



Mental Health Facility Diversion & Aftercare that Focuses on Recovery

What are recovery-focused home and community-based mental health services?

Recovery-focused home and community mental health services support a person in the least restrictive and most integrated setting appropriate to individual need.

This means that a person who has a disability can interact with people without disabilities to the fullest extent possible. He or she has access to a living environment or setting where non-disabled people live. Services needed to achieve personal goals are provided.

The philosophy, principles and practices of the recovery model for providing mental health services have been adopted by California. Under this model, “recovery” is viewed as a journey of healing and transformation that enables a person with a mental health challenge to realize his or her full potential while living in the least restrictive, most integrated setting.¹

¹ See Welf. & Inst. Code §§ 5600.1, 5806(c)(1)-(10) & (d).

What are the key components of the recovery model?

- a. Hope – by and for a consumer
- b. Personal Empowerment – ability to advocate for one’s self
- c. Respect – consumer’s self-respect and respect from others
- d. Social Connections – family/friend support system
- e. Self-Responsibility – consumers take ownership for their own decisions and actions

What are the necessary components of the recovery model?

- a. Individualized Services
- b. Peer Support
- c. Self-Help or Consumer-run Services
- d. Culturally and Linguistically Appropriate Services
- e. Living in the Least Restrictive, Most Integrated Setting

Does a mental health treatment facility have a duty to consider recovery-focused community services as an alternative to admission?

Yes. Recovery-focused home and community mental health services are required under state and federal² laws to minimize the stigma and discrimination associated with institutional care. However, in reality, consumers are not always provided with referrals for alternative services. That’s why consumers must have mental health providers who can facilitate recovery in the least restrictive, most integrated setting.

² See fact sheet, “Integration Mandate of the ADA and Olmstead Decision.”

What is a mental health treatment facility required to do?

A mental health treatment facility that is designated to detain a person for involuntary mental health treatment must determine whether and how the individual's needs could be met outside the facility. This requires assessing the available recovery-focused home and community-based mental health services that could appropriately meet the individual's needs.

The Lanterman-Petris-Short (LPS) Act provides that a person subject to detention under Section 5150 of the Welfare and Institutions Code must be evaluated to determine if he or she “can be properly served without being detained” If so, “he or she *shall* be provided evaluation, crisis intervention, or other inpatient or *outpatient* services on a *voluntary* basis.”³

The LPS Act further provides that a 14-day detention under Section 5250 of the Welfare and Institutions Code requires that the individual has been “advised of the need for, but has not been willing or able to accept, treatment on a voluntary basis.”⁴

Beyond evaluation, what else does the mental health treatment facility have to provide?

State law specifies that “[a]ll persons shall be advised of available pre-care services which prevent initial recourse to hospital treatment or aftercare services which support adjustment to community living following hospital treatment.”⁵

This requires that the mental health treatment facility offer appropriate recovery-focused home and community mental health services both as an alternative to inpatient treatment and as a part of aftercare or discharge planning.

³ See Welf. & Inst. Code § 5151 (emphasis added).

⁴ See Welf. & Inst. Code § 5250(c).

⁵ See Welf. & Inst. Code § 5008(d).

What if the individual wants such assistance?

The mental health treatment facility then has a duty to provide or seek referral for such assistance from responsible public or private providers. For example, the statutory 14-day certification notice specifically requires a referral” to alternative services.⁶ This may include but is not limited to the county mental health department or to a private health insurance plan.

Is there a statutory definition of referral?

Yes. Referral is defined by statute to include:

- Informing the person of available services
- Making appointments on the person’s behalf
- Discussing the person’s mental health issues with the agency or individual to which the person has been referred
- Appraising the outcome of referrals
- Arranging for personal escort and transportation when necessary⁷

To ensure that consumers receive the assistance they need, follow up with the consumer is crucial. While providers may make appointments and arrange for transportation, it is important to encourage and support consumer self-advocacy so that consumers learn the knowledge and skills necessary to pursue the referrals on their own behalf.

⁶ See Welf. & Inst. Code § 5252.

⁷ See Welf. & Inst. Code § 5008(d).

When is referral complete?

The LPS Act specifies that “[r]eferral shall be considered complete when the agency or individual to whom the person has been referred accepts responsibility for providing the necessary services.”

What recovery-focused home and community mental health services are available under state law?

California provides for a variety of recovery-focused home and community mental health services, including but not limited to programs and services under the Mental Health Services Act (MHSA) and the Medi-Cal Specialty Mental Health Services (Medi-Cal) program.

What specific MHSA services are available and who is eligible?

The array of MHSA home and community-based services includes but is not limited to:

Services that are client-directed and that employ psychosocial rehabilitation and recovery principles⁸

- Provision for housing that is immediate, transitional, and/or permanent.
- This includes Supportive Housing, which is an apartment or house and access to support services for the individual⁹
- Peer Support: Help from people who have had similar experiences and know the mental health system¹⁰

⁸ See Welf. & Inst. Code § 5806(a)(6).

⁹ See Welf. & Inst. Code § 5806(a)(2)&(10); see also Tit. 9, Cal. Code of Regs., § 3615(a)(4) [MHSA Housing Program].

¹⁰ See Welf & Inst. Code § 5806(a)(5).

- Full Service Partnership (FSP): A team to support the person 24 hours a day, seven days a week, including crisis support services¹¹

Counties give priority to previously unserved individuals who may have “serious mental illnesses and/or serious emotional disturbance” and are not receiving mental health services or may have only emergency or crisis services.¹²

MHSA funds are available to provide services that are not already covered by federally sponsored programs¹³ or by individuals’ or families’ insurance programs.¹⁴

What specific Medi-Cal mental health services are available and who is eligible to receive such assistance?

Medi-Cal mental health services include Targeted Case Management, which is assistance to access housing, supports and work. Medi-Cal mental health services also include Rehabilitation Option services, such as:

- Mental Health Services (counseling, assessment, service plan development)
- Rehabilitation (individualized assistance with recovery goals)
- Crisis intervention services (including at home)
- Crisis stabilization services
- Crisis Residential Services

¹¹ See Welf. & Inst. Code § 5806(b); Title 9, Cal. Code of Regs. §§ 3615, 3620.

¹² See Cal. Code of Regs., §§ 3620(d) & 3200.310

¹³ Such as Medi-Cal mental health services, discussed below.

¹⁴ See Proposition 63, Mental Health Services Act, § 3(d) [Purpose and Intent]. See also the California Mental Health Parity Law fact sheet for information on private insurer coverage of mental health services.

- Transitional Residential Programs (up to 18 months)
- Medication Support Services (including informed consent and plan development)

This assistance can be provided in a variety of home and community setting including home, school and community-based sites “for the maximum reduction of mental disability and restoration of a recipient to his [or her] best possible functional level.”¹⁵

County Medi-Cal Mental Health Plans (MHPs) must provide these services to Medi-Cal eligible individuals for whom the services are “medically necessary” as defined under state regulations.¹⁶ Individuals who qualify for federal Supplemental Security Income (SSI) are categorically eligible for Medi-Cal. See the following link for a directory of county mental health Access Line numbers: <http://www.dmh.ca.gov/docs/CMHDA.pdf>

Are there other programs available to support people at home and in the community?

Yes. There are a variety of services that are available under federal, state and/or county funded programs on a voluntary basis including but not limited to:

- Housing Programs
- Peer and Self-Advocacy Services
- Case Management Services
- County Social Services, including In-Home Support Services
- Substance Abuse Services
- Educational Services

¹⁵ See Welf. & Inst. Code § 14021.4(a)(3)&(4).

¹⁶ See Title 9, Cal. Code of Regs., §§ 1830.205, 1830.210

- Vocational Services
- Transportation Services
- Legal Services

These programs or services have distinct eligibility criteria with which hospital staff need to be familiar. According to the LPS Act, “[e]ach agency or facility providing evaluation services shall maintain a current and comprehensive list of all community services, both public and private. These files shall contain current agreements with agencies or individuals accepting referrals, as well as appraisals of past referrals.”¹⁷

Are there advocates to assist with diversion and aftercare options?

Yes. Advocates who may be able to assist with home and community options include, but are not limited to, the following:

- To contact the County Patient’s Rights Advocates, visit:
http://www.disabilityrightsca.org/OPR/pr_directory.pdf
- To contact Disability Rights California, call 1-800-776-5746 or visit:
<http://www.disabilityrightsca.org>
- To contact NAMI California, call 916-567-0163 or visit:
<http://www.namicalifornia.org/>

¹⁷ See Welf. & Inst. Code § 5008(d).

We want to hear from you! After reading this fact sheet please take this short survey and give us your feedback.

English version: <http://fs12.formsite.com/disabilityrightsca/form54/index.html>

Spanish version: <http://fs12.formsite.com/disabilityrightsca/form55/index.html>

The Stigma, Discrimination, Reduction and Advancing Policy to Eliminate Discrimination Program (APEDP), is funded by the voter approved Mental Health Services Act (Prop. 63) and administered by the California Mental Health Services Authority (CalMHSA). County MHSA funds support CalMHSA, which is an organization of county governments working to improve mental health outcomes for individuals, families and communities. CalMHSA operates services and education programs on a statewide, regional and local basis. For more information, visit <http://www.calmhsa.org>.

