

THE SCHREIBER CENTER PROJECT BLUEPRINT

The Schreiber clinic was developed to provide mental health treatment to persons with developmental disabilities and severe mental health concerns. This project developed referrals pathways to increase access to outpatient treatment through focused outreach and engagement efforts. These efforts were designing to decrease stigma and discrimination both in the community and at the treatment site. Through these efforts, individuals in need of mental health treatment would be diverted from jails and hospitals to an appropriate treatment site.

<p>STEP ONE</p>	<p>Establish Advisory Committee</p>	<p>Identified key stakeholders and partners in the project including partners at Alameda County Public Health, Mental Health, and Emergency Medical Services, current mental health providers working with individuals with developmental disabilities, key regional center staff , and those directly working at the center This advisory committee met regularly to provide input and reflection on all aspects of the project including training needs, referral locations, brochures and other outreach materials</p>
<p>STEP TWO</p>	<p>Hire a project coordinator</p>	<p>The project coordinator position is the central point of contact and follows through on all outreach and engagement activities.</p>
<p>STEP THREE</p>	<p>Inventory and Assessment</p>	<p>Reviewed existing educational and training materials focused on mental health needs in the population of individuals with developmental disabilities. In addition, reviewed materials designed for outreach to culturally diverse communities on mental health issues. Assessment of professional development needs for the Schreiber center included developing an assessment tool and conducting the strengths and needs assessment with Schreiber staff. There was also substantial research on potential trainers that were both experienced and engaging within topic areas.</p>

STEP FOUR	Curriculum and Material Development	Developed outreach and educational materials . Reviewed materials with Advisory Committee for input and feedback. Developed curriculum to use at referral and training sites. Reviewed and revised materials with Advisory Committee for input and feedback. Developed referral forms and processes that are functional for referring entities and center staff.
STEP FIVE	Piloting	Piloted curriculums at referral and training sites. Modified curriculums and approaches to reflect feedback from evaluations. Identified needs for professional training in both a didactic and consultative model.
STEP SIX	Create a website	Developed website to share information about the center and referral processes for the public at large. Maintained and updated web content throughout the project. Created alternative format materials such as videos on referrals .
STEP SEVEN	Launch Routine Training	Set up regular training opportunities at the center for professional development and regular training schedule at referral sites. Considered and introduced additional referral training sites . Modified and expanded audience based on evaluations of participants and advisory committee.
STEP EIGHT	Evaluation	Continuously reviewed effectiveness of trainings based on evaluations by participants and feedback from advisory committee.