

Department of Developmental Services
Mental Health Services Act
Progress Report
Fiscal Year 2013-14
July 1, 2013 through December 31, 2013

Background

The Department of Developmental Services (DDS) oversees eight innovative regional center (RC) projects designed to benefit consumers, families, direct service professionals (DSP), clinicians, and other professionals. The projects focus on the following priority areas:

1. Enhancing Community Capacity
2. System Improvement
3. Service Integration
4. Replication of Successful Model Projects

Regional Center Mental Health Services Act (MHSA) Updates

Alta California Regional Center (ACRC)

Project Title: ***Substance Abuse Reduction***

Priority Areas: 1, 2, 3, 4

Collaborative Partners: National Association on Alcohol, Drugs and Disability, Inc., and the Joint Task Force (includes consumers, families, courts, schools, hospitals, mental health, law enforcement, probation, and service providers).

Project Website: www.altaregional.org/resources/mhsagrant/sarp.cfm

Project Background: The *Substance Abuse Reduction* project develops a multi-agency task force to address substance abuse and developmental disabilities. Through this project, consumers will have access to substance abuse classes focusing on prevention and wellness, in addition to a peer support group and a residential clean and sober facility. RC staff and service providers will receive education regarding substance abuse in individuals with developmental disabilities.

Project Update: The Joint Taskforce convened a meeting on September 9, 2013. The next meeting will occur on January 13, 2014.

Approximately 65 ACRC service coordinators and clinical staff attended training on July 23 and August 13, 2013. The training focused on the dynamics of substance abuse recovery and the active role of the individual in the process. Pre and post-tests were conducted before and after each session. The training material will be available at www.altaregional.org/resources/mhsagrant/sarp.cfm.

On October 25, 2013, ten staff from the Nevada County Alcohol and Other Drugs (AOD) and local community AOD agencies attended an in-service training. The curriculum,

Serving Clients with Developmental Disabilities - Increasing Competencies and Understanding the Developmental Services System, was utilized for this training and is available on the project website.

Four additional training sessions will convene on February 27, March 14, March 28, and April 11, 2014. Training will provide RC vendors basic tools to identify consumers experiencing problems with AOD. These vendors will learn strategies for discussing AOD problems with consumers, families, and planning teams; thereby improving consumer motivation for positive behavioral changes. Vendors will learn about available treatment options and receive an AOD Resource Directory.

The Mexican American Addiction Program (MAAP) was selected to develop and implement a peer mentoring program for ACRC consumers to facilitate linkages between consumers and peer mentors. The program design will be finalized in early February and program implementation will begin shortly thereafter. The ACRC forensics team have identified prospective consumers to participate in the program.

Project Title: ***MHSA Forums***

Priority Area: 4

Collaborative Partners: The Mental Health/Developmental Disabilities Collaborative, Sacramento County Children's Mental Health, RCs, Education, and DDS.

Project Background: ACRC will host *MHSA Forums* to highlight successful projects from Cycles I and II, encourage statewide replication, and promote the adoption of best practices and service approaches for consumers with dual diagnoses. The *MHSA Forums* will also deliver tools for effective system-wide collaboration.

Project Website: www.altaregional.org/resources/mhsagrants/mfsaForums.cfm

Project Update: The final *MHSA Forum* will convene in spring 2014 and focuses on adult consumers with dual diagnoses. The *MHSA Forum* will be publicized to professionals statewide. A save-the-date flyer will be sent to DSPs, clinicians, consumers, families, and advocates once the date and location is confirmed.

On October 30, 2013, DDS and ACRC convened a planning meeting. Proposed agenda items and potential speakers were identified. The next planning meeting will convene in January 2014.

Central Valley Regional Center (CVRC)

Project Title: ***Foundations of Infant Mental Health Training Program***

Priority Areas: 1, 2, 3

Collaborative Partners: The Central California Children's Institute, the Regional Infant Family Early Childhood Mental Health (IFECMH) Steering Committee, and the Interagency IFECMH Training Council (includes representatives from CVRC, Fresno County Department of Social Services, Fresno and Merced County Offices of Education,

Fresno and Tulare County Children's Services Networks, and Fresno County Department of Behavioral Health).

Project Website: <http://www.fresnostate.edu/chhs/ccci/projects/imh/index.html>

Project Background: The *Foundations of Infant Mental Health Training Program* is based on the *Revised Training Guidelines and Personnel Competencies* for IFECMH. The program is designed for clinicians, service providers, and other professionals working in one of the six participating agencies in the CVRC catchment area to address professional developmental needs.

Project Update: To prepare for Year Two of the training program, the IFECMH Training Council met on June 18, July 30, and November 5, 2013. The IFECMH Steering Committee met on December 10, 2013, to review Year One accomplishments, discuss the progress of Year Two and opportunities for program sustainability after the funding ends.

The first three sessions of Year Two convened on September 26, October 24, and November 7, 2013. Pre and post-surveys were administered before and after each session. The final five sessions will convene on January 16, February 13, March 13, April 17, and May 8, 2014. The training schedule and program curriculum are available at <http://www.fresnostate.edu/chhs/ccci/projects/imh/index.html>.

One-hundred forty-eight professionals from CVRC, offices of education, school districts, local public and mental health agencies, Head Start agencies, local planning councils, county Departments of Behavioral Health, Mental Health, Public Health, and Social Services are participating in Year Two. Eleven of these participants completed the Year One program, and are pursuing endorsement in IFECMH.

Fifty-six professionals participated in a *Portfolio Development* workshop on July 26 and August 16, 2013. Participants learned about the endorsement process, met with other professionals that have already completed the process, and compiled and reviewed all their content to build their own portfolio.

North Bay Regional Center (NBRC)

Project Title: ***Building Bridges – Meeting the Needs of Individuals Diagnosed with a Mental Illness and a Developmental Disability***

Priority Areas: 1, 2, 3, 4

Collaborative Partners: Dr. Robert Fletcher, NADD; mental health service providers representing Napa, Solano, and Sonoma counties; Special Education Local Plan Area (SELPAs); health services personnel; law enforcement; and other professionals.

Project Website: <http://nbrc.net/community-resources/mhsa-grant-info/>

Project Background: NBRC is replicating San Gabriel/Pomona Regional Center's (SG/PRC) MHSa Cycle I Project which focused on best strategies for working with and supporting families of consumers who are at-risk for abuse and trauma.

Project Update: Dr. Robert Fletcher is developing curriculum and scheduling training for 2014. Dr. Fletcher will provide a tri-county cross-training for county mental health and RC professionals. The curriculum used for the training, *Guidelines for First Responders: Encountering People with an Intellectual Disability Co-Occurring with Mental Illness (ID/MI)*, is available on the project website.

The three taskforces, in Napa, Solano, and Sonoma counties, are convening meetings with RC county representatives to further goals of existing county mental health and RC Memorandums of Understanding (MOU).

Updates on each of the taskforces' activities are summarized below:

- The Napa County Taskforce developed a training protocol, *Myth Busters*. The protocol defines the roles and responsibilities of NBRC and the Napa County Health and Human Services Agency Mental Health Division. It also ensures that appropriate services are provided to individuals displaying symptoms of both a developmental and psychiatric disability. *Myth Busters* will be utilized for training, *Napa Mental Health and NBRC: Working Together*, on January 28, 2014. County mental health staff, NBRC staff, service providers, and others are invited to attend. The protocol can be found at <http://www.nbrc.net/mhsa/mhsa.htm>.
- The Solano County Taskforce continues to research available curriculum. Members are organizing a joint training for RC and county mental health professionals regarding the MOU. Project staff distributed the training protocol, *Myth Busters*, to the Solano County Taskforce to increase cross-training opportunities.
- The Sonoma County Taskforce is also coordinating a joint training for RC and county mental health professionals regarding their MOU.

Project Title: ***Project Connect***

Priority Areas: 1, 2, 3, 4

Collaborative Partners: Napa County Office of Education (NCOE), the Regional Interagency Collaborative (includes professionals from the areas of early childhood mental health, early intervention, childcare, education, foster care, home visiting services, primary healthcare, and family advocates), and the Leadership Council (consisting of key stakeholders comprised of professionals from the tri-county area, including representatives from SELPAs, county mental health, First 5, and family advocacy and professionals with a background in early intervention and early childhood services).

Project Website: www.projectconnectnbrc.net

Project Background: *Project Connect* addresses barriers and gaps existing across the early childhood mental health service systems in Napa, Sonoma, and Solano counties. *Project Connect* familiarizes agencies and professionals with the importance of the social-emotional well-being of young children. Training prepares professionals to support, evaluate, intervene, and treat the mental health needs of young children and to support their families. *Project Connect* also builds an on-going evaluation plan to measure progress towards ameliorating barriers.

Project Update: The three Focus Area Task Teams (*Best Practice Model, Universal Screening, and Professional Development*) developed the following three resources: *Early Childhood Mental Health Community Assessment Tool (CAT)*, *Universal Screening System Guidance*, and *Professional Development Self-Assessment Tool*. These resources will be used to support continuous improvement in the early childhood mental health (ECMH) systems in Napa, Solano, and Sonoma Counties, as well as other counties throughout the state. An update on each resource is summarized below:

- The Best Practice Model Task Team developed the *CAT* to identify and prioritize the elements of an evidence-based ECMH system. These elements, organized into four categories, will assist communities in developing an overall representation of the existing ECMH system in their community. This will assist stakeholders in identifying which elements exist, and how effectively the resources are being utilized. In October 2013, ten county participants, representing such fields as social work, early childhood, and special education, participated in the Solano County *CAT* pilot. After participant responses are reviewed, further county group planning meetings will convene. The pilots for Napa and Sonoma Counties will occur in January 2014.
- The Universal Screening Task Team developed the *Universal Screening* for agencies that view early identification as a priority area for improvement. The *Universal Screening* describes each of the elements of a Universal Screening System in greater detail than the *CAT*. It also provides guidance on planning and implementing its elements, and stakeholder engagement and collaboration, best practices for individual elements, and organizational and/or logistical considerations for planning and implementing. After the *Universal Screening* is tested, it will be piloted throughout the tri-county region, beginning in January 2014.
- The Professional Development Task Team developed the *Professional Development Self-Assessment Tool*. The tool helps agencies, local communities, and others understand the strengths and areas of need related to professional development in ECMH. It will also help identify which key competencies are well represented and where potential gaps may exist in skills and knowledge. After identifying key competencies, and potential gaps in skills and knowledge, conversations will address these areas, and provide opportunities for professional development, both locally and regionally. The *Professional Development Self-Assessment Tool* will be tested in January 2014, and piloted throughout the tri-county region in spring 2014.

The Leadership Council met on September 20, 2013. Members reviewed the three aforementioned resources in preparation for piloting. When finalized in spring 2014, the resources will be available on the project website at www.projectconnect.nbrc.net. The next Leadership Council meeting, scheduled for January 24, 2014, will include a panel discussion on the Affordable Care Act and its implications on IFECMH. Two additional meetings are tentatively scheduled for March and May 2014.

San Gabriel/Pomona Regional Center (SG/PRC)

Project Title: **PROJECT HOPE**

Priority Areas: 4

Collaborative Partners: SG/PRC's Bio-Behavioral Consultation Committee is comprised of a psychopharmacologist, a psychiatrist, a behavior specialist, and representatives from Alma Family Services, Board Resource Center, and Golden Gate Regional Center.

Project Website: <http://www.sgprc.org/Resources/Resources.html>

Project Background: *PROJECT HOPE* offers group and individual psychotherapy to an identified core group of adult consumers with a recent history of one or more psychiatric hospitalizations. These consumers receive training in anger management, social skills, human sexuality, and problem solving. The goal is for consumers, families, and providers to learn strategies that reduce problem behaviors and decrease the need for psychiatric hospitalization.

Alma Family Services provides semi-annual training for SG/PRC staff, families, residential providers, and other vendors. Training seeks to increase awareness of the signs and symptoms of mental health disorders, provide tips to enhance consumers' coping abilities, and offer strategies to identify and de-escalate behaviors that might lead to psychiatric hospitalization.

Project Update: As of December 31, 2013, 45 consumers have been referred to *PROJECT HOPE*. Of these 45 referrals, 35 consumers are participating in the project. In an effort to reach the projected 50 referrals, a SG/PRC staff member continues to contact RC service coordinators regarding eligible consumers.

Approximately 210 RC staff, vendors, community partners, and family members participated in a second round of training. *Signs and Symptoms of Mental Health* and *Navigating the Mental Health System*, convened on September 23 and October 21, 2013. Pre and post-tests were administered before and after each session. Based on feedback from the training, Alma Family Services is coordinating a workshop tailored specifically for RC service coordinators in spring 2014. The workshop will provide tools, resources, and other information regarding mental health systems and how to obtain services.

The project website, www.projecthopeca.com, was launched in December 2013. The website provides guidance to caregivers, families, and consumers on identifying the need for services and connecting with local mental health providers. The website also features short videos, forms, and a "How to Use Our Site" handbook. The Board Resource Center will present the website to RC staff and vendors on January 22 and January 23, 2014.

Westside Regional Center (WRC)

Tools for Assessing Quality of Services (TAQS) & Los Angeles Transition Age Youth Service Integration Project (LATAY SIP)

The TAQS and LATAY SIP Taskforce members met on December 11, 2013. The next meeting is scheduled for spring 2014. Information regarding the process of developing Quality Indicators (QIs) and quality of care domains is available on www.reachacrossla.org.

Project Title: **TAQS**

Priority Areas: 1, 2, 3

Collaborative Partners: North Los Angeles County Regional Center (NLACRC), Los Angeles County Department of Mental Health (DMH), the Child and Family Center, and the Task Force (comprised of advocates, consumers, family members, professionals from the fields of education, medicine, and mental health, social workers, care providers, and designated staff from the Departments of Children and Family Services, Rehabilitation, and Probation).

Project Website: <http://www.reachacrossla.org/LATAQS.aspx>

Project Background: The TAQS project identifies which assessment and treatment models are being utilized, develops quality assessment tools to evaluate best practices, and improves integrated systems of care for consumers with dual diagnoses. The Interagency Collaborative has expanded its role to address current service needs. The Collaborative will create tools based on administrative record reviews and surveys to enhance the quality of assessments and treatments for consumers with mental health challenges.

Project Update: A set of QIs have been developed to assess how effectively mental health providers and related agencies deliver mental health services for consumers with dual diagnoses.

This novel set of QIs focus specifically on the needs of consumers with dual diagnoses. The QIs were evaluated by a panel of national and local experts and stakeholders across disciplines, including consumers and family members. Based on a review of current evidence-based practices, research studies, and outcomes from provider/parent surveys, 48 draft QIs were developed. The QIs are divided into the three domains of *Access to Care, Assessment, and Treatment at the Consumer Level*. Within each domain, subdomains are grouped to measure different types of indicators. Criteria were created for abstracting data from charts.

An eleven-member expert panel independently rated the validity, feasibility, room for improvement, plausibility, and overall utility of the QIs. On November 15, 2013, the panel discussed their individual ratings and shared clinical and research knowledge. Each member then individually re-rated their responses based on group discussions. The QIs will be finalized by March, as well as an adapted tool for parents and families. Both documents will be available at <http://www.reachacrossla.org/LATAQS.aspx>. The final QIs

will be used as both a provider and family tool, and will be the foundation for WRC community trainings in early 2014.

Project Title: **LATAY SIP**

Priority Areas: 1, 2, 3

Collaborative Partners: NLACRC, DMH, the Child and Family Center, and the Task Force (comprised of advocates, consumers, family members, professionals from the fields of education, medicine, and mental health, social workers, care providers, and designated staff from the Departments of Children and Family Services, Rehabilitation, and Probation).

Project Website: <http://www.reachacrossla.org/LATAYSIP.aspx>

Project Background: The *LATAY SIP* identifies needs, barriers, and patterns of services used among TAY in the Los Angeles area. TAY and their families support the project by identifying services most frequently used. These include points of entry, strengths and weaknesses present at each agency, and barriers of multi-agency services. In-service training events address the needs of TAY, provide a forum for collaboration and exchange of information, and boost workforce competency. The *LATAY SIP* will develop a user-friendly, culturally appropriate resource directory for TAY, families, case managers, agency personnel, and others.

Project Update: To develop the resource directory, project staff are collecting and verifying resources specific to the transition domains identified in the needs assessment. The final version will be available in June 2014, posted on the project website, and distributed to stakeholders.

The *LATAY SIP* project is forming a TAY Collaborative and convening cross-training events for community partners to enhance cross-system collaboration and communication.

The TAY Collaborative has identified a point-person at each key agency to clarify referral processes, refine policies and procedures, develop and/or update MOUs, and organize training events. Prior to the first meeting in June 2013, members identified a transitional age consumer, dually served by WRC and a local mental health agency, requiring cross-system case management. During the meeting, key agencies identified collaborative ways to prevent this consumer from experiencing any future challenging behaviors. Members viewed the meeting as effective and are interested in presenting more dually served cases in this format. The next meeting will convene in January 2014.

In fall 2013, over 90 individuals participated in four 2-day trainings, *Motivational Interviewing (MI): A Tool to Engage Transition-Age Youth & their Families*. This training provided service providers, counselors, and educators insight for establishing more effective communication techniques in working with TAY and their families. The curriculum, tailored for the TAY population, includes a history of MI, key components of MI skills, and ways of dealing with conflict among consumers and their families. The agenda and curriculum will be available on the project website.

Pre and post-tests were conducted before and after each session. The outcomes are currently being analyzed from the final training; however, preliminary results from the first three trainings show significant improvement in MI knowledge. Participants strongly agreed that the MI training increased their skills; thereby improving the quality of life of the consumers and families that they serve.