

**Department of Developmental Services (DDS)
Mental Health Services Act (MHSA)
Work Plan
Fiscal Year 2011-12**

Activity	Project Overview	Timeline	Responsible Parties
1. Regional Center (RC) MHSA Projects	<p>DDS will oversee eight innovative projects for consumers, families, direct service providers (DSPs), clinicians, and other professionals focusing on DDS' established MHSA Priorities, which include:</p> <ol style="list-style-type: none"> 1. Enhancing Community Capacity. 2. System Improvement. 3. Service Integration. 4. Replication of Existing Projects. <p>The MHSA Priorities were based on feedback from DDS' Priority Planning Committee and the Mental Health/Developmental Disabilities (MH/DD) Collaborative. The MH/DD Collaborative is comprised of representatives from the Association of Regional Center Agencies (ARCA), the California Mental Health Directors Association, ARC, RCs, private mental health service providers, family members, Department of Mental Health, and DDS.</p>	FYs 2011-12 through 2013-14	DDS
Alta California Regional Center (ACRC) - <i>Substance Abuse Reduction</i>	<p>ACRC will receive MHSA funds to replicate a project that was originally conducted by the San Diego Regional Center. ACRC will establish:</p> <ul style="list-style-type: none"> • A multi-agency task force addressing substance abuse and developmental disabilities. • A consumer support group. • A residential clean and sober facility. <p>In addition, consumers will have access to substance abuse education focusing on prevention and wellness, and RC staff and service providers will receive education regarding substance abuse in individuals with developmental disabilities.</p>	FYs 2011-12 through 2013-14	ACRC, Sacramento County Alcohol and Drug Services Division (ADSD), and John de Miranda

Activity	Project Overview	Timeline	Responsible Parties
<p>ACRC - Substance Abuse Reduction (continued)</p>	<p>During FY 2011-12, ACRC and subcontractors will:</p> <ul style="list-style-type: none"> • Establish a taskforce in Sacramento County, which will meet monthly, to identify areas of potential collaboration. • Create a Substance Abuse specialized ACRC Service Coordinator position. • Develop a Developmental Disability/Substance Abuse support group to teach substance abuse recovery concepts. • Recruit peer mentors. <p>Priority Areas: 1, 2, 3, 4</p>	<p>FY 2011-12</p>	
<p>ACRC - MHSA Forums</p>	<p>ACRC will also receive MHSA funds to convene forums relating to MHSA Projects to encourage statewide replication and adoption of best practices.</p> <p>During the MHSA Funding Cycle I, over 2,800 consumers, families, advocates, DSPs, and clinicians attended over 30 innovative training sessions. The trainings focused on early intervention and treatment for children and treatment options for adults.</p> <p>The FY 2011-12 forum will showcase some of the MHSA Projects funded in Cycle I (FYs 2008-09 through 2010-11), bringing forth the latest information and best practices regarding innovative service approaches for consumers with mental illness, as well as tools for effective system-wide collaboration. Specific topics will include:</p> <ul style="list-style-type: none"> • <i>Embracing the Parent-Child Relationship in Your Work with Families.</i> • <i>Santa Clara Infant Family Early Childhood Mental Health Certificate Program.</i> • <i>Best Strategies for Working With and Supporting the Children and Families of Consumers at Risk for Abuse and Trauma.</i> • <i>Best Practices Focusing on Medication, Treatment, Side Effects, and Monitoring.</i> • <i>Seeking Success, Building Bridges: Best Practices in Assessment, Management, and Intervention for Developmental Disabilities and Mental Illness.</i> 	<p>FYs 2011-12 through 2013-14</p>	<p>DDS, ACRC, and other RCs</p>

Activity	Project Overview	Timeline	Responsible Parties
ACRC - MHA Forums (continued)	<ul style="list-style-type: none"> • <i>Breaking the Barriers - Forming Cross-System Partnerships to Effectively Serve Individuals with Mental Illness and Intellectual Disabilities.</i> <p>Priority Area: 4</p>		
Central Valley Regional Center (CVRC) – <i>Foundations of Infant Mental Health Training Program</i>	<p>CVRC will receive MHA funds to develop the <i>Foundations of Infant Mental Health Training Program</i>, a two-year regional training program based on the Revised Training Guidelines and Personnel Competencies for Infant Family and Early Childhood Mental Health (IFECMH).</p> <p>The program is designed for clinicians, service providers, and other professionals from six agencies in the CVRC catchment area. The training program will be directly responsive to the professional development needs of participating agencies.</p> <p>During FY 2011-12, CVRC and subcontractors will:</p> <ul style="list-style-type: none"> • Host a statewide webinar on the California Training Guidelines. • Announce the development of a multi-county <i>Foundations of Infant Mental Health Training Program</i>. • Convene the Regional Interagency IFECMH Training Council. • Conduct a regional training inventory involving six key agency stakeholders. • Develop a two-year Interagency IFECMH Training Plan (syllabus) for 12 didactic training sessions. • Develop and disseminate marketing and recruitment materials. <p>Priority Areas: 1, 2, 3</p>	<p>FYs 2011-12 through 2013-14</p> <p>FY 2011-12</p>	<p>CVRC, the Central California Children's Institute, and Interagency IFECMH Training Council</p>
North Bay Regional Center (NBRC) – <i>Building Bridges</i>	<p>NBRC will receive MHA funds to replicate San Gabriel/Pomona Regional Center's (SG/PRC) MHA Cycle I Project focused on the best strategies for working with and supporting the families of consumers at risk for abuse and trauma.</p>	<p>FYs 2011-12 through 2013-14</p>	<p>NBRC, and trainers from the NADD</p>

Activity	Project Overview	Timeline	Responsible Parties
<p>North Bay Regional Center (NBRC) – <i>Building Bridges</i></p>	<p>NBRC will introduce area professionals to methods and resources for screening, identification, diagnosis, treatment, and discharge in a collaborative cross-system context. Trainings will present effective ways to reduce inappropriate behaviors and differentiate between behaviors associated with mental illness as opposed to behaviors associated solely with developmental disabilities.</p> <p>During FY 2011-12, NBRC and subcontractors will:</p> <ul style="list-style-type: none"> • Schedule training. • Recruit and consult with trainers. • Develop curriculum and training materials. • Complete marketing, community outreach, and registration. • Conduct training and evaluations. <p>Priority Areas: 1, 2, 3, 4</p>	<p>FY 2011-12</p>	
<p>NBRC - <i>Project Connect</i></p>	<p>NBRC will also receive MHSAs funds for <i>Project Connect</i> to address barriers and gaps across the early childhood mental health service systems in Napa, Sonoma, and Solano counties. <i>Project Connect</i> will familiarize agencies and professionals with the importance of the social-emotional well-being of young children.</p> <p>Training will prepare professionals to support, evaluate, intervene early, and treat the mental health needs of young children and support their families. <i>Project Connect</i> will also build an ongoing evaluation plan that measures progress towards ameliorating barriers.</p> <p>During FY 2011-12, NBRC and subcontractors will:</p> <ul style="list-style-type: none"> • Establish a Leadership Council representing key stakeholders from Napa, Sonoma, and Solano counties in the areas of early intervention, early childhood services, and family advocacy. • Review barriers, challenges, and gaps in services within the target 	<p>FYs 2011-12 through 2013-14</p> <p>FY 2011-12</p>	<p>NBRC and Napa County of Education</p>

Activity	Project Overview	Timeline	Responsible Parties
<p>Westside Regional Center (WRC) – Los Angeles Transition Age Youth Service Integration Project (LATAY SIP) (continued)</p>	<ul style="list-style-type: none"> Recruit participants, conduct needs assessments, begin data collection, and data entry. <p>Priority Areas: 1, 2, 3</p>		
<p>WRC - Tools for Accessing Quality of Services (TAQS)</p>	<p>WRC will also receive MHSA funds for the TAQS project to identify what assessment and treatment models are being utilized, develop quality assessment tools to evaluate best practices, and improve integrated systems of care for consumers with a mental illness.</p> <p>The Interagency Collaborative will expand their role to address current service needs. The Interagency 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.</p> <p>During FY 2011-12, WRC and subcontractors will:</p> <ul style="list-style-type: none"> Enhance the existing Interagency Collaborative by recruiting new members. Develop a strategic plan. Review administrative records and create surveys. <p>Priority Areas: 1, 2, 3</p>	<p>FYs 2011-12 through 2013-14</p> <p>FY 2011-12</p>	<p>WRC, NLACRC, and TAQS Collaborative</p>
<p>Website Development</p>	<p>RCs are responsible for developing a webpage dedicated to their MHSA project(s) on their website in order to share materials, promote the adoption of best practices, and replicate successful projects statewide.</p> <p>DDS will provide links from its Mental Health webpage to each of the funded RCs so consumers, families, and professionals can access the MHSA Project materials.</p>	<p>Through FY 2013-14, as scheduled</p>	<p>DDS, RCs, and subcontractors</p>

Activity	Project Overview	Timeline	Responsible Parties
2. DDS Oversight of MHSA Projects	<p>DDS will provide ongoing technical assistance regarding program and expenditure requirements.</p> <p>DDS staff will monitor funds and projects via progress reports and invoices.</p> <p>Monthly conference calls with RCs and subcontractors will allow DDS to provide technical assistance, address barriers, acknowledge success, and discuss upcoming events and activities.</p>	FYs 2011-12 through 2013-14	DDS
Track MHSA Project Deliverables	<p>DDS staff will utilize the MHSA Project Deliverable Status Worksheet to track project deliverables.</p> <p>DDS will report the status of the deliverables in the MHSA Progress Reports submitted to DMH.</p>	Tracking and reporting will be ongoing, through FY 2013-14	DDS and RCs
Share Project Materials with the Family Resource Center Network of California (FRCNCA)	<p>DDS will work with the FRCNCA to ensure Family Resource Centers receive consumer and family-friendly support materials developed from these projects.</p>	FYs 2011-12 through 2013-14	DDS and FRCNCA
3. Participate as Members of the MH/DD Collaborative	<p>This group meets quarterly to address issues facing the service delivery systems for consumers with mental health challenges.</p> <p>DDS staff participates in quarterly meetings. Topics include resource development for consumers with mental health issues.</p> <p>DDS will attach minutes from the MH/DD Collaborative with the MHSA Progress Reports submitted to DMH.</p>	FYs 2011-12 through 2013-14	DDS, Association of Regional Center Agencies, County Mental Health Departments, and additional stakeholders

**Priorities for the
Department of Developmental Services (DDS)
Mental Health Services Act Cycle (MHSA) II (2011-2014)**

Five Fundamental Concepts of the MHSA

1. Client/Family driven mental health system;
2. Cultural competence;
3. Community collaboration;
4. Service integration; and
5. Focus on recovery, wellness, and resiliency.

Enhancing Community Capacity

1. Projects that promote mental health services to meet the needs of consumers exiting institutional settings, (such as those leaving Lanterman Developmental Center) including:
 - Identifying or developing mobile crisis services;
 - Accessing aftercare options; and
 - Training to professionals to develop individual assessments and develop comprehensive healthcare plans.
2. Projects that develop and/or use innovative technological solutions to increase access to services. These technological solutions shall make information accessible statewide.
3. Projects that provide specialized support services for transitional age youth that bridge the gap between high school and age 22. These may include, but are not limited to:
 - Education, work training, and career development;
 - Life skills training; and
 - Housing assistance and community living skills.
4. Projects that promote state of the art consultation and/or training to RCs, mental health agencies, and partnering agencies. Areas of training may include, but are not limited to the following:
 - Assessment approaches;
 - Diagnosing mental health conditions in persons with developmental disabilities;
 - Community-based program models that have proven to be effective; and
 - Program design, outcome measures, and inter-agency collaboration.

System Improvement

1. Projects that are performance-based, demonstrate a definable need (baseline) and objectives to meet the need, propose a data collection methodology, and identify measurable outcomes to be achieved. Some areas of focus may include:
 - Reducing the number of unplanned psychiatric visits; and
 - Decreasing the length of stay of consumers admitted to psychiatric facilities.
2. Projects that teach others how to collaborate effectively.

[Autistic Spectrum Disorders: Best Practices in Inter-Organizational Collaboration](#)

provides information and tools to strengthen collaboration skills in all inter-organizational settings, including working to integrate services for persons with developmental disabilities. Some may use the best practices, identified in the manual, as a guide in developing a new collaborative. Others may use the material to improve an existing collaborative.

3. Projects that include strategies to increase regional partnerships by collaborating with other RCs and local agencies, such as county mental health and education.

Service Integration

1. Projects that expand the development of competency training formats for consumers assessed as incompetent to stand trial. The competency training will be provided, in a community setting, to minimize a consumers' time spent in jail by training consumers with a dual diagnosis to be able to:
 - Understand the charge against them;
 - Gain a basic understanding of the criminal justice system, especially the role of the defense counsel;
 - Appreciate his/her situation as a defendant; and
 - Relate pertinent information to the defense attorney.

Replication of Existing Projects - See Attachment for Description of Projects

Note: Some of these projects were not funded via the MHSA.

1. *Solutions Building Demonstration Project*
2. *Anchor Project*
3. *Santa Clara County Infant Family Early Childhood Mental Health Certificate Program*
4. *Best Practices for Medication, Treatment, and Monitoring of Individuals with Developmental Disabilities and Mental Illness*
5. *Los Angeles Mental Health and Developmental Disabilities*

Replication of Existing Projects Descriptions Attachment

1. *Solutions Building Demonstration Project* San Diego Regional Center (SDRC)

The *Solutions Building Demonstration Project* (Project) is a collaborative effort across multiple systems. This Project specifically focuses on adults who are:

- dually served,
- have a high frequency of recidivism,
- have high intensity behaviors that result in the frequent use of crisis services that include:
 - frequent unplanned psychiatric hospitalizations,
 - use of 911 and the PERT team, and,
 - use of the SDRC's mobile crisis team.

This Project examines specific strategies in cross systems collaboration for dually served adults.

Contact: Peggie Webb at PeggieWebb@mosaiclink.org

2. *Anchor Project* Golden Gate Regional Center (GGRC)

The *Anchor Project* is a collaborative effort between GGRC, San Francisco Community Mental Health and San Mateo County Community Mental Health. The project improves access to mental health services for consumers with mental health conditions through development of a treatment program for "high risk" consumers. The project also introduced consumers to group and individual psychotherapy, as well as psycho-educational training in anger management, social skills, human sexuality, and problem solving. Service providers also received training in behavior management, social skills, and sexuality training.

Contact: Felice Parisi, M.D. at fparisi@ggrc.org

3. *Santa Clara County Infant Family Early Childhood Mental Health Certificate Program*
San Andreas Regional Center

This certificate program provides training focused on the newly Revised Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health. Mental health professionals, early childhood educators, and other professionals working in the early education, mental health, and community services settings will fulfill certificate course requirements and share in field experiences with community-based, early childhood mental health programs.

Contact: Howard Doi at sadoi@sarc.org

4. *Best Practices for Medication, Treatment, and Monitoring of Individuals with Developmental Disabilities and Mental Illness*
San Gabriel/Pomona Regional Center

Los Angeles County psychiatrists participate in local training on best practices in medication management, side effects, and monitoring. The program also includes a Fellowship Practicum for county-contracted and/or private psychiatrists to receive education that addresses issues concerning consumers with mental health needs. Training occurs “live” with consumers who are both receiving hospital in-patient and out-patient psychiatric services.

Contact: Stephen Mouton, Psy.D. at smouton@sgprc.org or visit www.mhsagrants.com

5. *Los Angeles Mental Health and Developmental Disabilities Education*
Westside Regional Center (WRC)

WRC, in partnership with North Los Angeles County Regional Center, established a cohort-based training collaborative to educate participants on recognition, screening, referral, evaluation, treatment, and supports for consumers with mental health issues.

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