The Mental Health Task Force will meet regularly and DDS and DMH will continue to provide technical assistance to the Task Force and local agencies.

#### **Reported Barriers Include:**

Regional centers around the state have conveyed several systemic barriers that make the establishment and maintenance of MOUs very difficult. For example, several of the larger catchment areas of regional centers have been unable to meet with some of their less populated counties that are serving dually-diagnosed consumers. Conversely, seven regional centers serve Los Angeles County alone and many have unique service requirements for persons that are dually-diagnosed.

The regional centers and county mental health agencies that are closest to a completed and functional MOU are agencies that have established working relationships at the local level. The MOU process has encouraged productive communication between county mental health agencies and regional

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centers which has provided a strong foundation to serve dually-diagnosed consumers. However, regional centers and county mental health agencies must continue to work together to provide effective and appropriate mental health services to consumers with a developmental disability and a mental health diagnosis.

The following section reflects the status of MOUs between the regional centers and county mental health agencies throughout California. Included is an explanation of current activities toward the establishment of working agreements between the agencies. This information was reported by the regional centers and will be updated by DDS on a yearly basis.



**Status of MOUs between Regional Centers and County Mental Health Agencies  
Information listed alphabetically by regional center and counties serviced**

**ALTA CALIFORNIA REGIONAL CENTER**

<u>COUNTY</u>	<u>COMPLETED</u>
Sacramento .....	Yes
Yolo .....	No
Nevada .....	No
Sierra .....	No
El Dorado .....	No
Alpine .....	No
Placer .....	No
Sutter .....	No
Yuba .....	No
Colusa .....	Yes

Alta California Regional Center (ACRC) and Yolo County Mental Health drafted an MOU and are waiting for the final copy to be signed by July, 1999.

ACRC met with Nevada County Mental Health established a draft MOU. ACRC signed the draft and are waiting for Nevada county mental health to approve the document. MOU should be completed by July 1, 1999.

Sierra County Mental Health will model its MOU after Nevada County Mental Health with Alta California.

The Program Manager of El Dorado County Mental Health Department has received a copy of Section 4696.1 of the W&I Code. Alta has continued to work with El Dorado county for the establishment of an MOU. A meeting between ACRC and El Dorado county is scheduled for June 10, 1999.

Alpine County Mental Health referred ACRC staff to the Alpine County Board of Directors. ACRC is waiting for the final approval from the Alpine County Board of Directors at their next meeting on June 15, 1999.

The supervisor of the Roseville office of the Placer County Mental Health Department met with ACRC staff during the week of February 18, 1999. Representatives from additional Mental Health offices in Placer County met to discuss development of an MOU with ACRC. Placer County Mental Health and ACRC are negotiating on the payment of psychiatric placement for Administrative Days for consumers with developmental disabilities.

At the time of this report, Yuba and Sutter Counties Mental Health are working toward an MOU with ACRC.



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**CENTRAL VALLEY REGIONAL CENTER**

<u>COUNTY</u>	<u>COMPLETED</u>
Merced .....	No
Madera .....	Yes
Mariposa .....	Yes
Fresno .....	No
Tulare .....	No
Kings .....	Yes

Central Valley Regional Center (CVRC) completed MOUs with Madera, Mariposa and Kings County Mental Health, and will use these as a format to obtain MOUs in remaining counties in the catchment area.

**FAR NORTHERN REGIONAL CENTER**

<u>COUNTY</u>	<u>COMPLETED</u>
Siskiyou .....	No
Modoc .....	No
Trinity .....	No
Shasta .....	No
Tehama .....	No
Lassen .....	No
Butte .....	No
Plumas .....	No
Glenn .....	No

Far Northern Regional Center's (FNRC) current efforts to coordinate service activity between FNRC and various mental health agencies in FNRC's catchment area began in January 1998 with the initiation of joint meetings with Butte County Behavioral Health Services (BCHS). FNRC discussed procedures to identify consumers with dual diagnoses served by both agencies and ways to work together in case management, particularly in mental health crisis situations that might require inpatient admission. FNRC also began working on updating and revising an earlier MOU between the agencies (prior to SB1038). Periodic meetings between representatives of FNRC and BCHS occurred throughout 1998. An in-service was also provided to FNRC staff by BCHS to discuss mental health services for children.

In April 1998, a joint training was held in Redding which included staff from FNRC and personnel from Shasta, Siskiyou, and Tehama County Mental Health Departments. This training focused on changes stemming from the Medi-Cal managed care plan. In October of 1998, a similar meeting was held in Chico with FNRC staff and professionals from Butte, Glenn, and Plumas County mental health programs.

In March 1999, a meeting is scheduled between representatives of FNRC and Butte County Behavioral Health to complete the new MOU between the agencies. Building on FNRC's previous meetings and contacts, they hope to use this document, with necessary revisions, as a basis for negotiating MOUs with all the county mental health programs in FNRC's area. As of February 18, 1999, FNRC will soon be attempting to schedule separate meetings with representatives from the four southern and five northern counties in FNRC's catchment area to develop the necessary documents.

FNRC anticipates completion of MOUs by July 1, 1999. FNRC's large catchment area, which includes nine counties and therefore nine county mental health agencies, places considerable demands on its resources for completing a project such as this.

**GOLDEN GATE REGIONAL CENTER**

<u>COUNTY</u>	<u>COMPLETED</u>
San Francisco .....	Yes
Marin .....	No
San Mateo .....	No

Golden Gate Regional Center (GGRC) met with the Director of Health and Human Services in San Francisco County to compare and contrast the requirements of SB 1038 with the content of their present MOU. Two additional meetings were scheduled for February 1999, with the expectation that the MOU will be finalized before the July 1999 deadline.

In San Mateo County, Golden Gate Regional Center (GGRC) met with the Director of Health and Human Services to review the current MOU. As of May 10, 1999, a draft is approved by GGRC and was not approved by the county mental health agency. San Mateo County Mental Health is requesting GGRC pay for psychiatric services beyond the current number of administrative days.

In Marin County, GGRC met with the mental health agency and they have not been able to establish a draft MOU document, due to disagreement on administrative days for dually diagnosed consumers.

**INLAND REGIONAL CENTER**

<u>COUNTY</u>	<u>COMPLETED</u>
Riverside .....	No
San Bernardino .....	No

Inland Regional Center (IRC) and Riverside and San Bernardino Counties mental health agencies have drafted a MOU. IRC will continue to negotiate for the establishment of MOUs with Riverside and San Bernardino counties.

Note: The largest barrier is that mental health agencies do not want to agree on a preeminent agreement. An example is regarding the payment of administrative days, the agencies want the



Mental Health Task Force for Persons with Developmental Disabilities to make statewide recommendations before finalizing the MOU.

**KERN REGIONAL CENTER**

<u>COUNTY</u>	<u>COMPLETED</u>
Kern .....	Yes
Inyo .....	Yes
Mono .....	No

Kern Regional Center (KRC) and Inyo County Mental Health have an MOU which provides the necessary framework to serve consumers with dual diagnoses. The two entities will review the MOU by July 1, 1999 to ensure compliance with current statute.

Mono County Mental Health refused to negotiate an MOU in the past, but adheres to Inyo County Mental Health agreement. For both of these counties, meetings will be requested to negotiate a revised MOU.

**LOS ANGELES COUNTY REGIONAL CENTERS**

- EASTERN LOS ANGELES REGIONAL CENTER**
- FRANK D. LANTERMAN REGIONAL CENTER**
- HARBOR REGIONAL CENTER**
- NORTH LOS ANGELES COUNTY REGIONAL CENTER**
- SAN GABRIEL/POMONA REGIONAL CENTER**
- SOUTH CENTRAL LOS ANGELES REGIONAL CENTER**
- WESTSIDE REGIONAL CENTER**

<u>COUNTY</u>	<u>COMPLETED</u>
Los Angeles .....	No

At the direction of the seven Los Angeles County Regional Center Executive Directors and the Southern California Regional Center Chief Counselor's group, a decision was made to develop a Los Angeles County-wide MOU between the Los Angeles County Department of Mental Health and the local regional centers.

At the Los Angeles County regional center Chief Counselors meeting in January 1999, Eastern Los Angeles Regional Center (ELARC) presented a plan which outlined identification of an Executive Director, Chief Counselor, and a Psychologist to represent the Los Angeles County regional centers. This group will meet with representatives from Los Angeles County Department of Mental Health to finalize the draft agreement.

San Gabriel/Pomona Regional Center (SG/PRC) is the lead agency in organizing and coordinating the planning meetings. A meeting scheduled for February 22, 1999, invited the following regional center representatives: Ellen Arcadi (Clinical Director, Westside Regional Center), Keith Penman

Center), Keith Penman (Executive Director, San Gabriel/Pomona Regional Center), Steve Mouton (San Gabriel/Pomona Regional Center, Psychologist), Beverly Morgan (Chief Counselor, South Central Los Angeles Regional Center and Joe Tillman, as her back-up). Los Angeles County Mental Health will be represented by Edie Dominguez, Chuck Veals, and Ralph Mitchell.

The agenda for the next meeting is to review the prior draft MOU and the DDS guidelines, and to work out a draft for a new MOU. The plan is to present this to the Los Angeles area regional centers for feedback. It is anticipated that no more than three MOU meetings will be required to complete the final document.

The primary barrier to pass the agreement has been in determining the responsible party for funding when Medi-Cal and/or Medicare funding has been exhausted.

**NORTH BAY REGIONAL CENTER**

<u>COUNTY</u>	<u>COMPLETED</u>
Napa .....	Yes
Sonoma .....	No
Solano .....	No

The MOU with Napa County Mental Health was completed and signed on December 26, 1997. This document is reviewed quarterly by the liaisons of each agency. The MOU will be reviewed for compliance with SB 1038 at the next quarterly meeting and amended as necessary.

The MOUs for Sonoma and Solano County Mental Health departments are in a draft form at this time and are being reviewed by the staff of both agencies before final drafts are submitted to the Executive Directors for approval.

**REDWOOD COAST REGIONAL CENTER**

<u>COUNTY</u>	<u>COMPLETED</u>
Humboldt .....	Yes
Del Norte .....	Yes
Lake .....	Yes
Mendocino .....	Yes

Redwood Coast Regional Center (RCRC) is currently in the process of meeting individually with all mental health departments to update the MOUs by July 1, 1999. RCRC has encountered some barriers to revising MOUs with county mental health agencies. One reported barrier is an opinion shared by county mental health personnel that when a person has been diagnosed with a developmental disability, they are ineligible for mental health services. This seems especially true in cases where consumers require short term residential crisis intervention. Another barrier is a lack of understanding of county mental health agencies and regional center responsibilities dictated by legislation. RCRC will work with all four county mental health agencies to overcome those barriers and produce meaningful MOUs.



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**REGIONAL CENTER OF THE EAST BAY**

<u>COUNTY</u>	<u>COMPLETED</u>
Alameda .....	No
Contra Costa .....	No

Regional Center of the East Bay (RCEB) has met with Contra Costa County Mental Health agency three times since February 1999. They have exchanged draft MOUs and are working for a final MOU. RCEB management has also met with Alameda County Behavioral Health Care Executive Management. There have been two meetings focused on better understanding of each other organization. RCEB and both mental health agencies are committed to having MOUs completed by July 1, 1999.

**REGIONAL CENTER OF ORANGE COUNTY**

<u>COUNTY</u>	<u>COMPLETED</u>
Orange .....	No

The Orange County Mental Health Department requested the Regional Center of Orange County (RCOC) defer revisions to the MOU until a new Director was appointed and had a chance to become acquainted with the responsibilities of the position. A work group has been formed between OCMH and RCOC, and is currently in the process of completing the revisions to conform to SB 1038. A copy will be forwarded to DDS upon completion.

**SAN ANDREAS REGIONAL CENTER**

<u>COUNTY</u>	<u>COMPLETED</u>
Monterey .....	No
Santa Cruz .....	No
San Benito .....	No
Santa Clara .....	No

San Andreas Regional Center (SARC) and Monterey County Mental Health are meeting during the week of May 17, 1999 to negotiate for the establishment of an MOU. SARC and Monterey County Mental Health are having a difficulty regarding consumers who meet the medical necessity criteria and need to be served by county mental health.

SARC met once with the Santa Cruz County Mental Health Department on February 5, 1999. It appears that an MOU will be completed within the specified time frame.

SARC contacted the San Benito County Mental Health Department and an MOU has not been established. SARC and Santa Clara Mental health are negotiating on the issues of administrative days and the client-by-client evaluations.

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**SAN DIEGO REGIONAL CENTER**

<u>COUNTY</u>	<u>COMPLETED</u>
San Diego .....	Yes
Imperial .....	No

San Diego Regional Center and Imperial County Mental Health are currently working toward an MOU to serve persons that are dually-diagnosed.

**TRI-COUNTIES REGIONAL CENTER**

<u>COUNTY</u>	<u>COMPLETED</u>
Ventura .....	No
Santa Barbara .....	No
San Luis Obispo .....	Yes

Several staff from both Tri-Counties Regional Center (TCRC) and Ventura County Behavioral Health (VCBH) met in February 1999 to work out procedures for the MOU. Due to circumstances with VCBH, work continues toward an agreement on procedures. The signed MOU will be completed within a couple of weeks.

TCRC has received a draft copy of the MOU from the Santa Barbara County Mental Health Department (SBCMh). A meeting was held and agreement was made to hold up completion until it was determined how TCRC would be able to purchase crisis intervention services through its contract. SBCMh is renegotiating their contract with AMR to include the wraparound services TCRC will need to serve consumers. When completed, they will meet with TCRC to justify expenses. TCRC has a letter of agreement with SBCMh to commit up to \$40,000 to purchase these services.

An MOU was signed (Fiscal Year 97/98) with the San Luis Obispo County Mental Health (SLOCMH) Department. It currently is in effect and is being renegotiated with the new SB 1038 provisions for the 1998-99 fiscal year. TCRC Chief of Consumer Services North, along with Branch Managers, will soon meet with SLOCMH to finalize agreements.

**VALLEY MOUNTAIN REGIONAL CENTER**

<u>COUNTY</u>	<u>COMPLETED</u>
San Joaquin .....	Yes
Stanislaus .....	Yes
Tuolumne .....	Yes
Calaveras .....	Yes
Amador .....	No

There is no MOU with Amador County. Amador County contracts with San Joaquin County for mental health services and will serve VMRC and Amador county consumers through this MOU (San Joaquin Co. & VMRC). Both San Joaquin and Stanislaus County MOUs are currently under negotiation for possible revision.

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VMRC is working with a team from the San Joaquin Mental Health agency for over a year, redesigning the MOU. This comprehensive document includes a mechanism for VMRC to provide one-on-one staffing on the Inpatient Unit, when warranted. The San Joaquin County Counsel is in process of reviewing it. An implementation plan will need to be developed, once it is signed.



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**Mobile Crisis Intervention Services  
and Emergency Housing Options of the Regional Centers**



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**Mobile Crisis Intervention Services  
and Emergency Housing Options of the Regional Centers**

Welfare and Institutions Code section 4648(a)(10) states "In order to achieve the stated objectives of a consumer's individual program plan, the regional center shall conduct activities including, but not limited to, all of the following:

Emergency and crisis intervention services including, but not limited to, mental health services and behavior modification services, may be provided, as needed, to maintain persons with developmental disabilities in the living arrangement of their own choice. Crisis services shall first be provided without disrupting a person's living arrangement. If crisis intervention services are unsuccessful, emergency housing shall be available in the person's home community. If dislocation cannot be avoided, every effort shall be made to return the person to his or her living arrangement of choice, with all necessary supports, as soon as possible".

SB 1038 requires that the department report on the following:

**Mobile Crisis Intervention Services Section** provides information on the availability of mobile crisis intervention services, including generic services, by regional center catchment area, including the names of vendors and rates paid.

**Funded Emergency Housing Options Section** provides 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.

**MOBILE CRISIS INTERVENTION SERVICES**

<i>Vendor Name</i>	<i>Generic Service</i>	<i>Rate Paid</i>
<b>Alta California Regional Center (ACRC)</b>		
Turning Point	No	\$150 - \$2147 per month.
ACRC also provides 24-hour on-call service for all consumers, built into Supported Living Service. Also 24-hour emergency mobile on-call is provided for consumers in the Intensive Services and Support Unit. It also uses emergency services provided by local law enforcement agencies.		
<b>Central Valley Regional Center (CVRC)</b>		
Fresno County Mental Health	Yes	No cost to regional center
Tulare County Mental Health	Yes	No cost to regional center
Kings County Mental Health	Yes	No cost to regional center
Merced County Mental Health	Yes	No cost to regional center
CVRC also uses local law enforcement in all its counties in addition to the emergency services available through 911. It has also used, on one occasion, the Mentor Emergency Services vendored by Kern Regional Center		
<b>Eastern Los Angeles Regional Center (ELARC)</b>		
Ingleside Hospital	Yes	\$525/day
College Hospital (out of catchment area, but used extensively)	Both	\$525/day if not generic service
BHC Hospital	Yes	MediCal/MediCare
ELARC continues to develop proactive crisis intervention teams with Heglis Care Home and Midomar III.		
<b>Far Northern Regional Center (FNRC)</b>		
STA Norcal	No	\$4,612/mo. plus \$210 transportation
<b>Frank D. Lanterman Regional Center (FDLRC)</b>		
Choiceline	Yes	Funded by Los Angeles County Department of Mental Health (LACDMH)
All Care	Yes	Funded by LACDMH



<i>Vendor Name</i>	<i>Generic Service</i>	<i>Rate Paid</i>
Psych on Wheels	Yes	Funded by LACDMH
Behavior Intervention & Training Team (BITT)	No	\$3,839/mo. by contract
Behavior Therapy and Learning Center (BTLC)	No	\$29.24/hour
<p>When consumers in FDLRC catchment area require immediate assessment, Lanterman utilizes Choiceline, All Care and Psych on Wheels, mobile response providers who have service contracts with LACDMH. These mobile service providers make in-home visits to assess the crisis situation, and if necessary, transport consumers to psychiatric hospital for admission and treatment. Lanterman also contracts with BTLC to provide behavior intervention services, for mobile crisis intervention services and follow-up behavioral consultation. This provider is also able to supply behaviorally trained staff on short notice for provision of 1:1 individualized support for consumers as needed in their homes or residential placements. Lanterman RC also contracts with Lanterman Developmental Center's Regional Resource Development Project for mobile behavior intervention and training services through BITT. The BITT team has provided proactive interventions, assessment, and training directly in consumer/family homes and community/residential facilities.</p>		
<b>Golden Gate Regional Center (GGRC)</b>		
STA Norcal Mobile Crisis Team	No	Varies from \$15 - \$34/hour to \$1,504/mo. for on-call team
San Mateo County Mental Health Mobile Support Team	Yes	No cost to regional center
<b>Harbor Regional Center (HRC)</b>		
No Ordinary Moments	No	\$40/hour
Del Amo Hospital	Yes	MediCal/MediCare
College Hospital	Yes	MediCal/MediCare
<b>Inland Regional Center (IRC)</b>		
Benson House	No	Included in Level 4I rate of \$4,203/mo.
Independent Options	No	Included in Level 4I rate of \$4,203/mo. and/or service contract at \$3,000/mo.
Loma Linda Beach Medical Center	Yes	MediCal/MediCare

<i>Vendor Name</i>	<i>Generic Service</i>	<i>Rate Paid</i>
<b>Kern Regional Center (KRC)</b>		
Loyd's Liberty	No	\$3,000/mo.
Keith Anderson	No	\$100/hour
<b>North Bay Regional Center (NBRC)</b>		
<p>Does not have vendored mobile crisis services. Emergency response is provided by the NBRC Client Services Division Managers. If extra help is needed in the home by the service provider, managers may authorize extra staff. If crisis services are needed outside the home, the NBRC manager may have the provider transport to a mental health clinic or call police for assistance, or authorize emergency placement. Medical emergencies are referred to the consumer's primary physician or the nearest emergency room. In complex situations the Emergency Response staff person can call the physician or another member of the Wellness Team at home. The response is similar if the person in crisis is living with family.</p>		
<b>North Los Angeles Regional Center (NLARC)</b>		
Alliance Crisis Team	Yes	No cost to regional center
Optimum Care Crisis Team	Yes	No cost to regional center
Pine Grove Psych. emergency teams	Yes	No cost to regional center
LA County Mental Health Psych. emergency teams	Yes	No cost to regional center
Northridge Hospital Crisis Team	Yes	No cost to regional center
Sherman Way Campus	Yes	No cost to regional center
<b>Redwood Coast Regional Center (RCRC)</b>		
Comprehensive Support Systems	No	\$18/hour
CARRE Services Inc.	No	\$16/hour
Bungalow Support Services	No	\$16/hour
<b>Regional Center of the East Bay (RCEB)</b>		
Community Integrated Work Program	No	\$41,860/mo.*
Crisis Support Services	No	\$600/mo.



<i>Vendor Name</i>	<i>Generic Service</i>	<i>Rate Paid</i>
*This vendor provides a specially trained five-staff 24-hour mobile crisis service. It also provides prevention services to approximately 200 consumers, and outreach and education to local police.		
<b>Regional Center of Orange County (RCOC)</b>		
No Ordinary Moments	No	\$40/hour for first 2 hours; \$29.24/hour for 3 or more hours
<b>San Andreas Regional Center (SARC)</b>		
NORCAL	No	\$4,910/mo.; or \$15-\$42/hour
<b>San Diego Regional Center (SDRC)</b>		
Safety Alert Inc.	No	\$32,694/mo.*
San Diego County Mental Health Service	Yes	No cost to regional center
San Diego County Abuse Hotline	Yes	No cost to regional center
San Diego City Adult Abuse Hotline	Yes	No cost to regional center
*This vendor provides a 24-hour mobile crisis team service.		
<b>San Gabriel/Pomona Regional Center (SGPRC)</b>		
Department of Mental Health	Yes	MediCal/MediCare
Ingleside Hospital (Rosemead)	Yes	MediCal/MediCare
BHC Alhambra (Rosemead)	Yes	MediCal/MediCare
College Hospital (Cerritos)	Yes	MediCal/MediCare
Charter Hospital (Cerritos)	Yes	MediCal/MediCare
Parkside West Hospital, Intercommunity Hospital	Yes	MediCal/MediCare
Huntington Memorial Hospital, Della Martin Center for Behavioral Sciences (Pasadena)	Yes	MediCal/MediCare
All provide psychiatric emergency teams utilized by SGPRC		
<b>South Central Los Angeles Regional Center (SCLARC)</b>		
Los Angeles Police Department	Yes	No cost to regional center

<i>Vendor Name</i>	<i>Generic Service</i>	<i>Rate Paid</i>
<b>Tri-Counties Regional Center (TCRC)</b>		
Safety Alert	No	\$16,000/mo.
Agape Villages, Inc.	No	\$50-\$250 +
Ventura Behavioral Health Crisis Team	Yes	No cost to regional center
Psychiatric Assessment Team at Vista Del Mar	Yes	No cost to regional center
Simi Adventist Emergency Response	Yes	No cost to regional center
San Bernardino County Mental Health	Yes	No cost to regional center
San Luis Obispo County Mental Health	Yes	No cost to regional center
<p>Safety Alert also provides a minimum of 16 hours per month in training. Agape Villages, Inc. is paid per crisis at \$50-\$200. the vendor is further compensated in the amount of \$250 if the services does not bill at least \$1,000 in any given month, so as to maintain the stability of the resource.</p>		
<b>Valley Mountain Regional Center (VMRC)</b>		
Career Development Program	No	By Contract at \$38/hr.
<b>Westside Regional Center (WRC)</b>		
Behavior Therapy and Learning	No	\$27/hour



### FUNDED EMERGENCY HOUSING OPTIONS

<i>Vendor Name</i>	<i>Vendor Type</i>	<i>Number of Emergency Beds</i>	<i>Rates</i>	<i>Serves Children?</i>	<i>Physically Accessible?</i>	<i>Description of Service</i>
<b>Alta California Regional Center (ACRC)</b>						
Dodge City Motel	Motel	Open	\$22.50/day	Yes, with parents	Yes	Crisis Bed(s)
ACRC also uses their care homes for emergency housing pending availability of beds.						
<b>Central Valley Regional Center (CVRC)</b>						
Central Valley Crisis House	Community Care Facility (CCF) Group Home	2	\$250/day for first 60 days, \$500/day next 30 days, 90 day max stay	Yes	Yes	Crisis beds for children
CVRC also has an extensive vacancy list that it utilizes for various types of emergency housing needs. CVRC is currently developing a two-bed crisis service with Turning Point and Porterville Developmental Center similar to the children's services.						
<b>Eastern Los Angeles Regional Center (ELARC)</b>						
Heglis Care Home	CCF	1	\$4,199/mo.	No	No	Crisis Bed
Monterey Park Home	CCF	1	\$4,199/mo.	No	No	Crisis Bed
Midomar Home III	CCF	1	\$4,199/mo.	No	No	Crisis Bed
Luncer Motel	Motel	Open	\$160/week	Adult with children	No	Crisis Bed



<i>Vendor Name</i>	<i>Vendor Type</i>	<i>Number of Emergency Beds</i>	<i>Rates</i>	<i>Serves Children?</i>	<i>Physically Accessible?</i>	<i>Description of Service</i>
Kaiser Children Home	CCF	6	\$3,302/mo.	Yes	Yes (2)	Respite
<b>Far Northern Regional Center (FNRC)</b>						
Alpine III	Intermediate Care Facility/ Developmentally Disabled/Nursing (ICF/DDN)	1	\$154.53/day vacant \$159.06 filled	3yrs +	Yes	Respite
Residential Mngmt. Service	ICF/DDN	1	\$154.53/day vacant \$159.06 filled	Yes	Yes	Respite
Cotton Residence	CCF	1	4D rates of \$2,876/mo.	No	Yes	Crisis Bed
<b>Frank D. Lanterman Regional Center (FDLRC)</b>						
Edgemont Psychiatric Hospital	Acute Care Psychiatric Hospital	61 beds(any may be used when available)	\$600/day for ICU \$500/day for open unit	No	Yes	Acute care psychiatric assessment, hospitalization and treatment

<i>Vendor Name</i>	<i>Vendor Type</i>	<i>Number of Emergency Beds</i>	<i>Rates</i>	<i>Serves Children?</i>	<i>Physically Accessible?</i>	<i>Description of Service</i>
Raymond House	CCF-Level 4H; 1:1 supervision	2	Negotiated fixed rate of \$1,500/mo. per bed when unoccupied. Prorated Level 4H rate of \$3,826 when beds are occupied. \$104/day	No	No	Crisis intervention beds in Level 4H home with the ability to handle severe behaviors. To ensure success of placement, 1:1 supervision is available during initial 24 hours at an additional cost of \$10/hour.
Various Level 2 and Level 3 residential homes	CCF-Level 2 CCF-Level 3	Numerous	Prorated Level 2 (\$1,356-\$1,537) and Level 3 rates (\$1,575-\$1,809)	Yes	Yes	Lanterman has Level 2 and Level 3 beds available in existing residential homes that are available for emergency housing needs for consumers who do not have severe medical or behavior issues.
<b>Golden Gate Regional Center (GGRC)</b>						
STA-Norcal-Idyleberry Home	CCF-Level 4I	4	\$4,201/mo.	No	Yes	Residential crisis facility
STA-Norcal - Jupiter House	CCF-Level 4I	4	\$4,201/mo.	No	Yes	Residential crisis facility



<i>Vendor Name</i>	<i>Vendor Type</i>	<i>Number of Emergency Beds</i>	<i>Rates</i>	<i>Serves Children?</i>	<i>Physically Accessible?</i>	<i>Description of Service</i>
<b>Harbor Regional Center (HRC)</b>						
Hai's Circle	CCF Level 4I	1	\$4263/mo.	Yes	Yes	Intensive Behavioral
Iva House	CCF Level 4I	6	\$4263/mo.	Yes	Yes	Crisis Stabilization
Jatkodd I & II	CCF Level 4I	12	\$4263/mo.	Yes	No	Intensive Behavioral
Rexton Home	CCF Level 1	1	\$731/mo.	No	No	Dually-diagnosed adult basic care
A Place For All	CCF Level 1	2	\$731/mo.	No	No	Dually-diagnosed adult basic care
Chez Bon	CCF Level 1	10	\$731/mo.	No	No	Dually-diagnosed adult basic care
Grace Res. Care	CCF Level 4I	2	\$4263/mo.	No	No	Crisis/dually-diagnosed
<b>Inland Regional Center (IRC)</b>						
10 Redwood	CCF	4	Level 4 I rate of \$4263/mo.	Yes	Yes	Crisis and respite
10 Via Vista	CCF	4	Level 4 I rate of \$4263/mo.	Yes	Yes	Crisis and respite
Benson House	CCF	4	Level 4 I rate of \$4263/mo.	No	Yes	2-Week Crisis
Sun Valley	CCF	2	Level 4 G rate of \$3558/mo.	Yes	Yes	Crisis and Respite



<i>Vendor Name</i>	<i>Vendor Type</i>	<i>Number of Emergency Beds</i>	<i>Rates</i>	<i>Serves Children?</i>	<i>Physically Accessible?</i>	<i>Description of Service</i>
Loma Linda BMC	Acute Care Hospital	Capacity - 89	\$420/day or SMA	Yes	Yes	Acute Care
Kindwood TC	In-Patient Hospital	Capacity - 68	\$420/day	No	Yes	Acute Care
Alannan FFA	Foster Family Agency (FFA)	10	CCF 3S, 4F, 4I rates of \$1809-\$4203/mo.	Yes	Yes	FFA, Respite, Crisis, Perm
Walden FFA	FFA	10	CCF 4D,4H and 4I rates of \$2876- \$4203/mo.	Yes	Yes	FFA, Respite, Crisis, Perm
CA Mentor	Family Home Agency (FHA)	10	CCF Level 3S, 4C, 4G and 4I rates of \$1809-\$4203/mo.	No	Yes	FHA, Respite
Moody's M. Man.	CCF	6	CCF Level 3 rate of \$1575-\$1809/mo.	Yes	Yes	Respite
San Bernardino City Mental Health	Mental Health	Any bed available	No cost to regional center	Yes	Yes	MediCal/MediCare
Riverside Mental Health/RGH	Mental Health	Any bed available	No cost to regional center	Yes	Yes	MediCal/MediCare
<b>Kern Regional Center (KRC)</b>						
Half Moon House	CCF	2	\$3,371per bed/mo.	No	Yes	Crisis Beds

<i>Vendor Name</i>	<i>Vendor Type</i>	<i>Number of Emergency Beds</i>	<i>Rates</i>	<i>Serves Children?</i>	<i>Physically Accessible?</i>	<i>Description of Service</i>
Rosegarden	CCF	1	\$1,580 per/mo.	No	Yes	Respite Bed
Inyo-Mono Assn.	CCF	1	\$1,338/mo. max	No	No	Respite Bed
NAPD P.A.L.S. House	CCF	1	\$3,706/mo. max	Yes	Yes	Respite Bed
<b>North Bay Regional Center (NBRC)</b>						
Bayberry (Residential Transition Services)	CCF	2	\$300,000 per FY by contract	Yes	No	*
*RTS off-sets diagnostic and behavior intervention services in a residential setting for up to 21 days. Essential life-style planning is also offered as needed.						
<b>North Los Angeles County Regional Center (NLACRC)</b>						
Emmanuel Oyebobola #2	CCF	1	Level 4G rate of \$3558/mo.	No	Yes	Crisis Bed
Francis Ukwamedua	CCF	1	Level 4G rate of \$3558/mo.	No	No	Crisis Bed
Emmanuel Oyebobola #2	CCF	1	Level 4G rate of \$3558/mo.	No	Yes	Crisis Bed
Walden Family Services	CCF	Variable	Level 4I rate of \$4203/mo.	Yes	No	Foster Family Certified Home
<b>Redwood Coast Regional Center (RCRC)</b>						



<i>Vendor Name</i>	<i>Vendor Type</i>	<i>Number of Emergency Beds</i>	<i>Rates</i>	<i>Serves Children?</i>	<i>Physically Accessible?</i>	<i>Description of Service</i>
Anchorage Inn	Motel	Available as needed	Usual and customary	Yes with adult	Yes	
Best Western Country Inn	Motel	Available as needed	Usual and customary	Yes with adult	Yes	
Days Inn	Motel	Available as needed	Usual and customary	Yes with adult	Yes	
Deluxe Motel	Motel	Available as needed	Usual and customary	Yes with adult	Yes	
Fireside Inn	Motel	Available as needed	Usual and customary	Yes with adult	Yes	
Old Owner Motel	Motel	Available as needed	Usual and customary	Yes with adult	Yes	
Ship A Shore Motel	Motel	Available as needed	Usual and customary	Yes with adult	Yes	
Town House Motel	Motel	Available as needed	Usual and customary	Yes with adult	Yes	
Berg Ranch, Inc	CCF	2	Level 4H rate of \$3826/mo.	Yes	Yes	
Deanna's Deluxe	CCF	1	Level 3 rate of \$1575-\$1809/mo.	Yes	Yes	
Rina Deshiel	CCF	As available	Level 2 rate of \$1356-\$1537/mo.	Yes	Yes	



<i>Vendor Name</i>	<i>Vendor Type</i>	<i>Number of Emergency Beds</i>	<i>Rates</i>	<i>Serves Children?</i>	<i>Physically Accessible?</i>	<i>Description of Service</i>
Gerling Foster Home	CCF	As available	Level 3 rate of \$1575-\$1809/mo.	Yes	No	
Cindy Locker	CCF	As available	Level 2 rate of \$1356-\$1537/mo.	Yes	No	
Barker Place	CCF	As available	Level 3 rate of \$1575-\$1809/mo.	No	No	
RCRC uses regular respite beds in licensed homes, where available, but currently does not have any beds on contract for emergency or crisis services.						
<b>Regional Center of the East Bay (RCEB)</b>						
Eden Home	ICF-DDN	1	\$154.33/day	Yes	Yes	Medically fragile children
Dayani Homes	CCF	4	\$118.28/day	No	Yes	18 yrs and up
<b>Regional Center of Orange County (RCOC)</b>						
Bergun/San Juan	CCF Level 4F (adult)	1	Level 4F rate of \$3,305/mo. +\$11,000	No	Yes	CCF plus program support
Deed/Larkspur	CCF Level 4F (adult)	1	Level 4I rate of \$3826/mo. + \$10,300	No	Yes	CCF plus program support
Garden Villa	CCF Level 3 (adult)	1	Level 3 rate of \$1575-\$1809/mo.	No	Yes	CCF
Alannah	CCF Level 4I (children)	4	Level 4I rate of \$4203/mo.	Yes	No	CCF

<i>Vendor Name</i>	<i>Vendor Type</i>	<i>Number of Emergency Beds</i>	<i>Rates</i>	<i>Serves Children?</i>	<i>Physically Accessible?</i>	<i>Description of Service</i>
RCOC no longer supports ongoing/emergency beds. Their practice is to utilize current vendors/residences that have vacancies and contract additional supports. Each individual in crisis is assessed and appropriate supports are then secured.						
<b>San Andreas Regional Center (SARC)</b>						
NORCAL	CCF	2	\$4,203/mo.	No	Yes	Level 4I +
NORCAL	CCF	1	\$4,203/mo.	Yes	Yes	Level 1 +
SARC also uses their care homes for emergency housing pending availability of beds.						
<b>San Diego Regional Center (SDRC)</b>						
TeleCare Cresta Loma	ICF/MD	5	\$158.89/day	No	Yes	Crisis Facility
SDRC assists consumers to access emergency shelters and have assisted and funded emergency housing in motels. They have funded independent living services for some of these consumers. While this RC has not designated beds, they also use ARM residential facilities for emergency housing.						
<b>San Gabriel/Pomona Regional Center (SGPRC)</b>						
Ingleside Hospital	Psychiatric Facility	*See below.	\$425/day	Yes 12-17 years, plus adults	Yes	Short-term acute care
BHC Alhambra	Psychiatric Facility	*See below.	\$425/day	Yes 12-17 years, plus adults	Yes	Short-term acute care
College Hospital	Psychiatric Facility	*See below.	\$525/day	Yes 12-17 years, plus adults	Yes	Short-term acute care



<i>Vendor Name</i>	<i>Vendor Type</i>	<i>Number of Emergency Beds</i>	<i>Rates</i>	<i>Serves Children?</i>	<i>Physically Accessible?</i>	<i>Description of Service</i>
Charter Hospital	Psychiatric Facility	*See below.	\$650/day	Yes 12-17 years, plus adults	Yes	Short-term acute care
Parkside West Hospital	Psychiatric Facility	*See below.	\$650/day	Adults over 21 years	Yes	Short-term acute care
Della Martin Center Huntington Memorial	Psychiatric Facility	*See below.	\$650/day	Adults over 21 years	Yes	Short-term acute care
La Casa Mental Health	Psychiatric Facility	*See below.	\$155/day	Adults 18+ only	Yes	Longterm sub-acute, locked

\*Depends upon availability. No beds reserved, no problem to date. In addition, SGPRC has a number of vacancies in community care facilities serving adults that can be used in emergency situations.

**South Central Los Angeles Regional Center (SCLARC)**

Grace Residential IV	CCF	4	Level 4I rate of \$4203/mo.	No	No	6-bed Level 4I with 4 crisis beds and telepsychiatry equipment
Iva House- Archway	CCF	2	Level 4I rate of \$4203/mo.	Yes	Yes	6-bed Level 4I with 2 crisis beds
Jatkodd	CCF	2	Level 4I rate of \$4203/mo.	No	No	6-bed Level 4I with 2 crisis beds

<i>Vendor Name</i>	<i>Vendor Type</i>	<i>Number of Emergency Beds</i>	<i>Rates</i>	<i>Serves Children?</i>	<i>Physically Accessible?</i>	<i>Description of Service</i>
Jatkodd II	CCF	2	Level 4I rate of \$4203/mo.	No	No	6-bed Level 4I with 2 crisis beds
Tijay Renee	CCF	2	Level 4I rate of \$4203/mo.	Yes	Yes	6-bed level 4I with 2 crisis beds.
<b>Tri-Counties Regional Center (TCRC)</b>						
Ballard's Adult Residence	CCF	2	Level 4I rate of \$4203/mo. (1/21 per day)	No	No	Adult females
CA Center for Community Living	CCF	2	Level 4I rate of \$4203/mo. (1/21/per day)	No	No	Adult males
RMC #3	CCF	2	Level 4I rate of \$4203/mo. (1/21 per day)	No	No	Adult males
RMC #2	CCF	2	Level 4I rate of \$4203/mo. (1/21/per day)	No	No	Adult males
Vista Del Mar	Licensed Psych. hospital	As available	\$425-\$515/day 1:1 is \$14.75/hour	Yes	Yes	Psych. beds
Flora Crow Group Home	CCF	2	Level 4I rate of \$4203/mo. (1/21)	Yes	No	Children



<i>Vendor Name</i>	<i>Vendor Type</i>	<i>Number of Emergency Beds</i>	<i>Rates</i>	<i>Serves Children?</i>	<i>Physically Accessible?</i>	<i>Description of Service</i>
Sierra Adult Residential Facility	CCF	2	Level 4I rate of \$4203/mo. (1/21)	No	No	Adults
C.A.L.L. San Antonio	CCF	2	Level 4I rate of \$4203/mo. (1/21)	No	No	Adults
Casa De Vida	Intermediate Care Facility/Developmentally Disabled (ICF-DD)	As available	ICF rate of 93.39/day	Yes (over 13)	Yes	ICF-DD
<b>Valley Mountain Regional Center (VMRC)</b>						
Violet Manor	CCF	Varies	Level 3 rate of \$1575-\$1809/mo.	No	No	Residential group home
Town & Country	CCF	Varies	Level 3 rate of \$1575-\$1809/mo.	No	No	Residential group home
Davis Court Home	CCF	Varies	Level 2 rate of \$1356-\$1537/mo.	No	No	Residential group home
Pasadena Court Home	CCF	Varies	Level 2 rate of \$1356-\$1537/mo.	No	No	Residential group home
California Inn *	Motel		\$40/night	Yes	No	Motel
*Motel services funded by POS reimbursement to Career Development Program (CDP) contract crisis services provider. Supervisor in crisis provided by CDP staff.						

<i>Vendor Name</i>	<i>Vendor Type</i>	<i>Number of Emergency Beds</i>	<i>Rates</i>	<i>Serves Children?</i>	<i>Physically Accessible?</i>	<i>Description of Service</i>
<b>Westside Regional Center (WRC)</b>						
Osage	CCF	2	Level 4A rate of \$2354/mo.	No	Yes	Behavioral training
Exclusive Care	CCF	1	Level 4F rate of \$3305/mo.	No	Yes	Behavioral training in a 4- bed home
Emily's Group	CCF	1	Level 4C rate of \$2675/mo.	Yes	Yes	Behavioral training in a 4- bed home



## Acronym Key

ARM = Alternative Residential Model  
CCF L3O = CCF Level 3 operated by Owner  
CCF L3S = CCF Level 3 operated by Staff  
CCF L4 A-I = CCF Levels 4A through 4I  
CCF = Community Care Facility  
CCF L2S = CCF Level 2 operated by Staff  
CCF L2O = CCF Level 2 operated by Owner  
DD = Developmentally Disabled  
FFA = Foster Family Agency  
FHA = Family Home Agency  
ICF/DD = Intermediate Care Facility/Developmentally Disabled  
ICF = Intermediate Care Facility  
ICF/DD-H = Intermediate Care Facility/Developmentally Disabled-Habilitative  
ICF/DD-N = Intermediate Care Facility/Developmentally Disabled-Nursing  
LACDMH = Los Angeles County Department of Mental Health  
MH = Mental Health  
MOU= Memorandum of Understanding  
PET = Psychiatric Evaluation Team  
RC = Regional Center  
SMA = Schedule of Maximum Allowances

**Attachment A**  
Letter to Regional Center Directors



**DEPARTMENT OF DEVELOPMENTAL SERVICES**1600 NINTH STREET (ms 3-10)  
SACRAMENTO, CA 95814  
TTY 654-2054  
(916) 654-1958

DATE: JANUARY 21, 1999

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: LEGISLATIVE REPORT ON MENTAL HEALTH MOUs, MOBILE CRISIS INTERVENTION SERVICES & EMERGENCY HOUSING OPTIONS PER SENATE BILL 1038

Senate Bill 1038, Chapter 1043, Statutes of 1998, Section 4696.1. requires that by May 15 of each year, the Department of Developmental Services (DDS) provide a report to the Legislature, including: 1) the status of the memoranda of understanding (MOUs) developed jointly by each regional center and the county mental health agency; 2) the availability of mobile crisis intervention services; and 3) a description of each regional center's funded emergency housing options. Attached for your use in providing information necessary for DDS to complete this report, are:

*Attachment A* - Form and Guidelines for Memoranda of Understanding  
*Attachment B* - Form for reporting Mobile Crisis Intervention Services  
*Attachment C* - Form for reporting Emergency Housing Options

To meet the due date for this report (including administrative reviews), DDS is requiring this information by February 15, 1999. Please mail it to: Ms. Sunni Hamillton, Residential Services Section, Department of Developmental Services, 1600 9th Street, Room 320. (MS 3-9), Sacramento, CA 95814. As an alternative, you may fax it to Ms. Hamillton at (916) 654-2775.

The Task Force on Mental Health Services for Persons with Developmental Disabilities will reconvene on January 20, 1999, to continue addressing issues concerning the mental health service delivery system. The Task Force consists of regional center directors and the county mental health agency directors, with support from the Department of Mental Health and DDS. DDS has designated Troy Konarski, of the DDS' Health and Wellness Section, to address mental health issues and requirements of Senate Bill 1038 and provide staff support to the Task Force.

If you have questions regarding the Task Force or MOUs, please contact Troy at (916) 654-2977. If you have questions on completion of the attached forms, please call Sunni Hamillton at (916) 654-1893.

Sincerely,

A handwritten signature in black ink, appearing to read "Eileen M. Richey".

EILEEN M. RICHEY  
Deputy Director  
Community Services Division

Attachments

c: Regional Center Chief Counselors  
Melinda Gonser, DDS

"Building Partnerships, Supporting Choices"

## MEMORANDA OF UNDERSTANDING GUIDELINES

Section 4696.1 (SB 1038) is designed to increase cooperation between regional centers and county mental health agencies. In addition, SB 1038 specifies that DDS and the Department of Mental Health (DMH) shall collaborate to provide a statewide perspective and technical assistance to regional centers and county mental health agencies. Section 4696.1 requires DDS to submit a report to the Legislature by May 15 of each year which includes:

1. The status of the Memoranda of Understanding (MOUs) developed jointly by each regional center and county mental health agency.
2. The identification of any barriers to meeting the outcomes specified in Welfare and Institutions Code, Section 4696.1, a-f (see legislation attached).

Each MOU must contain the following information:

1. Name(s) of staff who will be responsible for all of the following:
  - a. Coordinating service activity between the two agencies.
  - b. Identifying consumers with a dual diagnosis of mutual concern.
  - c. Conducting problem resolution for those consumers served by both systems.
2. Development of a general plan for crisis intervention for persons served by both systems.
  - a. The plan shall include after-hours emergency response systems, interagency notification guidelines, and follow-up protocols.
3. Development of a procedure by which each dually diagnosed consumer shall be the subject of a case conference conducted by 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. Development of a procedure by which planning for dually diagnosed consumers admitted to a mental health inpatient facility will convene a treatment plan.
5. Development of a procedure by which regional center staff and county mental health staff shall collaborate to plan and provide training to community services providers.
6. Development of a procedure by which the regional center and the county mental health agency will work toward agreement, on a consumer-by-consumer basis, on the presenting diagnosis and medical necessity as defined by DMH regulations.
7. The directors of each agency or their designee will meet as needed, but no less than annually, to do all of the following:
  - a. Review effectiveness of the interagency collaboration.
  - b. Address any outstanding policy issues between the two agencies.
  - c. Establish the direction and priorities for ongoing collaboration efforts between the two agencies.

For purposes of the May 15<sup>th</sup> legislative report, please complete Attachment A by February 15, 1999.



## MOU Report Guidelines

## Memoranda of Understanding (MOU): RC/ County Mental Health

Please provide the following information (as required by SB1038, Chaptered 1043, Statutes of 1998, section 4696.1)

*"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."*

Regional Center: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

County served:	MOU Completed and In effect: If YES, attach to form, if NO, please explain status.	Explanation:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*COMMENTS: \_\_\_\_\_

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homes, and to prepare the infants for entrance into classes of local schools or other appropriate facilities.

(Added by Stats. 1982, Ch. 168, Sec. 3. Effective April 23, 1982.)

#### Article 6. Residential Facility Staff Training

(Article 6 added by Stats. 1983, Ch. 735, Sec. 1.)

4695. The State Department of Developmental Services shall offer, through the regional centers, in conjunction with community colleges which elect to participate, a uniform statewide training program for directors or licensees of residential facilities serving persons with developmental disabilities. The training program shall be at the college level, and shall be given for college credits.

(Added by Stats. 1983, Ch. 735, Sec. 1.)

#### Article 7. Regional Center Clients Requiring Mental Health Services

(Article 7 added by Stats. 1986, Ch. 36, Sec. 1. Effective March 31, 1986.)

4696. The Legislature places a high priority on ensuring that regional center clients and their families can avail themselves of mental health services which are appropriate to meet their needs. The purpose of this article is to determine methods of identifying these clients as well as the type and extent of services which should be available.

(Added by Stats. 1986, Ch. 36, Sec. 1. Effective March 31, 1986.)

4696.1. (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.

(Repealed and added by Stats. 1998, Ch. 1043, Sec. 17. Effective January 1, 1999.)

4697. (a) The Legislature finds and declares all of the following:

(1) The methods of establishing rates of payment for providers of services and supports to persons with developmental disabilities in the community should reflect the actual costs of ensuring high quality and stable services.

(2) State law and regulations should reflect the type and design of community-based services and supports necessary to best meet the needs and choices of individuals with developmental disabilities and their families.

(3) The licensing, vrending, and monitoring of service and support providers is necessary to ensure the safety and satisfaction of consumers and should be achieved in a manner that is respectful of consumer privacy and choices, responsive to consumers and families, minimizes complexity and duplication, fosters partnership between state agencies and regional centers and provider in the delivery of high-quality services and supports, and respond swiftly to protect the rights and health of consumers.

(4) System stakeholders must work collaboratively and continuously to ensure that the design, funding methodology, and monitoring of the service and support delivery system reflects the values and goals of those served.

(b) It is the intent of the Legislature that the State Department of Developmental Services facilitate joint meetings between system stakeholders, as appropriate, to review the service delivery system and make recommendations for change when desirable. The efforts may include, but are not limited to:

(1) The process by which regional centers vendor providers of services and supports and make recommendations for changes to improve the quality of services and supports and choices of consumers and families in selecting providers.

(2) Ratesetting methodologies and recommendations to maximize cost-effectiveness while emphasizing quality, variety, and flexibility in the delivery of services and supports.

(3) The various monitoring and oversight functions of state and local agencies and recommendations for improving effectiveness and minimizing duplication.

(Added by Stats. 1998, Ch. 1043, Sec. 18. Effective January 1, 1999.)









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