

MENTAL HEALTH SERVICES ACT (MHSA)  
PROGRESS REPORT  
FISCAL YEARS 2011/12 - 2013/14  
*Revised 11/11*

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Name of Project: Substance Abuse Reduction Project

Regional Center: Alta California Regional Center

Regional Center Project Manager: John W. Decker, MSW

Phone: 916-978-6489

E-mail address: [jdecker@altaregional.org](mailto:jdecker@altaregional.org)

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**Reporting Period:**

*A summary of test results (from the pre-tests, post-tests, and evaluations) shall be reported and attached to Progress Reports. The final Progress Report and project materials are due to DDS by June 30, 2014, or 30 days upon completion of the project, whichever comes first.*

1<sup>st</sup> Report - due 12/31/2011

2<sup>nd</sup> Report due 6/30/2012

3<sup>rd</sup> Report due 12/31/2012

4<sup>th</sup> Report due 6/30/2013

5<sup>th</sup> Report due 12/31/2013

6<sup>th</sup> Report/Final due 6/30/2014

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**Activities Phase:**  Development  Implementation  Evaluation  Completion  
*Check all that apply.*

**Summary of Activities to Date:**

*Provide an up-to-date description/status for **all** project activities/deliverables (as identified in the Request for Application timeline) that relate to this reporting period.*

1. Are anticipated timelines for each activity/deliverable being met?  Yes  No

a. If not, identify which activity/deliverable is not being met, per the timeline, and explain why: As of this date ACRC has not developed the RFP for a peer mentoring program for clients with substance abuse issues

b. Identify the steps your regional center is taking to address the above: ACRC has met with providers that have served the target population and is in the process of developing the RFP that will develop a program design to train and oversee regional center consumers to become supports/mentors to peers with substance abuse issues.

2. Describe the progress made on project deliverables to date:

A forum of professionals and ACRC staff was held on February 7, 2012 with approximately 60 ACRC employees and community agency employees in attendance. The Joint Task Force has been developed with meetings having been held on March 5, 2012 with 17 in attendance and April 2, 2012 with nine in attendance.

On May 4, 2012 this Project Manager presented information about the training grant to a meeting of executive directors of AOD program in Sacramento. The executive directors shared their desire to implement a training program for their staff relating to individuals with developmental disabilities receiving AOD treatment. The executive directors were solicited to participate in a needs assessment interview at their agency conducted by this project manager and consultant John De Miranda. On June 18 – 20 interviews held with, CRC Health Group, Bi-Valley Medical Clinic, C.O.R.E Medical Clinic, Bridges, M.A.A.P. Volunteers of America Options for Recovery, and Associated Recovery Program for Women. All agencies indicated they were interested in participating in the grant and would be attending the next Joint Task Force meeting on July 9, 2012.

3. Identify the total number of professionals, families, and consumers that have participated in the project to date. 80

a. Please identify the specific professional entities who have participated in the project during this reporting period.

- Sacramento County Alcohol and Drug Services Division,
- John De Miranda
- Gateway Foundation Sacramento Recovery Home
- Medmark Treatment Center
- The Effort
- C.O.R.E. Medical Clinic, Inc.
- CRC Health Group – Treatment Associates
- M.A.A.P.
- Sacramento Area Emergency Housing Center
- Another Choice, Another Chance
- Volunteers of America –Options for Recovery
- Bi-Valley Medical Clinic
- Panacea Services, Inc
- Clean and Sober Detox
- Bridges
- Associated Recovery Program for Women –Alpha Oaks
- Turning Point Community Programs
- Strategies for Change
- Telecare
- Terra Nova
- Pathways- Yuba City

b. Please identify any specific consumer groups who have participated in the project during this reporting period. **None at this time**

4. Identify resources and/or materials developed, if applicable: *Please ensure these resources are also on your regional center's website.* **A brief needs assessment was developed and utilized to assist in developing a curriculum and training material for AOD agencies that could serve individuals with developmental disabilities. A rough outline of training sessions for AOD agencies was also developed and shared with those directors that participated in the needs assessment.**

Provide the web link for your regional center's MHSa Project:

[www.altaregional.org/resources/mhsagrant/](http://www.altaregional.org/resources/mhsagrant/)

Upcoming Project Event(s):

The dates and locations of upcoming events must be identified so the DDS MHSa Project Liaison is aware in advance and may attend, if possible. *Post MHSa funded events on the regional center project website, when applicable.* **Next Joint Task Force Meeting to be held 9am July 9<sup>th</sup>, 2012 at Alta California Regional Center.**

Please submit this report electronically, along with project materials (agendas from planning meetings, recently developed tools and resources, curricula, save-the-date cards, brochures, presentations, etc.) to Renee Carnes via email at [renee.carnes@dds.ca.gov](mailto:renee.carnes@dds.ca.gov).

**Substance Abuse Forum at ACRC on February 7, 2012**  
***Results of the breakout group meetings***

Improving Collaboration Between DD and AOD:

Continued round table discussions, including key members of each system (DD, AOD and mental health);

Development and training on modified curriculum including language and pace;

Bridging gaps/overcoming hurdles to accessing services utilizing adjunct supports as needed to facilitate initial intake and ongoing success;

Acknowledgement of risks of relapse and need for continued support during periods of regression;

Advocacy for inclusion in existing preventative education programs offered through school districts or other generic resources;

Understanding of potential benefits of harm reduction philosophy;

Consortia to treat the whole person;

Continue to build bridges by educating AOD systems about ACRC;

Produce pamphlets with statistical data regarding the percentage of DD clients with substance abuse problems and resources available to treat them;

Provide in-services as requested to AOD systems and treatment facilities;

Educate staff of ACRC on how to navigate the AOD system;

Educate staff of ACRC on how to recognize signs of drug abuse;

Include a substance abuse questionnaire regarding the use of drugs and alcohol to be incorporated as part of the IPP process (this would get the SC talking about the issue);

Collect information about AOD resources available in surrounding areas;

Contract or RFP for development of a program – look at other models such as Redwood Coast program and how it is funded;

Network with local providers to see who may be interested in both AOD and DD - maybe a partnership between an ILS/SLS vendor and an AOD program;

AOD providers to work on tailoring treatment models to be more concrete, individualized, longer durations, using role modeling/role play;

AOD have current grants with school districts to educate teens on AOD issues - look at expanding this to special education population as well.

## **Minutes from the Joint Task Force Meeting on March 5, 2012**

In attendance: Rochelle Baiocchi (by phone) ACRC; Mechelle Johnson (by phone) ACRC; Amy Westling ACRC; B.J. Davis, Strategies for Change; Bonnie Douglas, Turning Point; Sharon Kurpinsky, ACRC; Cristina Barrios, ACRC; Jason Lindo, ACRC; Barbara Brown, Telecare; Christy Iwasa, ACRC; Dayle Rodenborn Telecare; Maureen Paine, ACRC; Darline Dupree, ACRC; Valarie Oldham, ACRC; Sharon Wiggins, ACRC; Susan Miner, Turning Point; and John de Miranda, Center on Alcohol, Drugs, and Disabilities.

### 1) Welcome and Introductions:

Individuals introduced themselves, their motivation for participation, and any previous cross-disciplinary collaboration experience.

### 2) Mental Health Services Act Project Overview:

\*Historically there has been no link between mental health care and developmental disabilities – it has been an organizational challenge- little incentive to combine the two.

\*Different People will be involved at different times in the process due to their need and their expertise.

\* Form→Storming (brainstorming) →Norm (small committees)→perform (making change happen)

\* Overview of the project: about a year ago we committed to do a number of things as part of the Grant. Now we need to get started.

1) outpatient substance abuse group

2) Step-down home for individuals with developmental disabilities and substance abuse issues – community care residential treatment home

3) Development of the Task Force and the meeting of the task force on a regular basis.

4) Development of a peer/mentor group – consumers who are farther along in their sobriety and receive some financial assistance for participating as a mentor.

5) Resource materials – educational, preventative for adults and adolescents. Many young people are at risk and the schools don't do a lot with this population due to access accessibility to materials and people feeling that individuals with developmental disabilities won't participate in substance use.

6) Prevention/education – individuals with mental health issues and cognitive delays tend to self-medicate – increase compliance with medication.

7) Conferences – 4 single day conferences

\* 2 for providers who have done substance abuse work but need education and support on working with consumers and those with a cognitive delay.

\* 2 for providers who have worked with consumers and educating them on how to work with substance abuse issues.

***Additional comments related to the overview:***

\*Turning Point would like to see more aftercare or re-integration work as this is where many people fail in their sobriety. Discussed that this would be where a lot of the mentor work would come in.

\*Collaboration with school districts needs to be addressed and worked on.

\*Collaborative – many agencies feel the need to protect their agency but are also needing/willing to share and work together to make a change

\*Cognitive delay has been a reason for an automatic denial for placement into programs/services and agencies felt that the individual couldn't participate in their program – need to really look at this. Request was made to talk to individual at referring agency to see if they can participate not just go by cognitive delay. Having a developmental disability impacts each person differently and need to continue to work with the service providers to complete a full assessment of their abilities.

\* When refuse access to services it is actually a violation of the Individuals with Disabilities Act – 504 of the Rehabilitation Act.

\* Sac County Court for Juveniles has a drug court that the juveniles go directly from court to an AOD assessment – this has been helpful in making sure that it happens.

\* CAIRS – California Access for Indian Recovery Services – can assist with funding for placement etc.

\* People need/want to take the time to get the training and experience to make this program/task force successful.

\*AOD may have many individuals in their programs that have a cognitive disability that they may not know about. May need to restructure their program, how material is presented, and the materials that are provided may need to be re-worked.

\*Benefit for AOD provider can improve their outcomes by making these changes – not only with those with developmental disabilities but also with those with lower educational levels.

\*Denials are going to be asked for in writing and then we have challenged them as to the reason for the denial.

\*Some AOD programs won't accept people that they think won't succeed.

\*Peer support/community needs to be included in the "after-care" to continue for them to be successful. Most of the time they fall back in their sobriety after going back to the same environment and same situation.

\*Providing services to extended family members ie: grandparents who are raising the children – we can fund for the consumer and can provide ILS/ALS for the adult but not a lot for extended family – Jason mentioned he has connected families with St. Paul's.

\*One member was concerned that the deaf community doesn't have access to these services. Counties are supposed to provide interpreters – have used in the past but each consumer that starts the AOD process we have to start all over with educating the provider, locating an interpreter, etc. Bridges in the Bay Area has a deaf specific program. San Diego just closed their program. Nor Cal individual is an AOD counselor but the program has not been successful in the past.

\*Strategies has stated that they will do a deaf program but they also need to have the consumers/individuals to support the hiring of staff with that ability. They suggested that an advocate for deaf consumers work with AOD advisory boards.

### 3) Discussion of Forum that ACRC hosted on February 7<sup>th</sup>:

\*Program brochure and fact sheet – we should be able to get this completed fairly soon. Patty from ACRC sits on committees with all the regional centers and she can hopefully get some stats from across the state.

\*Education for ACRC staff on the Sac County AOD system and expand it to other counties.

\*School Districts – Strategies for Change has a grant they do 3 middle schools in Elk Grove, 1 in Galt, and 1 in Natomas. One issue has been that parents of students with disabilities often don't feel that their son/daughter will begin taking drugs/alcohol so they don't feel the need to educate or prevent it.

\*Jason, Sharon W. and Mechelle all attend SELPA (Special Education Local Planning Agencies) meeting and can do a "basic needs services" survey for the 10 counties to see what they are doing, what they need, etc. Jason will talk to Lori Banales to get the item on the agenda.

\*Sac Co residential and outpatient treatment and referral system is fairly easy to track with our consumers:

1. what went well
2. what didn't work
3. what can we do differently
- 4.

\*Need to check with other counties to see if they have a referral process and how we can track our referrals.

\*Mental Health committee at ACRC is tracking the denials they are looking at how they are referred, what is included in the referral packet, and if denied they are following up with an appeal.

\*Need to have some statistical data

### 4) Opportunities for Collaboration and Inter-Agency Linkage

- \*Need to figure out how to get more AOD agencies involved
- \*May need to go to them, to their provider meetings, etc. We need to get on the agenda for the provider meetings and advisory boards.
- \*Conferences may be a way to get them involved and to offer CEU's.
- \*Need to provide them with more education – that it is not “scary” break down the barriers may be more motivated to be engaged and involved.
- \* Contact colleges who do CADAC certification
- \* Survey monkey to see who may be interested, barriers, etc.

5) Future Meetings: Monday, April 2<sup>nd</sup>; Monday, May 7<sup>th</sup>, and Monday, June 14<sup>th</sup>.  
All meetings will be from 9-10:30 at ACRC (2241 Harvard Blvd. Sacramento, CA)

6) Agenda Items:

- Fact Sheet for the next meeting to be done so it can be reviewed
- Outlying counties – what is available and what their process is.
- Rural areas – need to look at those issues

7) Final thoughts:

Minutes will be sent out to all members of the task force.



## **Minutes from the Joint Task Force Meeting on April 2, 2012**

Present: Timothy Kuwazaki, ACRC; Sharon Wiggins, ACRC; Dan Kilmer, ACRC; Christy Iwasa, ACRC; Christina Lane, ACRC; Herman Kothe, ACRC; Dayle Rodenborn, Telecare; Barbara Brown, Telecare; John de Miranda, Stepping Stone of San Diego (Consultant)

After introductions and a brief review of the March 5 meeting there was discussion about the purpose of the Task Force including the need to broaden participation from the alcohol and drug provider and Alta California Regional Center vendor communities. John agreed to contact the Sacramento County Alcohol and Drug Administrator, Maria Morfin, to request times to brief alcohol and drug providers as well as the Sacramento County Alcohol and Drug Advisory Board on the Project and to solicit participation. Dan Kilmer provided an update concerning the outpatient and residential services contracting process. The program description for the outpatient contract is currently under review at the Regional Center. Prospects for a successful residential contract award are doubtful at this time. Herman will check with Director of Consumer Service Support Olivia Balcao about attending the next Task Force meeting to discuss the need to modify the Project's timelines.

Task Force members expressed a need to bond more as a work group. It is believed that ongoing training should be incorporated in future meetings as well as opportunities to discuss specific clients and their alcohol and drug prevention and treatment needs. There was agreement that members of the Task Force should consider themselves ambassadors for the project and feel empowered to represent the project and recruit project participation in their counties, regions and agencies.

Participants would also like to share information about each other's programs, agencies and services. To that end, Strategies 4 Change will be invited to provide an overview of their agency at the May 7 meeting and to include details about the outpatient service for persons with developmental disabilities that is being inaugurated. Subsequent Task Force meetings will incorporate regular presentations to improve possibilities for collaboration.

Members also expressed a need for some kind of project brochure/fact sheet that would explain the purposes of the project within the context of the need for specialized services.

There was also discussion about the project deliverable training. Organizing trainings for alcohol and drug providers as well as developmental disability service organizations should be targeted for the fall. Herman will also check with ACRC Training Coordinator Patti Diamond to schedule in-service trainings for ACRC staff.

## **Needs Assessment Utilized For AOD Executive Director Interviews June 18-28, 2012**

1. Describe any experiences your agency has had with clients with developmental or cognitive disabilities? Follow up: physical or sensory disabilities.
  
2. Describe any special training your staff has had about clients with cognitive or developmental disabilities? Follow up: physical or sensory disabilities.
  
3. Have you had any opportunities to refer clients with developmental or cognitive disabilities to other agencies? Follow up: physical or sensory disabilities.
  
4. Would your agency be interested in receiving training about serving the needs of clients with developmental or cognitive disabilities? Follow up physical or sensory disabilities.
  
5. How are staff provided training at your agency? (In-service sessions? Web-based? Off-site?)

*Provide information about Alta California Regional Center; the current project and invite appropriate staff to the next steering committee (Joint Task Force).*