

**PRIORITIES FOR THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
MENTAL HEALTH SERVICES ACT PROJECTS
CYCLE III - FISCAL YEARS 2014/15 THROUGH 2016/17**

Fundamental Concepts of the MHSA

1. Client/family driven mental health system
2. Cultural competence
3. Community collaboration
4. Service integration
5. Focus on recovery, wellness, and resiliency
6. Integrated service experiences for clients and their families

Department of Developmental Services (DDS) will only select projects that:

1. Are evidence-based and performance-based.
2. Include an ongoing, multi-disciplinary, collaborative process to identify local needs and ameliorates system challenges at the local level.

Projects shall include strategies to increase regional partnerships by collaborating with local systems of care such as county mental health, alcohol/drug services, educational entities, and/or other RCs.

3. Include a mechanism to share information and resources statewide (such as webinars, web pages, and databases).

DDS has, with input from stakeholders, identified the following project priority areas for Cycle III funding:

1. Projects that meet the mental health needs of consumers who are at risk for entering emergency rooms, psychiatric hospitals, juvenile detention centers, jails, or prisons by:
 - Developing new resources, in collaboration with other systems, such as mobile services and/or mental health “storefronts” (e.g. drop-in clinics at targeted locations in underserved communities) to provide easily accessible preventive psychotherapy intervention and/or treatment;

- Developing new resources to increase access for crisis services; and
 - Creating new or enhanced services and supports (e.g., step-down, wrap-around services, and aftercare options) for consumers exiting a restrictive setting, following a crisis. These services and supports shall be created in collaboration with appropriate systems of care.
2. Projects that develop and/or use technological applications to increase access to services for target populations, (infants and toddlers, children, transitional age youth, and adults) such as:
- Telehealth (including web-based programs that are Health Insurance Portability and Accountability Act-compliant); and
 - User friendly software applications.

Such innovations shall be designed so that they are compliant with the Americans with Disabilities Act and so that all RCs may benefit.

3. Projects that provide new and enhanced specialized services and supports for transitional age youth (TAY) with a dual diagnosis. These must focus on any or all of the following:
- Education (programs to promote high school graduation; enrollment and completion of trade school, community college, or university; and vocational skills and career development opportunities);
 - Adaptive and functional skills development;
 - Independent living, housing assistance, and community living skills; and
 - Collaboration with existing full service partnerships in the mental health or alcohol/drug systems, including access to local clubhouses/drop-in clinics, and systems navigation assistance to access specialized TAY resources in other systems of care (mental health, alcohol/drug services, vocational assistance, housing assistance, etc.). A few examples of existing full service partnerships include:
 - Transitions – Mental Health Association
<http://www.t-mha.org/index.html>
 - Pacific Clinics
<http://www.pacificclinics.org/services/transitional-age-youth-tay>
 - Step Up on Second
<http://www.stepuponsecond.org/services/help/>

One example of a successful model is the *Transition to Independence Process (TIP) System*, described at: <http://www.nrcyd.ou.edu/publication-db/documents/transition-planning-with-adolescents.pdf>.

4. The development of a California-focused statewide handbook for TAY with mental health diagnoses. One example is *Opening Doors: A Guide to Adult Services, Planning for Life After High School, A Handbook for Students, School Counselors, Teachers, Parents*, described at: <http://sped.dpi.wi.gov/files/sped/pdf/tran-adult-services-guide.pdf>
5. Projects that enhance cultural competency among clinicians in order to effectively assess, diagnose, and treat a diverse consumer population. These may include, but are not limited to the following:
 - RC partnerships with colleges and universities;
 - Opportunities for supervised internships and fellowships in applicable mental health disciplines (psychologists, psychiatrists, psychiatric technicians, marriage family therapists, and licensed clinical social workers); and
 - Incentives to recruit a diverse professional population (e.g. those who are bilingual) to provide direct therapeutic services (e.g. student loan forgiveness programs, or bonus pay for providing services in underserved areas.)

An example is the Office of Statewide Health Planning and Development's *Mental Health Loan Assumption Program*, described at: <http://www.oshpd.ca.gov/hpef/MHLAP.html>.

6. Projects that support consumers assessed as incompetent to stand trial by:
 - a. Providing a RC court liaison who is knowledgeable in courtroom practices and procedures and who will assist the consumers through the court process.
 - b. Developing and providing competency training by qualified professionals so that consumers will:
 - Understand the charge(s) against them;
 - Gain a basic understanding of the criminal proceedings and the criminal justice system, especially the different role(s) of the defense counsel and the district attorney;
 - Comprehend his/her situation as a defendant;
 - Relate pertinent information to the defense attorney; and

- Assist counsel in the conduct of his/her defense.
7. Projects that develop partnerships with local law enforcement and other agencies (such as Sheriff's Departments, Probation, Parole, Assembly Bill 109 programs, Public Defender's Office, District Attorney's Office, Mental Health Courts, Drug Courts, and/or Justices) to effectively identify, communicate, and respond to consumers who are dually diagnosed.

One example of a partnership is the *Take Me Home Safely Program* described at: <http://www.sacsheriff.com/info/takemehome.cfm>.

8. Replication of Existing Projects

RCs wishing to replicate an existing project shall utilize the tools, resources, and/or materials from past projects. Some model projects for replication are described below:

- **San Andreas RC (SARC) - Santa Clara County Infant Family Early Childhood Mental Health Certificate Program**

Contact: Howard Doi at sadoi@sarc.org or visit: http://www.dds.ca.gov/HealthDevelopment/MHSA_SARCTrngSupportMaterials.cfm

This certificate program provided 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 early education, mental health, and community services settings fulfilled certificate course requirements and shared in field experiences with community-based, early childhood mental health programs.

- **San Diego Regional Center (SDRC) – Exodus Project Connect (Not funded via the MHSA)**

Contact: Kali Paterson, M.F.T. (619) 295-9705
http://exodusrecoveryinc.com/Project_Connect.html

Exodus Project Connect is an innovative program who are currently involved or at high risk to become involved in the criminal justice system. Exodus Project Connect accepts referrals for SDRC consumers over age 18. Many of these consumers will have concurrent mental health and substance abuse issues, fall into the mild to moderate range of mental retardation and have committed crimes against other persons or property.

Exodus Project Connect uses a culturally competent, person-centered delivery model that meets multiple criminal justice and mental health needs. The Exodus Project Connect team coordinates a system of support in the mental health and

forensic communities to assist SDRC consumers in their navigation of these two unique and complex systems.

- **San Gabriel/Pomona RC (SG/PRC) - *Best Practices for Medication, Treatment, and Monitoring of Individuals with Developmental Disabilities and Mental Illness***

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

Los Angeles County psychiatrists participated in local training on best practices in medication management, side effects, and monitoring. The program also included a fellowship practicum for county-contracted and/or private psychiatrists who received education about consumers' mental health needs. Training occurred "live" with consumers receiving both hospital inpatient and out-patient psychiatric services.