

Department of Developmental Services
Mental Health Services Act
Progress Report
Fiscal Year 2012-13
July 1, 2012 through December 31, 2012

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; and
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/

Project Background: The *Substance Abuse Reduction* project developed 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 receive classes focused on substance abuse among individuals with developmental disabilities.

Project Update: A curriculum, *Serving Clients with Developmental Disabilities - Increasing Competencies and Understanding the Developmental Services System*, has been developed for alcohol and other drug (AOD) treatment providers. This curriculum provides an overview of the RC system, available services and supports, and adaptation of treatment and educational materials.

Also developed was a disabilities questionnaire (to determine if a referral to ACRC is appropriate), a modified twelve-step program, and a developmental disability quiz for addiction professionals. The aforementioned materials will be available at www.altaregional.org/resources/mhsagrant/.

In January 2013, project staff will use these training materials for the following three trainings:

- The first training will convene on January 15 for the Sacramento Senior and Adult Services Multidisciplinary Team. This team includes social workers from local hospitals and representatives from the Public Guardian's Office, Adult Protective Services, and Sacramento County Behavioral and Mental Health. Participants will receive an overview of the *Substance Abuse Reduction* project and the importance of collaboration. Participants will also learn how to increase the competency level and awareness of community providers who serve individuals with developmental disabilities.
- The next training scheduled for January 16, targets the social services staff of Mercy General, Mercy San Juan, Mercy Hospital Folsom, and Methodist Hospital. This training will specifically focus on mental health services for consumers with developmental disabilities.
- On January 24, the first training for community AOD providers will convene in Yuba City. Participants will represent Sutter-Yuba Mental Health Services, Sutter County Office of Education, Marysville Police Department, Pathways Alcohol and Drug Treatment Program, youth representatives, and community advocates.

The Joint Taskforce convened two quarterly meetings on July 9 and October 15, 2012. To date, eight community alcohol and drug treatment agencies have participated in these meetings. The next Joint Taskforce is scheduled for January 2013. The taskforce is now developing a substance abuse treatment in-service training for ACRC employees.

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 MHSA Cycles I and II to encourage statewide replication and the adoption of best practices and service approaches for consumers with mental illness. The *MHSA Forums* will also deliver tools for effective system-wide collaboration.

Project Update: The first statewide *MHSA Forum* will focus on early intervention and children's mental health, and will convene in midsummer 2013. DSP's, clinicians, consumers, families, and others will receive a Save-the-Date flyer once the date and location is confirmed.

DDS is providing consultation to ACRC and convened a planning meeting on December 4, 2012. During the meeting, a proposed agenda was developed and potential speakers were identified. The next planning meeting will convene on January 8, 2013.

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.csufresno.edu/ccchhs/institutes_programs/CCCI/imh/index.shtml

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

Project Update: The IFECMH Training Council convened four meetings to finalize and prepare for the upcoming training sessions. The next Infant-Family Mental Health Regional Training Council will meet on January 15, 2013.

To date, 188 clinicians, service providers, and other professionals are registered in the *Foundations of Infant Mental Health Training Program*. The participants represent approximately 70 organizations including the county Departments of Behavioral Health, Mental Health, and Social Services, CVRC, offices of education, school districts, local public and mental health agencies, Head Start agencies, local planning councils, providers, and others. The first three training sessions for Year 1 convened on October 11, November 8, and December 6, 2012. Pre and post surveys were administered before and after each session. The final five sessions will convene on January 10, February 14, March 7, April 4, and May 9, 2013.

A full demographic profile of program participants, complete findings from the training questionnaire and the training curriculum are available at <http://www.fresnostate.edu/chhs/ccci/projects/imh/resources.html>

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; Napa, Solano, and Sonoma county mental health service providers; Special Education Local Plan Area (SELPA); health services personnel; law enforcement; and other professionals.

Project Website: www.nbrc.net/mhsa/mhsa.htm

Project Background: NBRC is replicating the 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 of abuse and trauma.

Project Update: The three countywide taskforces (Napa, Solano, and Sonoma) convened their monthly meetings during which members identified the need to train law enforcement and judicial system personnel and targeted groups in their counties. Detailed training plans and specific groups are outlined below:

- The Solano County Taskforce will utilize the *Mental Health First Aid* training model that is being implemented in Solano county. This training will provide basic education in working with consumers with dual diagnoses. The training will also establish methods to maintain consistent lines of communication, including terminology used with different service delivery systems. The training will be provided to the following groups:
 - Law enforcement and judicial personnel;
 - Professionals working with transition age youth (TAY);
 - Cultural groups including faith-based, ethnic/minority groups; and
 - Regional groups.

- The Sonoma County Taskforce training will identify common characteristics of consumers with developmental disabilities, identify collaborative strategies for service outcomes and/or interventions, and identify local resources. Cross training will be provided to the following two groups:
 - Group #1: Representatives from Adult Protective Services, Public Guardian's Office, District Attorney's Office, Public Defender's Office, law enforcement, emergency response/clinics (Indian Health, Southwest Health Clinic, Petaluma Health Services), mental health agencies, NBRC staff, community-based organizations, and homeless services.
 - Group #2: Representatives from Employment Development Department, Job Link, Department of Rehabilitation, Sonoma County Office of Education, NBRC staff, The Employment Group, and Santa Rosa Junior College Disability Services.

- The Napa County Taskforce continues to recruit key personnel. At their upcoming meeting, members will identify the availability of Napa County law enforcement representatives for participation in future meetings.

Napa, Solano, and Sonoma Taskforce members are currently researching available curriculum and training models to utilize for their trainings. On April 18, 2013, Dr. Robert Fletcher will meet with taskforce members to provide additional consultation and assistance with development of curriculum.

Six-month follow-up evaluations from the March 2012 conference, *Building Bridges – Meeting the Needs of Individuals Diagnosed with a Mental Illness and a Developmental Disability* revealed the following participant outcomes:

- 76% improved their ability to meet the needs of consumers with a dual diagnosis;
- 86% continue to invest in making systemic improvements regarding access to services; and
- 60% experienced improved system-wide collaboration to address consumer needs.

Project Title: ***Project Connect***

Priority Areas: 1, 2, 3, 4

Collaborative Partners: Napa County Office of Education, 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 with a background in early intervention, early childhood services, SELPAs, County Mental Health, First 5, and family advocacy).

Project Website: www.projectconnectnbrc.net

Project Background: *Project Connect* addresses barriers and gaps that exist 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: At the October 19, 2012, Leadership Council meeting, each Focus Area Task Team presented their action plan, which identified steps, timeline, responsible parties, and resources needed to accomplish the first action item. The following provides a brief summary of the first action item for each of the five Focus Areas:

- *Professional Development* – Identify current professional development opportunities across the tri-county region. This will help understand what training opportunities in which individuals are eligible to participate.
- *Best Practice Model* – Develop a county level early childhood mental health self-assessment tool. This will assist in the development of an inter-organizational system of coordinated, culturally appropriate infant-family and early childhood mental health services.
- *Universal Screening* – Develop tools, matrices, guidelines, and quality indicators for universal screening within the county. This will ensure any county could develop a screening plan/system to meet the needs of their children and families, and help eliminate missing elements of a county's screening system.
- *Access to Services* – Develop a tri-county resource directory. This will improve access to services in support of IFECMH within the tri-county region. This will make available, to providers and the public, a comprehensive list of resources and contacts.
- *Community Outreach* – Develop a two-minute video for YouTube and other distribution channels. This will improve infant mental health messaging via a countywide campaign for the tri-county region.

In the course of collaborative discussions, it became clear that the two Focus Areas, *Access to Services* and *Community Outreach*, share many priorities and activities. Consensus dictated combining these two Focus Areas and restructuring the vision/mission statement and the action plan. Updates will be available at www.projectconnectnbrc.net.

The Focus Area Task Teams will continue to meet and pursue completion of current action items, and develop action plans for each additional action item, as appropriate. The next Leadership Council meeting is tentatively scheduled for February 14, 2013.

San Gabriel/Pomona Regional Center (SG/PRC)

Project Title: **PROJECT HOPE**

Priority Areas: 4

Collaborative Partners: SG/PRCs Bio-Behavioral Consultation Committee, comprised of a psycho-pharmacologist, a psychiatrist, and a behavior specialist; Alma Family Services; Board Resource Center; and Golden Gate Regional Center (GGRC).

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

Project Background: SG/PRC is replicating the GGRC *Anchor Project*, which established a treatment program for 30 “high risk” consumers with mental health challenges. *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, 2012, 13 consumers are participating in *PROJECT HOPE*. In an effort to reach the projected 25 consumers, *PROJECT HOPE* staff have changed the entrance criterion from two psychiatric hospitalizations in the past three years to one psychiatric hospitalization in the past five years. This change resulted in a new list of eligible consumers. An additional staff member is contacting RC service coordinators regarding eligible consumers and following through to ensure referrals are made.

The 13 consumers have started their individual psychotherapy sessions. Curricula for the human sexuality, anger management, and social skills training are finalized and consumers will begin these group trainings in February 2013.

A Save-the-Date flyer for *Signs and Symptoms of Mental Health* and *Navigating the Mental Health Systems* was sent out to families, community members, professionals, para-professionals, RC vendors, residential providers, SG/PRC staff, and others. The first training will convene on May 18, 2013. The full training schedule is available at <http://www.sgprc.org/Resources/Resources.html>.

Materials for the webcast training, *How to Advocate in the Mental Health System*, continue to be developed and will be finalized at the end of January 2013. The webcast training will provide guidance on how families, caregivers, and consumers with mental health disorders can identify the need for services and connect with their local mental health providers. The training will also utilize scenarios that focus on increasing the capacity of individuals, families, and caregivers to be more effective by using basic terminology and easy to use videos and tools.

Westside Regional Center (WRC)

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

Although the *TAQS* and *LATAY SIP* are two distinct projects, the activities/deliverables closely coincided until June 30, 2012. As a result, the update for the two projects was completed as one. Beginning July 1, 2012, the activities/deliverables are now distinct as *LATAY SIP* and *TAQS* pursue different goals and objectives. This report and reports hereafter will include all outcomes independently.

At the August 29, 2012, Taskforce meeting, seven new members joined. These new members represent mental and behavioral health professions, as well as staff from the Los Angeles Unified School Districts' Division of Special Education and Office of Transition Services. The next meeting will convene in early 2013.

Project staff are updating the website, www.reachacrossla.org, quarterly to include additional resources for professionals, advocates, family members, and consumers.

Project Title: **TAQS**

Priority Areas: 1, 2, 3

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

Projects' Website: www.reachacrossla.org

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 mental illness. 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: In early November, chart reviews were completed to supplement the data from the Client Development Evaluation Report, Special Incident Reports, Purchase of Service data, and RC case managers' surveys. Analysis of the chart reviews began in late November 2012.

Combined findings, from the aforementioned data, allowed *TAQS* staff to achieve a more comprehensive understanding of the needs of and current service provisions for this population. Data reveal the following most prevalent mental health diagnoses for RC consumers:

- 28% Psychotic Disorder;
- 26% Mood Disorder; and
- 24% Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence (such as ADHD, conduct disorder, oppositional defiant disorder, and disruptive disorder).

The most common developmental disabilities in the dually diagnosed population consist of:

- 64% Intellectual Disability;
- 35% Autism; and
- 19% Epilepsy.

In addition, 73 percent of these consumers have visited a mental health care professional in the last three years and 78 percent are currently taking at least one psychotropic medication. These data and additional information will be presented to experts in 2013 to facilitate the creation of tools to assess quality of services.

TAQS staff drafted a mental health provider survey to learn more about mental health providers' views and knowledge regarding consumers with dual diagnoses. The survey will also provide information regarding services and treatment currently being provided in the community. The survey is being piloted by key stakeholders, and will be administered in January 2013. The survey questions focus includes the following:

- Provider demographics (education, organization affiliation, service area);
- Attitudes and perspectives for consumers with dual diagnoses and adequacy of the RC system to provide for their needs;
- Therapies and treatment options that are currently provided to consumers with dual diagnosis; and
- Effective practices for caring for these consumers.

The responses collected from this survey will allow experts to better understand local mental health providers' perspectives and what practices providers are using. In addition, factors that might facilitate or hinder appropriate mental health assessment and treatment will also be determined.

Project Title: **LATAY SIP**

Priority Areas: 1, 2, 3

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

Projects' Website: www.reachacrossla.org

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 collaborative services. In-service training events address the needs of TAY and provide a forum for collaboration, 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: In early November, chart reviews were completed to supplement the data from the Client Development Evaluation Report, Special Incident Reports, Purchase of

Service data, and RC case managers' surveys. Analysis of the chart reviews began in late November 2012.

One-hundred thirty seven TAY consumers, those between 14 and 25 years of age, with dual diagnoses were identified. Data reveal the most prevalent diagnoses of developmental disabilities are:

- 58% Intellectual Disability;
- 42% Autism; and
- 15% Epilepsy.

The most prevalent diagnoses of mental health are:

- 39% Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence (such as ADHD, conduct disorder, oppositional defiant disorder, and disruptive disorder);
- 32% Mood Disorder; and
- 15% Anxiety Disorder.

Over 85 percent of TAY with dual diagnoses are prescribed behavior-modifying drugs/psychotropic medications. Of these individuals:

- 30% are prescribed anti-psychotic medications;
- 16% are prescribed anti-epileptics (for mental health conditions-not for epilepsy);
- 15% are prescribed anti-depressants; and
- 13% are prescribed stimulants.

Analysis has also revealed the following:

- 70% with dual diagnoses have visited mental health professionals in the last three years;
- 58% of those have been seen by psychiatrists;
- 15% with dual diagnoses were hospitalized due to mental health issues in the last three years; and
- 84% were identified as having mental health diagnoses, were taking behavior-modifying drugs, and were visiting a mental health professional.

These findings, and many others, will be supplemented by information gathered from the upcoming key informant interviews. Twenty-two key informants provided information regarding local needs, patterns of service utilization, and barriers to service provision. Key informants included parents, advocates, and professionals from Los Angeles County developmental disability agencies, physical and mental health systems of care, and education. These individuals were selected to ensure rich study data on needs, service utilization, and barriers faced by TAY with dual diagnoses. Staff are currently analyzing the responses for emergent themes, and results will be presented in the next progress report.