



South Central Los Angeles Regional Center  
**CHILDREN'S COLLABORATIVE MENTAL HEALTH PROJECT (CCMHP)**  
**BLUEPRINT**

### **PROJECT BACKGROUND**

Children served by the South Central Los Angeles Regional Center (SCLARC) often encounter barriers to receiving mental health intervention because their symptoms are attributed to their developmental disability. Known as *diagnostic overshadowing*, this has resulted in our children being underserved by the mental health system which has led to a worsening of symptoms as well as an over reliance on crisis intervention services and psychiatric hospitalizations as they age. Because of this, SCLARC set out to create a program that would improve the process of identification, prevention, and treatment of mental health related symptoms during the early stages.

### **THE PROJECT**

**SCLARC received grant monies from the Mental Health Services Act (MHSA) in partnership with the Department of Developmental Services (DDS) to administer the program over a three-year period (2020-2023).**

The Children's Collaborative Mental Health Project (CCMHP) is a multidisciplinary team of professionals at the South Central Los Angeles Regional Center (SCLARC) that provides person centered mental health assessment, case conceptualization, treatment planning, and referral services to children, ages ten (10) to seventeen (17), with Developmental Disabilities (DD) who also have been diagnosed with a mental health disorder or are high risk due to social, emotional, and/or behavioral factors. CCMHP is a culturally sensitive cross agency collaboration of specialists which includes Regional Center staff and consultants, school districts, School Mental Health, the Department of Mental Health, and community mental health providers. CCMHP provides training to these agencies as well as internal training to service coordinators to enhance competence in identifying, referring, and treating the dually diagnosed. CCMHP ensures that the interventions children receive in various settings (e.g., school, home, community) compliment and support one another so that effective mental health treatment and favorable outcomes are achieved. The project is a modified version of the evidence-based practice of Assertive Community Treatment (ACT) and data is collected regularly to measure performance.

## TARGET POPULATION

The target population to be served by CCMHP is individuals, ages 10 through 17, with one or more of the following high-risk profiles:

- At least one psychiatric hospitalization in the past year
- At least one referral for crisis services in the past year
- Emergency room visit in the past three months due to mental health issues
- Suspected abuse or neglect
- Suicidal or homicidal preoccupations or behavior
- Self-harm or aggression
- Frequent tantrums
- Trauma/loss/grief
- A history of being bullied
- Adjustment issues
- At risk of losing home/school placement due to behavior
- Identified as being high risk for one of the above profiles

## THE PROCESS

STEP 1	SELECT A MENTAL HEALTH COORDINATOR	This position is held by a licensed mental health clinician (LMFT) who also has significant experience working with the Regional Center population. The Mental Health Coordinator steers all activity of CCMHP.
STEP 2	HIRE A PROJECT ASSISTANT	This is an administrative assistant position. The project assistant manages all paperwork, schedules meetings, prepares packets for the team to review, keeps records, makes phone calls, sends emails, etc.
STEP 3	IDENTIFY A SUBCONTRACTOR	The subcontractor is a community mental health agency with a specific clinician assigned to complete risk assessments for the project, provide summaries to the triage team, and attend triage team meetings to provide input and recommendations. Individuals reviewed by the triage team are referred to the subcontractor agency for services or they may be referred to other agencies, depending on the need. The subcontractor for CCMHP is Shields for Families.

STEP 4	BUILD A TRIAGE TEAM	<p>The Triage Team is the hub of CCMHP. The team meets biweekly and reviews cases to determine the needed level of care and make referrals to appropriate providers and services. Prior to each meeting, members of the Triage Team have an opportunity to review the risk assessments which were completed by the subcontractor. Team members also review charts and any other reports that are available. These records are compiled and provided by the Project Assistant. The meetings are two hours long and between 3-5 cases are reviewed. These meetings may take place in person or remotely.</p> <p>The Triage Team consists of:</p> <ul style="list-style-type: none"> <li>• Mental Health Coordinator (SCLARC Consultant)</li> <li>• Behavior Specialist (SCLARC Consultant)</li> <li>• Psychiatric Hospital Tracker (SCLARC Consultant)</li> <li>• Clinical Psychologist (SCLARC Consultant)</li> <li>• Pharmacologist (SCLARC Consultant)</li> <li>• Service Coordinator (SCLARC)</li> <li>• Education Specialist (SCLARC)</li> <li>• Subcontractor Clinicians (Shields for Families)</li> <li>• Department of Mental Health Representatives (DMH)</li> <li>• School Mental Health Clinician (LAUSD)</li> </ul> <p>As warranted, the triage team invites community partners to attend meetings to give special presentations and consult regarding individuals who receive services in both systems.</p> <p>Cases are individually presented to the team by the Service Coordinators and input is offered from the clinician (subcontractor) who completed the risk assessment and any other team members who are familiar with the case. The team, then, has a discussion, conceptualizes the case, and makes recommendations which may include individual therapy, parent training, Full-Service Partnership (FSP), art therapy, a substance abuse program, behavior services, social skills training, Individualized Education Program (IEP) assistance, crisis services, further collaboration, etc. Recommendations and warm referrals are made in the meeting to ensure that linkage is successful. In this manner, the referrals made by the Triage Team are not merely a list of phone numbers for the individual to call</p>
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		but often come in the form of a specific provider/agency that has reviewed the risk assessment and/or has attended CCMHP trainings.
STEP 5	ESTABLISH PARTNERSHIPS	<ul style="list-style-type: none"> <li>• A clinician from the Los Angeles County Department of Mental Health (DMH) is a member of the CCMHP Triage Team</li> <li>• A clinician from Los Angeles Unified School district- School Mental Health is a member of the CCMHP Triage Team</li> <li>• Relationships with other school districts in the SCLARC catchment area have been established</li> <li>• Treating clinicians from community agencies are welcomed and encouraged to attend a Triage Team meeting to consult and collaborate</li> </ul>
STEP 6	BUILD A WEBSITE	<p>The CCMHP website includes the goals and criteria for the program. It also provides training flyers.</p> <p><a href="https://sclarc.org/childrens-collaborative-mental-health-project.php">Children's Collaborative Mental Health Project - SCLARC https://sclarc.org/childrens-collaborative-mental-health-project.php</a></p> <p><a href="https://sclarc.org/mental-health-grant-projects.php">Mental Health Grant Projects - SCLARC https://sclarc.org/mental-health-grant-projects.php</a></p>
STEP 7	CREATE TOOLS	<p>The following tools were created to be used for identification and referral to the program:</p> <ul style="list-style-type: none"> <li>• Screening Tool</li> <li>• Risk Assessment Tool</li> </ul>
STEP 8	IDENTIFY INDIVIDUALS WHO MEET PROGRAM CRITERIA	<p>The identification process consists of screening and assessment.</p> <ul style="list-style-type: none"> <li>• Screening: The screening tool is completed by the Service Coordinator assigned to the individual identified who meet the program criteria. Built into SCLARC's electronic case management record</li> </ul>

		<p>system, the screening tool asks for basic identifying and background information, current symptoms, and reason for the referral. The screening tool can be initiated by Service Coordinators or requested by the clinical team.</p> <ul style="list-style-type: none"> <li>• <b>Assessment:</b> Once the screening tool is received, it is sent to the clinical department for review by a licensed clinician to ensure that CCMHP criteria are met and to ensure that more urgent intervention is not needed. The Mental Health Coordinator then assigns the case to the subcontractor to complete a risk assessment. The risk assessment is completed with the family by a licensed clinician. The subcontractor contacts the caregiver to schedule an appointment to complete the assessment and then writes a summary which includes presenting symptoms, clinical impressions, and recommendations. This summary is presented to the Triage Team.</li> </ul>
STEP 9	OFFER TRAININGS	<p>CCMHP offers professional level trainings for staff, service coordinators, vendors, community mental health clinicians, school based mental health professionals, and parents to enhance competence on various levels including identifying red flags to mental health symptoms, assessment, diagnosis, and treatment.</p> <p>The following trainings have been offered:</p> <ul style="list-style-type: none"> <li>• Behavior Intervention (Parent Training)</li> <li>• Understanding Dual Diagnoses in Regional Center Consumers and Making Appropriate Mental Health Referrals (SC Training)</li> <li>• Developmental Disabilities and Co-existing Psychiatric Conditions (Community &amp; School Clinician Training)</li> <li>• Understanding Your Child's Developmental Disability &amp; Other Co-existing Behaviors (Parent Training)</li> <li>• Addressing Mental Health Symptoms and Behaviors for the Individuals you Serve (SC Training, Vendor Training)</li> </ul>

		<ul style="list-style-type: none"> <li>• Managing Crises in the Moment: Mental Illness and Police Involvement (Parent Training)</li> <li>• Play Therapy Across the Lifespan (Clinician Training)</li> <li>• Youth Mental Health First Aid Training (SC Training)</li> </ul>
STEP 10	RESOURCE FAIR	<p>A <b>Youth and Family Wellness Fair</b> is scheduled for each year of the grant for children ages 10 through 17 and their families. The purpose of the event is to connect our families with local community health and wellness resources. With an emphasis on mental health, activities have included a coping skills BINGO game, a mindfulness concentration game, giveaways of wellness story books and coloring books, and children were able to build a self-soothing kit (backpack) to take home with them. Collaborative partners, including individuals served by SCLARC and caregivers, are invited to participate. The following local community and mental health agencies have joined in partnership and participation by providing wellness resources and giveaways:</p> <ul style="list-style-type: none"> <li>• Able Arts Work</li> <li>• Blue Shield Promise Health Plan</li> <li>• Health Net</li> <li>• Los Angeles Public Library</li> <li>• Los Angeles Unified School District - Mental Health</li> <li>• Shields for Families</li> <li>• USC Medical Clowning Program</li> </ul>
STEP 11	ASSESSMENT & FOLLOW-UP	<p>The effectiveness of CCMHP was evaluated in several ways:</p> <ul style="list-style-type: none"> <li>• 6 Month Follow-Ups: Every 6 months, the Service Coordinator is invited back to the Triage Team to provide a report regarding the progress of the individual they serve, and the status of the recommendations made by the team. At this time the team can make additional recommendations, if needed.</li> </ul>

		<ul style="list-style-type: none"> <li>• The Devereux Student Strengths Assessment (DESSA) Mini: The DESSA is used to assess and track social-emotional development in children who have come through the program. Service Coordinators are asked to contact caregivers every 6 months to collect this data.</li> <li>• Surveys: Surveys data is collected after each training offered by CCMHP.</li> </ul>
STEP 12	FIDELITY REVIEW	<p>A fidelity review was completed by two reviewers who were clinical psychologists using a modified version of the Tool for Measurement of Assertive Community Treatment (TMACT) that was created for CCMHP. Reviewers completed interviews with the SCLARC clinical team, Service Coordinators, caregivers, subcontractor, and community clinicians. Additionally, they reviewed surveys, charts, records, training materials, and grant documents. Using this information, CCMHP was scored using a rubric on the following domains: operations and structure, core team, documentation, person centered, assessment and follow-up, and core practices. The overall rubric score received by CCMHP was 4.9 (out of a possible 5.0). Reviewers met with the SCLARC in-house CCMHP team members to present their findings, provide feedback, and answer questions.</p>
STEP 13	KEEP IT GOING	<p>After the three-year grant funding ends, SCLARC intends to sustain the CCMHP Triage Team model, to continue to better meet the social-emotional-behavioral needs of the children we serve.</p>