

Advocacy Tools

Regional Centers & County Mental Health

State law assigns responsibility for providing services to individuals with psychiatric disabilities to more than one agency. Understanding each agency's responsibility and the ways in which interagency disputes can be resolved, will help insure that individuals with mental health needs will receive the services they need in a timely fashion.

This information letter discusses coordination of services between regional centers and county departments of mental health for individuals with both mental health needs and developmental disabilities. A prior information letter (#08) discusses coordination of services between school districts and county mental health departments under AB 3632.

Empowerment Resources #09

Mental Health Services for Regional Center Clients

✎ What Are Regional Centers?

The State Department of Developmental Services (DDS) contracts with regional centers to provide services to people with developmental disabilities. Regional Centers are private, nonprofit corporations. There are 21 regional centers located throughout California, each serving a specific geographic area. The appendix to this Information Letter provides a list of the regional centers with their addresses and telephone numbers and the counties they serve (attachment 1).

The regional center is the main point of contact for individuals with developmental disabilities. The regional center is obligated to make sure that individuals with developmental disabilities and their family receive the services and supports they need and want. These services are specified in an Individualized Program Plan (IPP). Regional centers provide some services itself, such as case management, and assists consumers in getting services from other agencies.

✎ **Who Is Eligible For Regional Center Services?**

Regional centers must provide services to individuals: with developmental disabilities; who are at high risk of giving birth to a child with a developmental disability; and infants and children less than 36 months old who have high risk of becoming developmentally disabled.

Under state law, a developmental disability is defined as a disability that:

originates before a person reaches age 18;
continues or is expected to continue indefinitely;
constitutes a substantial disability for that person; **and**
is mental retardation, cerebral palsy, autism, or a seizure disorder; **or**
A disabling condition closely related to mental retardation or requiring treatment similar to that required for people with mental retardation.

State law excludes disabilities that are **solely** physical in nature. DDS regulations exclude disabilities that are **solely** learning disabilities or psychiatric disorders. There is some question as to whether the two exclusions set forth in regulation exceed the statutory language and therefore are not valid.

✎ **Can A Regional Center Deny Eligibility Because An Individual Has a Psychiatric Disability?**

The regulations only exclude individuals whose disability is **solely** a psychiatric disability. If a person has other developmental disabilities, then the regional center should not deny eligibility based upon that exclusion.

The fact that a person has a specified psychiatric disorder does not necessarily mean that impaired social or intellectual functioning is the result of the psychiatric disability or for purposes of regional center eligibility that the disability is **solely** the result of the psychiatric disability.

✎ **What Are The Responsibilities Of The Regional Center?**

Regional centers provide services to people of all ages who have developmental disabilities. Regional Centers must:

search out and identify people who may need regional center services;
provide intake and assessment services to determine eligibility;
provide preventive services to potential parents who may be a high risk of parenting a child with developmental disabilities;
develop an Individual Program Plan (IPP) that reflects the individual's needs and choices, identifies the supports and services they want to receive and ensure that the services and supports identified in the IPP are provided.

✎ How Does A Regional Center Provide Emergency and Crisis Intervention Services?

Emergency and crisis intervention services include such things as mental health services and behavior modification services that an individual with developmental disabilities may need to remain in his/her chosen living arrangement. Crisis services should first be provided without disrupting the individual's living arrangement. For example, the regional center can provide extra staff in a group home, or behavioral support in the individual's home.

If crisis services are not successful, then emergency housing must be made available in the individual's home community. If an individual must leave her/his home, the regional center must make every effort to return the individual to his/her preferred living arrangement, with all necessary supports, as soon as possible.

✎ If Individuals Have Both A Psychiatric Disability And A Developmental Disability, How Are Services Coordinated?

In order to insure that people with a dual diagnosis (psychiatric and developmental disability) get the specialized services they need, regional centers and county mental health departments (CMH) are required to coordinate services.

Since July 1, 1999 each regional center and CMH has been required to have a memorandum of understanding (MOU). Each MOU must identify the staff who will identify consumers with dual diagnosis; coordinate activities between the two agencies and resolve problems. The regional center and CMH must develop plans and procedures for crisis intervention, case conferencing and discharge planning for consumers who are admitted to psychiatric inpatient facilities, and training for service providers.

When the local agencies cannot resolve a disagreement about these services, DDS and state DMH must help them resolve the disagreement, if both agencies request their assistance. At least once a year, the directors of the regional center and CMH must meet to review the agencies' collaboration, address any unresolved issues, and establish the direction and priorities for the two agencies to work together. The agencies must send copies of the MOUs to DDS.

✎ Are There Any Procedures That Must Be Followed Before An Individual Can Be Placed In A State Developmental Center?

If an individual's placement in the community is at risk of failing, and the individual might be sent to a developmental center, the regional center must immediately inform the individual, his/her parents, legal guardian or conservator and DDS. DDS has designated the Regional Resource Development Projects (RRDPs) to handle these situations. A representative from the local RRDP must conduct an assessment of the situation. If the RRDP determines that emergency services are needed, the regional center must provide them. An IPP meeting must be held as soon as possible and should include a representative from the RRDP. The team should review the emergency services and determine if the individual's ongoing needs for services and supports to be able to stay in her/his home community.

✎ Who Can Assist An Individual In Obtaining Services From The Regional Center?

There is a clients' rights advocate (CRA) assigned to each regional center who is responsible for assisting individuals in obtaining services from the regional center and other agencies. The CRAs at regional centers are employed, under a contract with DDS, by Protection and Advocacy. A current list of the CRA's and their addresses and phone numbers is included as attachment 2. This list is updated periodically and may be obtained at the following website: <http://www.pai-ca.org/OCRA>

✎ What Remedies Are There If A Regional Center Clients Disagrees With A Regional Center Decision?

There are two different remedies to address disagreements with regional centers: an appeal from a regional center decision and a Section 4731 complaint.

Regional centers are required to provide notice of any action it is planning to take to change or reduce a consumer's services. If a consumer (or his/her advocate)

disagree with these services, the consumer may request a fair hearing. If the fair hearing is requested within 10 days of receiving the written notice, the services must continue during the time the appeal is pending.

If a consumer (or a representative acting on her/his behalf) believes that the consumer's rights have been violated, they may file a Section 4731 complaint. The complaint should be filed with the CRA of the regional center. The CRA has 10 working days to investigate the complaint and send a written proposal for resolving the complaint to the regional center, developmental center, or services provider and to the consumer. If the consumer is not satisfied with the CRA's resolution, the CRA must refer the complaint within 5 working days to the director of the regional center or developmental center. If the director does not resolve a complaint within 10 days, the complaint must be referred to the director of DDS. The director of DDS has 45 days to issue a written decision and send it to you.

ADVOCACY ROLE

Establish a working relationship with the Clients' Rights Advocates so that you and he/she can jointly work on issues affecting individuals with dual diagnosis.

When representing individuals with dual diagnoses in certification/probable cause hearings, the advocate may want to look at the following:

- ✓ Is the individual a regional center client? If not can the individual be referred to the regional center. If the consumer is a regional center client, does the IPP specify the services the individual should be receiving from the regional center? This can most easily be ascertained by looking at the individual's IPP. Often the parent or regional center CRA, with the patient's consent/authorization, can provide the advocate with a copy of the IPP? (same rules for confidentiality?).
- ✓ In preparing for the hearing you should consider a request that the CRA and/or the case manager attend the hearing.
- ✓ Were the IPP services provided? Has the IPP team met since the time the individual was placed in the inpatient facility? What additional services were identified? Have those services been provided.
- ✓ Is the individual being considered for placement in a state developmental center? If so did the regional center refer the individual to the regional

resource development project to help insure that a child/young adult receives services in the less restrictive setting.

- ✓ You should bring information concerning the availability of regional center services to the attention of the hearing officer. This information may provide the basis for identifying community resources that could be used instead of placement in an inpatient facility.
- ✓ If the patient is being held due to grave disability, and the Regional Center is responsible for providing them with placement, you may wish to argue that they do not meet the criteria, but only remain in the acute facility because no placement can be located.
- ✓ If mental health professionals believe that an individual has a developmental disability, the advocate may want to assist the individual and/or their family in making such a referral as a means of insuring that the individual can have access to additional sources of community support.

Monitor the records of individuals with dual diagnoses placed on psychiatric inpatient units to ascertain if they are regional center consumers and, if so, determine if regional center services have been provided. It would be good practice for the facility's records to include this information. In looking at the records, the advocate may want to consider the same questions discussed under one above.

You (and/or the client's rights advocate in your county) may want to provide training to CMH staff and/or facility staff regarding the availability of regional center services as a means of insuring that children/young adults receive services in the least restrictive placement.

Consider reviewing the MOU between regional center and CMH to insure that patients' rights issues are addressed. The advocate could also provide the CMH director with information regarding issues that have arisen so that they can be addressed in the annual review of the MOU.