ALTA CALIFORNIA REGIONAL CENTER PRESENTS:

UNLOCKING THE SECRETS TO SUCCESS II:

HIGHLIGHTING COLLABORATIVE SERVICE DELIVERY FOR ADULTS WITH DEVELOPMENTAL DISABILITIES & MENTAL HEALTH NEEDS

APRIL 29, 2014

Unlocking the Secrets to Success II
CONFERENCE AGENDA

8:00-9:00am	**Registration / Continental Breakfast / Networking**
9:00-9:05am	**Welcoming Remarks** Phil Bonnet *Executive Director, Alta California Regional Center*
9:05-9:15am	**Opening Remarks** David Rydquist *Director of Adult and Residential Services, Alta California Regional Center*
9:20-10:00am	**Morning Keynote Speaker** Al Rowlett, LCSW, MBA, CPRP *Chief Operating Officer, Turning Point Community Programs*
10:05-10:50am	**Omelegah, Inc.** Matthew Omelegah, MSW, ACSW *Co-Founder & Chief Executive Officer*
10:50-11:00am	**Break**
11:00-11:45am	**Project Hope & Alma Family Services - San Gabriel/Pomona Regional Center** Nora Perez-Givens - *San Gabriel/Pomona Regional Center Resource Developer* Lourdes Caracoza - *Director of Program Operations & Community Relations*
11:45-12:30pm	**Lunch**
12:30-1:15pm	**Afternoon Keynote Speakers** Irma Castaneda, Ph.D., LCSW *Acting Deputy Director, Los Angeles County Department of Mental Health* -and- Stephen Mouton, Psy.D., M.B.A. *San Gabriel/Pomona Regional Center Clinical Psychologist*
1:20-2:05pm	**Tools for Assessing Quality Assurance (TAQS) - Westside Regional Center** Erica Schuster - *Westside Regional Center Community Health Coordinator* Alicia Bazzano, MD, MPH - *Westside Regional Center Chief Physician*
2:05-2:15pm	**Break**
2:15-3:00pm	**Creating Behavioral + Educational Momentum (CBEM)** Steve Westemeier - *Chief Executive Officer* Sherri Kimbell, MA - *Program Director of the Napa Office* Beau Duvall, MA - *Sacramento Office Critical Intervention Specialist* Brea Aguas, MA - *San Rafael Critical Intervention Specialist* Steve Polivka - *San Rafael Critical Intervention Specialist*
3:05-3:45pm	**ACRC Substance Abuse Reduction-Alta California Regional Center** John De Miranda, Ed.M., L.A.A.D.C, C.R.C. John Decker, MSW - *ACRC Community Placement Plan & Forensics Manager*
3:50-4:00pm	**Closing Remarks** John Decker, MSW - *ACRC Community Placement Plan & Forensics Manager*
NOTE:	**Continuing Education Hours (6):** Please sign in at Continuing Education (CE) table. Submit evaluation and attendance verification form and sign out at end of the day in order to receive your CE Certificate from California State University, Sacramento.
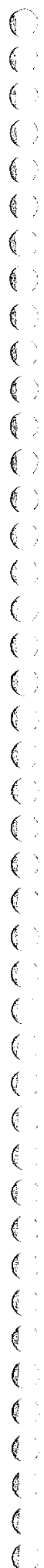
Distinguished Speakers

Keynotes

Al Rowlett M.B.A., L.C.S.W., C.P.R.P. – Turning Pont Community Programs

Al Rowlett is the Chief Operations Officer of Turning Point Community Programs, overseeing the operation of 23 programs serving almost 5,000 adults and children with psychiatric disabilities in six Northern California counties. Al has been with this highly respected non-profit mental health agency since 1981. He holds a Bachelor of Arts degree from Ottawa University, a Master of Business Administration in Health Services Management from Golden Gate University, and a Master of Social Work from California State University, Sacramento and is a licensed social worker.

Al is currently an active board member of the California Institute for Regenerative Medicine. He is also an educator, a Volunteer Clinical Professor at University California, Davis Department of Psychiatry and a part-time faculty member at California State University, Sacramento Division of Social Work.

Al has led numerous committees, Webinar on Psychosocial Rehabilitation, Immersion Trainings and discussions in equity, cultural competence, stigma and leadership to assist practitioners, teachers and members of the community.

Since 2003, Al has served on the board of the Child Abuse Prevention Center, and from 2008, served as an executive board member of the California Institute for Mental Health. Al was on the task force for Sacramento County Supervisor Phil Serna addressing African American Child Death. He was an elected representative for Trustee Area 7 of the Elk Grove Unified School District (EGUSD) in 2010 and served through 2012, following appointment to the Board of Education in August 2009. Al is a Commissioner for the U.S. Psychiatric Rehabilitation Association, and is slated to serve until 2014.

Stephen Mouton, Psy.D., M.B.A. – San Gabriel/Pomona Regional Center

Dr. Stephen Mouton is a Clinical Psychologist and Policy Liaison for the seven Los Angeles County Regional Centers to DCFS, Dept of Probation and Department of Mental Health. Dr. Mouton has a private practice in Old Town Pasadena, California specializing in Accommodation Testing for College Level Entry Qualifying Exams, Professional Boards and Licenses. Dr. Mouton has been with the San Gabriel Pomona Regional Center for 19 years and has developed specialized residential programs for regional center including The Bungalows and the Adult and Adolescent DDMI Wing Hospital programs at College Hospital in Cerritos, California.

Irma Castañeda, Ph.D., L.C.S.W. – Los Angeles County Mental Health

Dr. Castañeda is the Acting Deputy Director for the Los Angeles County Department of Mental Health, Emergency Outreach Bureau. Dr. Castaneda is responsible for the planning, directing, and oversight of the:

- Psychiatric Mobile Response Teams involving field-based crisis evaluation/treatment to over 15,000 persons annually
- Law Enforcement Teams (LET) which utilize a co-response model and provide field-based crisis evaluation to over 9500 persons annually. LET include:
  o Alhambra Police Dept. Mental Evaluation Team
  o Santa Monica Police Dept. Homeless Liaison Program
  o Burbank Police Dept. Mental Health Evaluation Team
  o LA County Sheriff's Dept. Mental Evaluation Team
  o Long Beach Police Dept. Mental Evaluation Team
  o LA County Metropolitan Transit Authority Crisis Response Unit
  o Pasadena Police Department
  o LA Police Dept. Case Assessment and Management Program (CAMP)
  o LA Police Dept. Systemwide Mental Assessment Response Team (SMART)
- School Threat Assessment Response Team (START) provides training and consultation, assessment and intervention, and case management and monitoring to students at risk for targeted school violence.
- Mental Health Alert Team provides the mental health response to barricade and hostage situations with local and federal law enforcement agencies. The goal is to facilitate a negotiated rather than tactical solution.
- Homeless Outreach Mobile Engagement Team provides field based outreach, engagement, and intensive case management to disengaged homeless persons who are mentally ill and/or living in homeless encampments.
- Emergency Response Teams provide field response to critical incidents..
- ACCESS 24/7 Call Center.
- Directly operated mental health clinics in the Metropolitan LA County area
- Specialized Foster Care services in the Metropolitan LA County area
- Contract provider outpatient MH agencies in Metropolitan LA County area

She is also the Department's countywide representative to the L.A. County Regional Centers and the Statewide Mental Health/Developmental Services Collaborative. She works closely with eight LA County Service Area Mental Health staff in increasing collaborative efforts between the Regional Centers and mental health providers.

She was employed for Eastern Los Angeles Regional Center in various positions for 12 years.

Phil Bonnett - Executive Director - Alta California Regional Center

Phil Bonnet has spent nearly 30 years in service to individuals and families who are affected by developmental disabilities. He has worked as a direct care staff in programs that serve people in residential, employment and supported living settings. He also worked for many years as the executive director of a non-profit organization providing residential and vocational service to adults with autism and other developmental disabilities. Phil served as the Executive Director at the Redwood Coast Regional Center based in Eureka, California for about 10 years. In September 2006, he started his current position as the Executive Director of Alta California Regional Center in Sacramento. Phil has served as a leader on numerous statewide groups to improve services for Californians affected by developmental disabilities.

David Rydquist - Alta California Regional Center

Currently David is the Director of Adult and Residential Services and has served as the Interim Director of Clinical, Medical and Intake Services for Alta California Regional Center (ACRC). In addition to these roles, David supervises the Legal Services Department, Federal Programs and oversees ACRC's HIPAA compliance, disaster preparedness and Chairs the Conservatorship Review Team. Prior to his current roles David worked with North Bay Regional Center as a Developmental Center Liaison, a Service Coordinator, Intake Counselor and a Supervisor. David's past experience includes organizing a collaborative conference with Mental Health in El Dorado County. He also served as a member of Multi-Agency teams in El Dorado, East Slope Placer, East Slope Nevada and Sonoma Counties. Early in his professional career, David worked as a Psychiatric Outpatient Services Provider for the City and County of Denver and was a high school teacher in Montana who taught Psychology. David has a Masters of Education with a PPSC from Sonoma State University, California and Bachelors degrees with majors in Sociology and English and minors in Psychology and Speech from Moorehead State University, Minnesota.

Matthew Omelagah, MSW, ACSW – Omelagah

Matthew Omelagah is the Co-Founder and CEO of Omelagah, Inc. In this capacity, Mr. Omelagah has overarching responsibility for company strategy, programs and financial operations of Omelagah, Inc. Omelagah, Inc. provides support services for forensically involved adults with developmental disabilities. The agency's mission is to reduce recidivism and work to eliminate behaviors, which may lead to future involvement in the criminal justice system.

Mr. Omelagah started his social work career working at Excell Center, a residential treatment program for at-risk youth. Excell Center is part of the Aspiranet, a nonprofit 501(c)(3) social services agency providing foster care and adoption services throughout the state of California. As Director of Recreational Activities, Mr. Omelagah was responsible for the overall design and implementation of all recreational programs at the center. After graduating from Columbia University School of Social Work, Mr. Omelagah joined Golden Gate Regional Center in San Francisco California where we worked on the closure of Agnews Developmental Center. Mr. Omelagah worked on the Community Resource Development Unit. The unit's efforts resulted in the development of 13 new single-family homes in San Mateo County, providing community-based, service-enriched housing for people with developmental disabilities. These homes and other community resources enabled the successful transition of 50 people out of Agnews Developmental Center into loving caring community environments.

Mr. Omelagah joined West Bay Housing Corporation (WBHC) in 2008. WBHC's mission is to create affordable, community-based supportive housing for underprivileged populations. As the COO/Director of Housing Programs, Mr. Omelagah initiated program design and implementation of WBHC's new Housing Services and Homeless Services programs. In addition

to overall company operations management, Mr. Omelagah oversees housing programs with the San Francisco Department of Public Health, Housing and Urban Health, the United States Department of Veteran's Affairs and Los Angeles County Department of Health Services, Housing for Health. These programs serve over 500 people in need of supportive housing. Mr. Omelagah received his M.S.S.W with a specialization in Social Enterprise Administration from Columbia University, School of Social Work and a B.A. in Organizational Communications from California State University, Stanislaus. Mr. Omelagah currently serves as a member of the Dean's Advisory Council at Columbia University, School of Social Work.

Nora Perez-Givens – San Gabriel/Pomona Regional Center

Nora Perez-Givens is a resource developer at San Gabriel/Pomona Regional Center and has been with the agency for 17 years. Nora's passion is assisting individuals and their loved ones who are dealing with a mental health condition. Nora is a member of NAMI (National Alliance on Mental Illness) and has been trained to be a volunteer peer educator for the NAMI peer education program for parents and other caregivers of children and adolescents with mental illness.

Lourdes Caracoza, Alma Family Services

Lourdes Caracoza is the Director of Program Operations and Community Relations for Alma Family Services, an organization established in 1975 in East Los Angeles by parents to provide a comprehensive range of multilingual community based services for those with special needs including emotional, physical and/or developmental delay and their families. After college, Alma Family Services allowed Ms. Caracoza to come in and assist, and later manage the social rehabilitation program. Five years later she left to pursue other callings in the community and during the next 13 years served on the Board of Directors for AFS. 11 years ago, she was asked to return to assist in the development of additional services. In collaboration with a great team, they were able to develop support services that range from advocacy training, specialized aquatic classes, community integration training, mental health services, parenting classes, an inclusive preschool, a resource library, socialization training program and support groups. Ms. Caracoza is grateful for having such a wonderful opportunity to play a role in the enhancement of families' lives.

Alicia Bazzano, MD, MPH – Westside Regional Center

Alicia Bazzano, MD, MPH is the Chief Physician at Westside Regional Center and a clinical faculty member and teaches in Pediatrics at the David Geffen School of Medicine at UCLA and in Emergency Medicine at the Harbor-UCLA Medical Center and at Rady Children's Hospital San Diego. She completed her MD at UCLA, pediatric residency at Cedars-Sinai Medical Center and fellowship as a UCLA Robert Wood Johnson Clinical Scholar. She also completed at PhD in health policy at the UCLA Fielding School of Public Health. Her work clinically, her research and multiple publications focus on the needs of children and adults with developmental disabilities and especially their quality of care and health education/interventions.

Erica Schuster– Westside Regional Center

Erica Schuster is a Community Health Coordinator at Westside Regional Center and her areas of focus have been in wellness promotion and education for individuals with developmental disabilities and their families as well as service providers. She is currently a project coordinator for the Los Angeles Tools for Assessing Quality of Services Project.

Steve Westemeier, CBEM, LLC

CEO Steve Westemeier brings over 30 years of experience working with children and adults diagnosed with a developmental disability. He began his work at Spectrum schools, providing direct behavior consultation with children, primarily diagnosed with autism and severe behavior problems. He went on to become the Director of Crisis Services at CIWP, a large provider of services to individuals diagnosed with a developmentally disability. Additionally, Steve was a consultant to Alegria, Inc., a special residential program for individuals diagnosed with a developmental disability and a Senior Behaviorist for 20 years at BCRC, an agency providing behavior consultation services to school aged clients in Hawaii. Steve brings to CBEM strong leadership and decades of knowledge in how to bring about lasting change for individuals in need of innovative solutions.

Sherri Kimbell, M.A., CBEM LLC,

Program Director of the Napa Office Sherri Kimbrell has spent over 15 years assisting individuals with both autistic and psychotic diagnoses exhibiting extreme behaviors and experiencing extreme states of mind remain in communities and recover in home environments while learning how not to escalate into more extreme crisis behaviors. As Program Director for CBEM LLC's critical intervention service program, serving the North Bay Regional Center in Sonoma, Napa and Solano counties since November 1, 2012, Sherri brought her years of in home stabilization skills as Senior Clinician with Windhorse Community Services, Inc in Boulder, Colorado and as Clinical Director for Windhorse Integrative Mental Health in San Luis Obispo, California to CBEM's crisis services. Sherri's years in Master's level academia, teaching counselors and clinicians in training how to more effectively work with and stabilize the challenging behaviors of individuals commonly dually diagnosed in residential environments, was particularly beneficial during the start up phase of CBEM LLC's critical intervention service program.

Beau Duvall, M.A., CBEM LLC,

Critical Intervention Specialist in the Sacramento Office Beau Duvall has collected an array of experiences over the past 8 years as he has worked toward his doctorate in clinical psychology. During this time, Beau was diligently trained in psychological assessment by Dr. Regina Granados with a heavy emphasis in clinical assessment and standardized testing for Pervasive Developmental Disorders and Intellectual Disabilities. Beau has also received substantial training and experience in substance abuse counseling within the population of co-occurring disorders. Beau has concentrated his education and research interests in Applied Behavior Analysis and has worked for and collected research data from various ABA agencies in Sacramento. Additionally, Beau has administered mental competency training for adult and adolescent clients from a number of Regional Centers spanning between Chico, Palo Alto and Sacramento. Beau brings to CBEM an array of clinical experiences with regard to developmental disabilities, with an understanding of diagnosis, assessment, and the creation of unique behavioral interventions that improve the adaptive skills of his clients.

Brea Aguas, M.A., CBEM LLC
Critical Intervention Specialist in the San Rafael office Brea Aguas has spent over 5 years assisting individuals with developmental disabilities and mental health disorders. She began her work as a health coach and advocate for UCSF providing health services to the low-income immigrant population in San Francisco. Brea went on to work for the San Francisco Unified School District providing support to children diagnosed with autism, learning disabilities, ADHD, and speech and language impairments. With a background in Counseling Psychology, Marriage and Family Therapy, Brea brings her educational experience and training to her current role as a Critical Intervention Specialist serving Marin, San Francisco and San Mateo counties.

Steve Polivka, CBEM LLC
Critical Intervention Specialist in the San Rafael Office Steve Polivka has been working with the Developmentally and Intellectual Disabled population for the last 10 years in various settings, including advocacy, caregiving, therapeutic support, and crisis intervention. Steve began his work at the San Francisco Mayor's Office on Disability as an intern, and it was there that he developed a passion for working within the disabled population. Steve's past experience ranges from providing mindfulness based therapy to older adults with dementia, providing one-to-one with substance abuse rehabilitation and recovery, and crisis intervention and emergency case management. Steve has a master's in Marriage Family Child Counseling and Gerontological Counseling, and he brings his years of experience in the field to CBEM, assisting the individuals and their circle of support in understanding, addressing, and resolving behavioral conflicts.

John de Miranda, Ed.M., L.A.A.D.C – Consultant – ACRC MHSA Grant
John de Miranda is the Associate Director of Door to Hope in Salinas California and was formerly the President and Chief Executive Officer of Stepping Stone of San Diego, an addiction treatment and recovery program that serves primarily, but not exclusively, the lesbian, gay, bisexual and transgender communities. He is also the pro bono Executive Director of the National Association on Alcohol, Drugs and Disabilities, Inc., a network of individuals and organizations dedicated to improving access to substance abuse prevention and treatment services for people with disabilities. In this capacity he directed the National Access Project, funded by grants from the Robert Wood Johnson Foundation, the California Department of Alcohol and Drug Programs, the JM Foundation and the Center for Substance Abuse Treatment. Previous executive leadership positions have been with the San Francisco Child Abuse Prevention Center, American Red Cross, Bay Area Chapter, Youth Power, formerly "Just Say No" International, and Join Together/Boston University School of Public Health. Mr. de Miranda has been certified as a Licensed Advanced Alcohol and Drug Counselor by the California Certification Board of Alcohol and Drug Counselors.

With a professional background in the human services field that spans 36 years, Mr. de Miranda has served as program administrator, management consultant, therapist, educator, government official, researcher, and trainer. The son of a Cuban immigrant he graduated from the nation's oldest public school, Boston Latin. Following graduation from Wesleyan University (Middletown, Connecticut) with a B.A. degree in Sociology, he earned a Masters degree in Counseling & Consulting Psychology from Harvard University in 1979. He has conducted research and published on topics as varied as special education, responsible alcoholic beverage service, consumer self-determination, legislative policy, healthcare cost containment, prevention, legal protections for people in recovery, disability rehabilitation, and advocacy for people with disabilities. He serves on the Editorial Advisory Committee of *The Prevention Researcher*. Mr. de Miranda is a regular contributor to *Alcoholism and Drug Abuse Weekly*. He also serves as a member of the Advisory Committee of the University of San

Francisco, College of Professional Studies. He is a member of the Board of Directors of Faces and Voices of Recovery. He has taught at the University of California, Berkeley & San Diego, California State University, East Bay, the University of San Francisco and San Quentin State Prison. The Substance Abuse and Mental Health Services Administration selected Mr. de Miranda as their "Ask the Expert" in August 2010.

John W. Decker, MSW – Alta California Regional Center

John W. Decker is the Project Manager for the Mental Health Services Act (MHSA) grants that are funding today's conference as well as the ACRC Substance Abuse Reduction Project. John is the Supervisor of the Community Placement Plan/ Forensics Unit at ACRC, where he manages staff responsible for clients residing in State Developmental Centers, Institutes for Mental Disease, and residential facilities throughout California. His duties additionally include overseeing incident reporting, criminal court cases, and civil commitments. John's previous regional center experience was working as a Community Services and Supports Specialist responsible for Autism and Behavioral Services. John is a member of the Sacramento Sheriff's Department Reentry Council and the Statewide Risk Management and Planning Steering Committee.

Prior to working at ACRC, John was a Domestic Violence Victim Advocate for the Sacramento County District Attorney's Office, a Juvenile Court Investigator for Sacramento County Child Protective Services and worked as a social worker at private foster care and adoption agencies. He is a graduate of Sacramento State with a Bachelor's and Master's degree in Social Work.

Services for Individuals We Are Privileged To Work With

Who Happen To Have A Dual Diagnosis

Components and Coordination

Al Rowlett
LCSW, MBA, CPRP

Turning Point Community Programs
Chief Operations Officer

Learning Objectives

Identify attributes that advance effective collaboration.

Provide an example of an agency/organization where services are aligned toward advancing recovery.

Identify the successes of your agency/organization and possible areas of improvement.

Change Behaviors & Attitudes

Develop Disrespect for the Impossible

Venerate the People We Call Clients

Create and Maintain a Focus

Continue to Learn

Organizational Attributes that Enhance Collaboration

Clearly stated vision and mission

Input from people receiving services

Simple but clear message about Wellness

Practice prominently throughout the organization

Evaluate in light of vision and mission

Organizational Attributes that Enhance Collaboration

Working towards a common goal to provide a most seamless, therapeutic and beneficial services for the individuals we serve

Organizational Attributes that Enhance Collaboration

- Consistency
  - Frequent, predictable
- Communication
  - Rapport building, trust enhancement, consistency, transparency

Organizational Attributes that Enhance Collaboration

- Clarity
  - Roles defined
- Confidence
  - Doing what you say, follow-through, accountability and reliability

Individual Attributes that Enhance Collaboration

- Relationship
- Inclusion
- Compassion
- Acceptance

* Mark Ragins, M.D., Medical Director – MHA Village, MHALA

Attributes that Enhance Collaboration for Individuals

Relationship

Being connected to someone who cares about you not being alone

Finding someone to relate to the Person and not their illness

* Mark Ragins, M.D., Medical Director – MHA Village, MHALA

Individual Attributes that Enhance Collaboration

Inclusion

Participating in family gatherings, church functions, community activities

Developing and cultivating tolerance

* Mark Ragins, M.D., Medical Director – MHA Village, MHALA

Individual Attributes that Enhance Collaboration

Compassion

To actually be empathetic and understanding

Looking at the world from the individual's perspective

* Mark Ragins, M.D., Medical Director – MHA Village, MHALA

Individual Attributes that Enhance Collaboration

Acceptance

People who regard you unconditionally and positively...just the way you are without trying to change you and telling you that you cannot be ill anymore.

* Mark Ragins, M.D., Medical Director – MHA Village, MHALA

Transitional Support Services (TSS)

Mission

TSS strives to comprehensively support, educate, and empower regional center consumers, adults who have a developmental disability with a co-occurring psychiatric disability.

Vision

TSS is committed to providing cutting edge services to dually diagnosed individuals. TSS will continue to excel in providing superior services and promoting efficacy and dignity.

The Context of Our Work

Engagement
- Understanding
- Hope
- Alliance
- Stages of Change

Tools
- Assessment Driven by Strengths
- Plan: Personal
- Supervision

Connections
- Meaning
- Purpose
- Identity
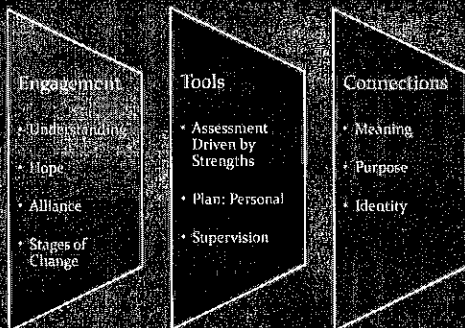
Build HOPE

...wellness is a possibility for all people diagnosed with mental health & developmental diagnosis	• During the enrollment process, introduce new clients to a peer who can share their personal recovery story, connect on common lived experiences, and facilitate welcoming them into the program/community.
assist each person to discover and express their evolving definition of recovery	Use supervision time to develop a vision of recovery and practice engaging individuals in envisioning their own recovery.
demonstrate organizational belief in wellness	• Involve people with lived experience at every level of the organization, in accordance with their strengths and skills. • Give staff regular feedback on how they doing related to recovery oriented goals, both collectively and individually.

Identify Meaningful GOALS & STRENGTHS To Achieve Them

set and achieve meaningful and important goals using highly individualized and specific strengths	• Work with clients to discover their 'active ingredients' behind their goal(s) and to become clear on what they are searching for to identify options to achieve the goal(s). (active ingredients may be related to spirituality, sexual intimacy, etc.)

Support Clients' with their Plan to Achieve GOALS

Plan to achieve goals by breaking them into smaller, measurable steps (short-term goals)	• ...ways to utilize strengths, natural supports, self-help support, peer support, and community-based resources prior to intervening with program resources and services (for example: Framework for Support Model) • Record one or two specific and measurable steps that can be accomplish within the week to achieve a specific goal as a means of helping client not be overwhelmed by the process of achieving a long-term goal and increasing confidence that the goal can be achieved.

6

GOALS & INDEPENDENCE

- Review goals status with client at each encounter
- Use the knowledge gained from the progress toward achievement (successful or not) of short term objectives to revise the Strengths Assessment and Personal Recovery Plan, including next steps

Use of the Personal Plan

The Personal Plan is a shared agenda/collaboration between the worker and client, with the purpose of helping people achieve meaningful and important goals related to their recovery.

When used regularly, the Personal Plan will drive the nature of the work, activities, and interventions between the worker and client.

Workers will feel more purposeful and prepared for their work with clients.

Clients will achieve a sense of success while making forward movement on identified goals.

LIFE
ISN'T ABOUT WAITING
FOR THE STORM TO PASS...
IT'S LEARNING TO
Dance
in the rain

Hope & Spirit Killers

I DON'T KNOW WHO YOU ARE OR WHY YOU STOLE MY EGGS
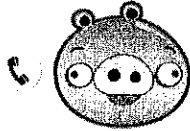
BUT WHEN I FIND YOU, I WILL DESTROY ALL OF YOUR BUILDINGS

Hope & Spirit Advancers

Overview of the Personal Plan

Statement of goal and its meaning

Space to break the goal into smaller, measurable steps

A section to assign responsibility for doing each step

A section to designate when each step is projected to be accomplished and when it is actually accomplished

A section to write optional notes about progress toward the goal

Why change current practice?

You should test using the Personal Plan if:

- You are experiencing a lot of people setting goals but having difficulty achieving them
- You feel your sessions with clients are more reactive than purposeful
- You desire to be more aligned with clients in their journey and make your supportive role more clear
- You are questioning if you are really making a difference in the lives of the people you serve

Using Data in Supervision
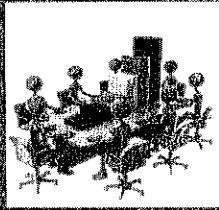
Persons Served Summary
July 2013-December 2013

103 Individuals served (unduplicated) through ACT services (110 duplicated)

2 individuals were supported through TSS's Drop in Center Only services

186 individuals received services through TSS's Psych Services Only program

9

Demographics*

Age: 79.6% (26 to 59, n=82), 16.5% (16 to 25, n=17), 3.9% (60+, n=4)

Gender: Female (49.5%, n=51), Male (50.5%, n=52)

*Demographics are based on the 103 unduplicated individuals served through ACT services.

Demographics (Cont.)

Race: Caucasian (n=62) 60.2%, African American (n=25) 24.3%, Asian/Pacific Islander (n=6) 5.8%, Hispanic (n=10) 9.7%

*Demographics are based on the 103 unduplicated individuals served through ACT Services

City of Residence

City	#	%
Auburn	1	1.0%
Carmichael	2	1.9%
Citrus Heights	7	6.8%
El Dorado Hills	1	1.0%
Elk Grove	3	2.9%
Folsom	3	2.9%
Foresthill	1	1.0%
Galt	2	1.9%
North Highlands	2	1.9%
Rio Linda	1	1.0%
Roseville	3	2.9%
Sacramento	76	73.8%
Yuba City	1	1.0%

TSS South
Consumer Satisfaction Survey
November 2012 through April 2013

Average Level of Satisfaction by Domain

Domain	Value
Social Connectiveness	83.0%
Functioning	84.0%
Outcomes	83.0%
Participation	81.0%
Appropriateness	87.6%
Access	82.4%
Satisfaction	85.4%

Overall Consumer Satisfaction Rate:
84.2%

TSS North
Consumer Satisfaction Survey
November 2012 through April 2013

Average Level of Satisfaction by Domain

Domain	Value
Social Connectiveness	83.0%
Functioning	84.0%
Outcomes	83.0%
Participation	81.0%
Appropriateness	87.6%
Access	82.4%
Satisfaction	85.4%

Overall Consumer Satisfaction Rate:
81.0%

Additional Outcomes*

Key Event Tracking (KETs)*

Psychiatric Hospitalization Days

Incarceration Days

Homeless Days

Emergency Interventions

* See Handouts

Milestones of Recovery Scale (MORS)

MORS measures client's level of recovery.

Level of Risk

The client's likelihood of causing harm to self or others; participation in risky or unsafe behaviors; level of co-occurring disorders.

Level of Engagement with the Mental Health System

The degree of "connection" between the client and the mental health service system.

Level of Skills and Supports

The combination of the client's abilities and support network(s) and the level to which the client needs staff support to meet his/her needs.

MORS Scores

8 = Advanced Recovery
7 = Early Recovery
6 = Coping/Rehabilitating
5 = Poorly Coping/Engaged
4 = Poorly Coping/Unengaged
3 = High Risk/Engaged
2 = High Risk/Unengaged
1 = Extreme Risk

MORS Outcomes (TSS North)

MORS Score Distribution by Percentage
March, 2013 – February, 2014

MORS Outcomes (TSS South)
MORS Score Distribution by Percentage
March, 2013 – February, 2014

The Story of Dirk Willem

The Story of Brooklyn: The Land that Time and Money Forgot
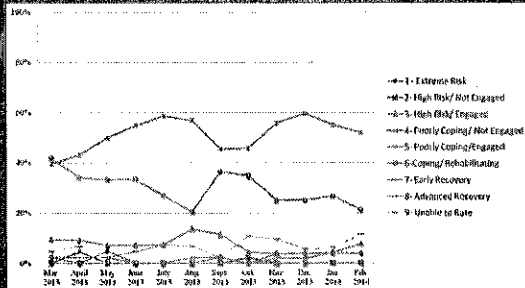
The Story of John Wayne

The Story of...

Thank You!

Special Thanks to the CIMH Advanced Recovery Collaborative faculty and their contributions in this PowerPoint presentation:

- Richard Goscha, PhD
- Karin Kalk
- Jerry Langley
- David A. Pilon, PhD, CPRP
  President and CEO
  Mental Health America Los Angeles
- Mark Ragins, M.D., Medical Director
  MHA Village, MHALA

Turning Point Community Programs
TSS NORTH
QUARTERLY OUTCOMES

Reporting Period	
1st Quarter (July-Sept)	
2nd Quarter (Oct-Dec)	
3rd Quarter (Jan-Mar)	
4th Quarter (Apr-Jun)	

I. What /how much do we do?

	Q1	Q2	Q3	Q4
Persons Served (undup.)	36	40	43	47
Full WRAP (undup.)	30	32	35	36
Partial WRAP (undup.)	7	9	10	10
Quarter WRAP (undup.)	0	0	1	2
Drop-In Center Only (Undup.)	2	2	2	2

Ethnicity

	Q1	Q2	Q3	Q4
Caucasian	25	28	30	29
African American	4	5	6	5
Native American	0	0	0	0
Asian/ Pacific Islander	2	2	2	3
Hispanic	5	5	5	7
Other	0	0	0	0

Age:

	Q1	Q2	Q3	Q4
TAY (16-25)	7	7	6	5
Adult (26-59)	26	28	33	35
Older Adult(60+)	3	5	4	4

Gender

	Q1	Q2	Q3	Q4
Male	19	22	23	22
Female	17	18	20	22

Primary Language:

	Q1	Q2	Q3	Q4
English	22	25	28	28
Spanish	1	1	1	1
Unknown	13	14	14	15

Location (if applicable):

	Q1	Q2	Q3	Q4
Sacramento	27	28	29	30
Carmichael	2	2	2	1
Folsom	2	2	2	2
Other	7	8	10	11

Discharge Location

	Q1	Q2	Q3	Q4
Higher Level of Care	0	2	1	0
Lower Level of Care	2	3	1	2
Judicial Setting	0	0	0	0
Chose to Live Independently	0	0	0	0
No longer Req. MH Services	0	0	0	0
Other	0	1	1	3

Primary Diagnosis

	Q1	Q2	Q3	Q4
Anxiety DO	1	2	2	1
ADHD	1	1	1	1
Bipolar	9	8	8	9
Borderline Personality DO	1	1	1	1
Depressive DO	1	1	1	1
Major Depressive DO	1	1	1	1
Mood DO	2	2	1	1
PTSD	1	1	1	1
Psychotic DO	1	1	1	1
Schizophrenia	5	5	4	3
Schizoaffective	5	5	4	4
Other/Unknown	8	12	18	20

Axis II Diagnosis

	Q1	Q2	Q3	Q4
Personality DO	5	5	5	5
Mental Retardation	28	30	29	28
Borderline Intel. Funct.	0	0	0	0
Diagnosis Deferred	0	0	0	0
No Diagnosis/Unknown	3	5	9	11

II. Is Anyone Better Off, Did it make a difference?

Tool: KETS & Caminar	Q1	Q2	Q3	Q4
Hospital Days				
# of hospital days	0	5	9	9
# accruing hospital days	0	1	1	2
# reporting decrease in hospitalization days from previous quarter	1	0	1	1
Incarceration Days				
# of incarceration days	0	0	0	0
# accruing incarceration days	0	0	0	0
# reporting decrease in incarceration days from previous quarter	0	0	0	0
Homeless Days				
# of homeless days	0	0	0	10
# accruing homeless days	0	0	0	1
# reporting decrease in homeless days from previous quarter	2	0	0	0
Emergency Interventions				
# of emer intvs	3	1	6	10
# accruing emer intvs	2	1	3	4
# reporting decrease in emer intvs from previous quarter	1	2	0	2

Milestones of Recovery Scale (MORS)				
	Q1	Q2	Q3	Q4
# ind. Included	33	36	43	42
# with a higher MORS score between last two months of quarter	1	7	8	5
	3.0%	19.4%	18.6%	11.9%
# maintained MORS score of 6 or above within last two month of quarter	8	3	12	11
	24.2%	8.3%	50.0%	26.2%

III. How well do we do it?				
Consumer Satisfaction Survey				
	May 2011 - Oct 2011	May 2012 - Oct 2012	May 2012 Oct 2012	Nov 2012 Apr-2013
# completed survey	28	30	30	36
Overall Satisfaction Rate	82.4%	82.2%	82.2%	81.0%

TSS South
Quarterly Report
2012-2013 Fiscal Year

Reporting Period	
1st Quarter	(July-Sept)
2nd Quarter	(Oct-Dec)
3rd Quarter	(Jan-Mar)
4th Quarter	(Apr-Jun)

I. What /how much do we do?

	Q1	Q2	Q3	Q4
Persons Served (undup.)	46	45	46	46
Full WRAP (undup.)	36	34	35	32
Partial WRAP (undup.)	12	13	11	17

Ethnicity

	Q1	Q2	Q3	Q4
Caucasian	25	23	25	25
African American	17	18	17	16
Native American	0	0	0	0
Asian/ Pacific Islander	1	1	1	1
Hispanic	3	3	3	4
Other	0	0	0	0

Age:

	Q1	Q2	Q3	Q4
Child/Youth (0-15)	0	0	1	0
TAY (16-25)	7	8	9	8
Adult (26-59)	38	36	35	37
Older Adult(60+)	1	1	1	1

Gender

	Q1	Q2	Q3	Q4
Male	20	23	23	21
Female	26	22	23	25
Other	0	0	0	0

Primary Language:

	Q1	Q2	Q3	Q4
English	28	28	26	24
Spanish	2	2	1	1
Other/Unknown	16	15	19	21

Location (if applicable):

	Q1	Q2	Q3	Q4
Sacramento	31	31	25	38
Elk Grove	5	5	6	3
Galt	2	2	2	2
Other	8	7	3	3

Discharge Location

	Q1	Q2	Q3	Q4
Higher Level of Care	0	2	1	2
Lower Level of Care	1	6	3	4
Judicial Setting	0	0	0	0
Chose to Live Independently	0	0	0	0
No Longer Req. MH Serv.	0	0	0	0
Other	4	2	3	2

Primary Diagnosis

	Q1	Q2	Q3	Q4
Anxiety DO	1	0	0	0
Bipolar DO	8	8	8	8
Borderline Personality DO	1	1	1	1
Depression	1	1	0	0
Major Depressive DO	2	2	1	2
Impulse-Control DO	3	3	2	0
PTSD	1	1	1	1
Psychotic DO	4	4	4	4
Schizophrenia	4	4	4	4
Schizoaffective	4	3	4	4
Substance Use/Abuse	2	2	1	1
Other/Unknown	15	16	20	21

Axis II Diagnosis

	Q1	Q2	Q3	Q4
Personality DO	6	7	7	8
Mental Retardation	34	30	27	23
Borderline Intel. Funct.	2	2	1	0
Diagnosis Deferred	0	0	0	0
No Diagnosis/Unknown	4	6	11	15

II. Is Anyone Better Off, Did it make a difference?

Tool: KETS & Caminar	Q1	Q2	Q3	Q4
Hospital Days				
# of hospital days	31	32	29	4
# accruing hospital days	4	2	3	1
# reporting decrease in hospitalization days from previous quarter	2	3	1	3
Incarceration Days				
# of incarceration days	2	0	4	29
# accruing incarceration days	1	0	1	1
# reporting decrease in incarceration days from previous quarter	2	1	0	0
Homeless Days				
# of homeless days	25	77	28	0
# accruing homeless days	2	3	1	0
# reporting decrease in homeless days from previous quarter	1	0	2	0
Emergency Interventions				
# of emer intvs	52	15	22	26
# accruing emer intvs	16	6	7	6
# reporting decrease in emer intvs from previous quarter	7	13	3	3

TURNING POINT
COMMUNITY PROGRAMS
a path to mental health

Milestones of Recovery Scale (MORS)				
	Q1	Q2	Q3	Q4
# of Individuals Scored	44	38	41	41
# with a higher MORS score between last two months of quarter	1	4	4	9
	2.3%	10.5%	9.8%	20.9%

III. How well do we do it?				
	Q1	Q2	Q3	Q4

Consumer Satisfaction Survey				
	May 2011 - Oct 2011	May 2012 - Oct 2012	May 2012 - Oct 2012	Nov 2012 - Apr 2012
# completed survey	42	34	34	34
Overall Satisfaction Rate	84.2%	83.2%	83.2%	84.2%

Omelagah
INC
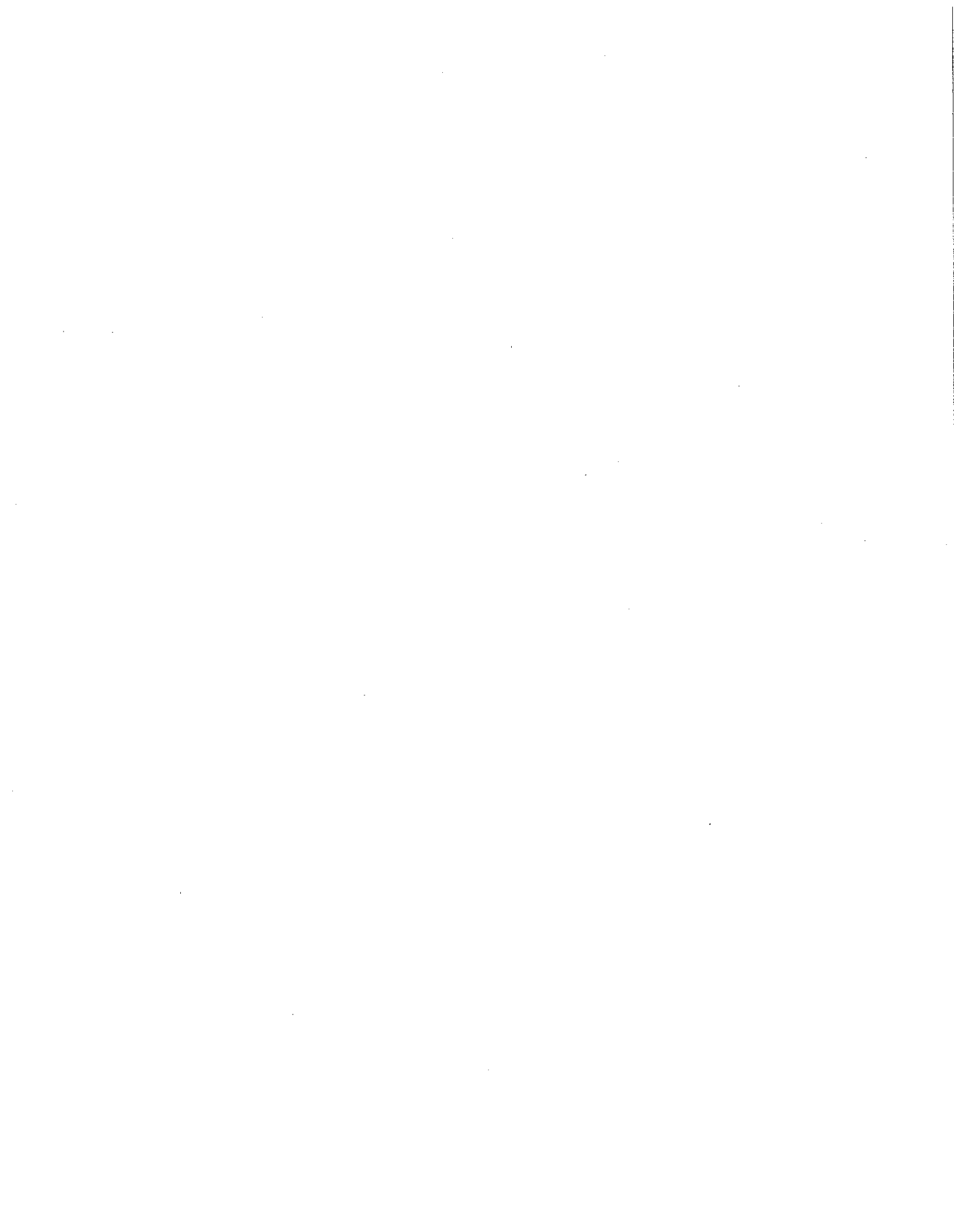
Support services for people with developmental disabilities

MISSION STATEMENT

Our mission is to provide support services to individuals with developmental disabilities, with an emphasis on people with developmental disabilities who have been involved in the criminal justice system.

COMPANY SNAPSHOT

o Founded in 2010
o Based in Northern California
o 100+ employees
o Key Services Provided
  o Supported Living Services (SLS)
  o Residential Services
  o Individualized Day Programing Services
o Regional Center Partners:
  – *Golden Gate Regional Center*
  – *North Bay Regional Center*
  – *Regional Center of the East Bay*

Clients and Staff enjoying a baseball game

LEADERSHIP TEAM

Ebony Omelagah
- 13 years of experience in the field
- Provided services to over 500 forensically involved clients during tenure at GGRC
- Degree in Criminal Justice
- Developed the Forensic Social Worker position at Golden Gate Regional Center

Matthew Omelagah
- 13 years of experience in the field
- MSW from Columbia University
- Resource Developer at Golden Gate Regional Center
- Affordable/Supportive Housing Experience
- Executive level experience in Non-Profit Administration

Lorenzo Pennix
- 13 years of experience Alameda County Probation
- Worked in Placement Units
- Experience with violent offenders
- Experience with 290 registrants (Sex Offenders)

John Keene
- Over 20 years of experience in law enforcement
- Chief of San Mateo County Probation Department
- Certified CBT Trainer
- Juris Doctorate from Southern University Law Center

WHO WE SERVE

People with Developmental Disabilities who are forensically involved.
- Adults
- Men and Women
- People transitioning out of locked facilities
  - Developmental Centers (i.e. Porterville)
  - Mental Health Facilities (i.e. CPT)
  - Jail/Prison
- People "At-Risk" of placement in a locked facility
- Dually Diagnosed-Developmental Disability and Mental Health Diagnosis

Individualized Day Program

TYPES OF CHALLENGES

Over the years we have worked with many difficult to serve individuals and have experience working with the following challenges:
- o Anger Outburst
- o AWOL
- o Property Destruction
- o Non-Compliance
- o Verbal and Physical Aggression
- o Self-Injurious Behaviors
- o Sexual Deviant Behaviors

Supported Living Services (SLS)

2

SERVICES WE PROVIDE

- o Supported Living Services (SLS)
- o Residential Services
- o Individualized Day Programing Services

A Community Outing

SUPPORTED LIVING SERVICES

Support people with forensic backgrounds in their own homes in the following areas:

- o Provide Supervision and Support
- o Safety Awareness Training
- o Community Integration
- o Social Activities
- o Recreational Activities
- o Activities of Daily Living
- o Medical Coordination
- o Locate and Maintain Housing

Clients and Staff

RESIDENTIAL SERVICES

Omelagah, Inc. operates two licensed Adult Residential Facilities (ARF):

- • *The Avenue Home*, Located in Redwood City, CA
- • *Bridges*, Located in Hayward, CA

Community Living

3

INDIVIDUALIZED DAY PROGRAMING

Provide 1:1 community-based day programing services. Program components include:

- Educational and Vocational
- Recreational Activities
- Community Integration
- Compliance Support
- Recidivism Prevention

Construction Training Program

UNIQUE FEATURES (WHAT WORKS)

- Collaboration and Community Partnerships
- Comprehensive Risk Assessment (LS/CMI)
- Positive Role Modeling
- Incentive Based Programs
- Planned Recreational Activities
- Structured Programing
- Level System
- Appropriate Matching of Staff to Client
- Supervision
- Cognitive Behavioral Treatment (CBT) groups
- Compassion

Company Halloween Party

FOR MORE INFORMATION

🌐 www.omelagah.com

📞 (415) 652 -6720

@ ebony@omelagah.com

4

PROJECT HOPE- Replication of the Anchor Project

A THREE TIER PROJECT

▸ Provide group/individual mental health services to a pre-selected group of regional center clients.

▸ Train families, care-providers, regional center staff and community partners.

▸ Develop a mechanism to share information and resources developed through the grant.

Why was PROJECT HOPE developed?

▸ This project is an answer to a regional center need.

▸ This project is an answer to a community need.

Who did PROJECT HOPE specifically target?

- For regional center clients who have co-occurring Axis I diagnosis and a developmental disability with multiple psychiatric hospitalizations within a 5 year period.

- Family/care-providers who are supporting the identified individuals.

- Regional center service coordination staff and other community partners who are supporting the identified individuals.

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PROJECT HOPE Partners:

- San Gabriel/Pomona Regional Center

- Alma Family Services Inc.

- Board Resource Center Inc.

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PROJECT HOPE Barriers/Challenges

- Making referrals

- Medical insurance

- Location/Transportation

- Client commitment

- Care-provider commitment

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Outcomes –Alma Family Services

› Direct services to clients

    ❏Individual counseling

    ❏Medication management

    ❏Group Training– social skills, anger management, sexuality training

---

Outcomes – Trainings

› Life trainings to families, care-providers, vendors, community partners, regional center staff on the following topics:

    ❏ Signs/Symptoms of Mental Health

    ❏ Navigating the Mental Health System

› Technical trainings to regional center staff

Outcomes– Board Resource Center

› At the PROJECT HOPE website you will find:

1. Videos to guide caregivers through steps of observing, documenting and preparing for a visit with a mental health provider.

2. Forms to help caregivers obtain mental health services.

3. Resources

Plans after grant cycle ends

- Alma Family Services has committed to continuing to provide the mental health services to clients.

- Regional Center may vendor the group trainings.

- Website with resources will be maintained at minimum three years.

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Can PROJECT HOPE be replicated?

▷Yes

› Every tool, form, brochure, power-point presentation and curriculum developed will be placed within the PROJECT HOPE website. Go to http://projecthopeca.com and click on sub-tab called "replication".

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Who to contact?

For questions about PROJECT HOPE:
Nora Perez-Givens
PROJECT HOPE manager,
San Gabriel/Pomona Regional Center
75 Rancho Camino Dr., Pomona, CA 91766
909-868-7504
Info@projecthopeca.com
For questions to Alma Family Services:
Cynthia L. Baker, LCSW
Director of Behavioral Health
1000 Corporate Center Dr. Ste. 650
Monterey Park, CA 91754
www.almafamilyservices.org

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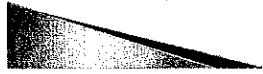
One last thing!

- Link your agency website to the PROJECT HOPE website by visiting www.projecthopeca.com and click on the button that looks like this:

13

Thank you

PROJECT HOPE

A collaborative effort between

Alma Family Services

San Gabriel/Pomona Regional Center

And

Board Resource Center

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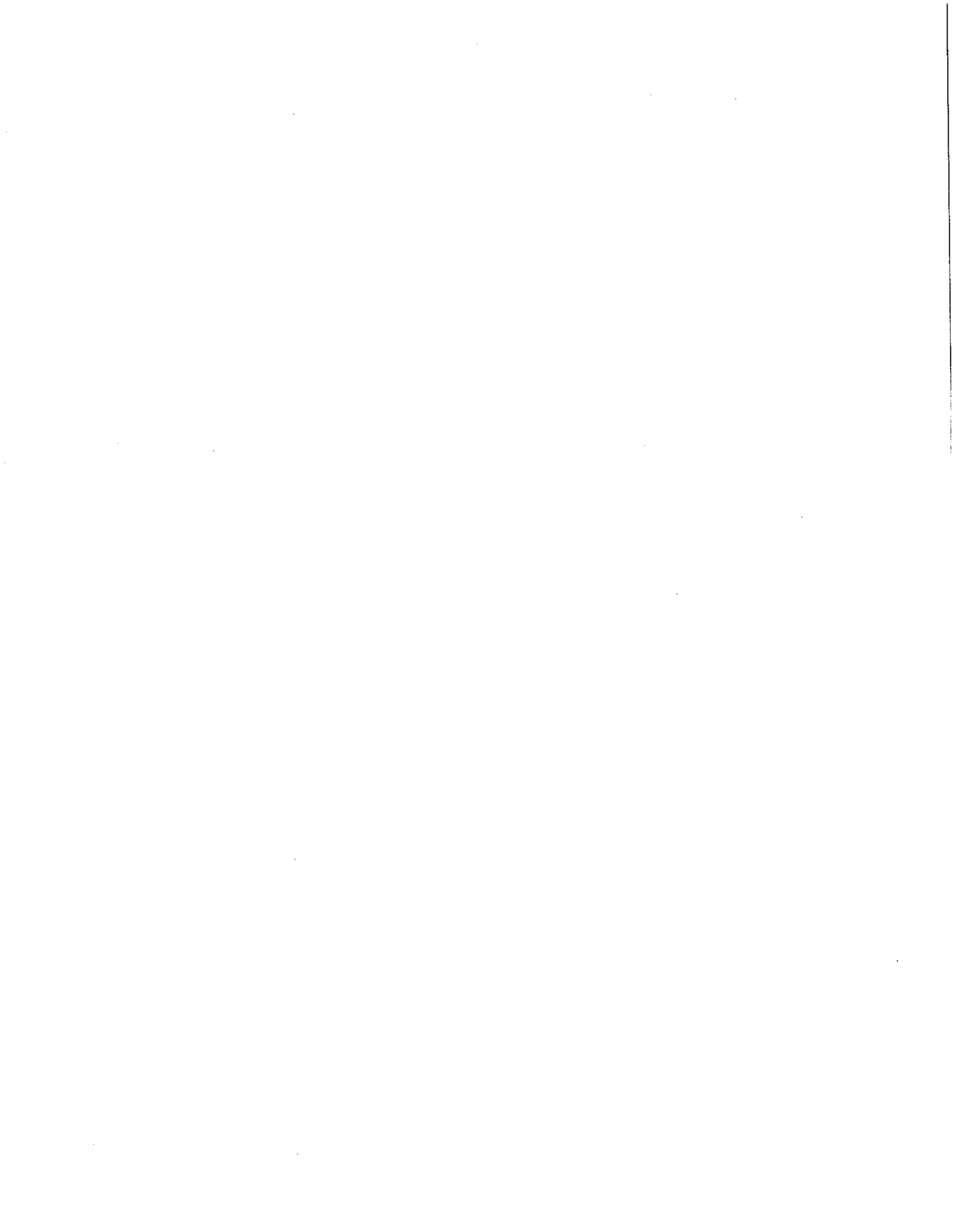
CROSS SYSTEM COLLABORATION
MENTAL HEALTH AND
REGIONAL CENTERS

Irma Castaneda, Ph.D., L.C.S.W.,
Acting, Deputy Director

Emergency Outreach Bureau
County of Los Angeles - Department of Mental Health

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Service Areas
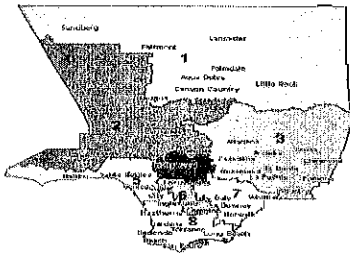
Coordinated System of MH Services in LA County

- Largest County MH department in US
  - Directly operates over 80 programs
  - Contracts with over 700 providers
    - Non-governmental agencies
    - Individual practitioners
  - Over 45 LPS designated inpatient facilities

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Coordinated System of MH Services in LA County (continued)

- Countywide Programs
  - Mobile Crisis Teams: Psychiatric Mobile Response Teams, Law Enforcement Teams, School Threat Assessment and Response Team
    - 25,000 field crisis evaluations annually
    - ACCESS Call Center
      - 250,000 calls annually
  - Jail MH, Juvenile Justice Programs, Mental Health Court Programs

Collaborative Mental Health/RC Model: Countywide

- Countywide Liaison
  - District Chief – Countywide Issues
  - District Chief – Countywide Inpatient Resources (Psychiatric Acute Beds, IMD's, County Emergency Rooms)
  - District Chief – Children's Services

Collaboration Models: Countywide and Service Area

- Service Areas 1 through 8
  - Service Area District Chief
  - Service Area Liaisons

Collaboration Models: Outpatient Services in Local Service Areas

☐ Navigating the System/MH Collaboration Project
  ▪ Service Areas 3, 4, 6 and 7
  ▪ East Los Angeles Regional Center
  ▪ San Gabriel Pomona Regional Center
  ▪ South Central Regional Center

Collaboration Models: Outpatient Services in Local Service Areas (continued)

☐ San Fernando Area Planning Committee
  ▪ Service Area 2
  ▪ North Los Angeles Regional Center

☐ Westside RC – DMH Collaborative
  ▪ Service Area 5
  ▪ Westside Regional Center

Collaboration Models: Outpatient Services Countywide and Service Area (continued)

☐ Lanterman RC – DMH Collaborative
  ▪ Service Area 4
  ▪ Frank D. Lanterman Regional Center

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Collaboration Models: Outpatient Services in Local Service Areas (continued)

- ☐ Antelope Valley/Palmdale RC – DMH Collaborative
  - Service Area 1
  - North Los Angeles Regional Center

Service Area 8: Long Beach, South Bay Area
  - Harbor Regional Center

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MHSA Grants to RCs - LA County

- ☐ San Gabriel RC – Training on medication management for psychiatrists

- ☐ San Gabriel RC – Training on best practices working with children/families

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MHSA Grants to RCs - LA County (continued)

- ☐ Harbor RC – Training on two evidence-based psychotherapeutic practices

- ☐ Westside & North LA RC – Training on recognition, screening, referral, evaluation, treatment

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MHSA Grants to RCs - LA County (continued)

☐ Westside Regional Center
- Transitional Age Youth Service Integration Project
- Tools for Accessing Quality of Services Project

Health Care Reform - ACA

☐ Mental Health Parity

☐ Non-Specialty Mental Health and ACA

☐ Challenges and Opportunities for RC clients

Thank you for your Commitment to Collaboration

Mental Health Service Collaboration: Los Angeles County
April 29, 2014

Irma Castaneda, Ph.D.
Mental Health Regional Center Policy Liaison for DMH
DMH District Chief, Emergency Outreach Bureau
Department of Mental Health, Los Angeles County

Stephen Mouton, Psy.D.
Mental Health Policy Liaison for LA County Regional Centers
Clinical Psychologist
San Gabriel Pomona Regional Center

Mental Health Treatment Needed?

- **233,148 Regional Center Consumers :**
  40,695 (17%) Severe Behaviors 41,594 (18%) Behavioral Medications
  (DDS, Consumer Char. Statewide end of Dec. 2013)

- **Developmental Center Population: 1,325**
  Fairview DC - 323   Lanterman DC - 86   Porterville DC – 410
  Sonoma DC - 454   Canyon Springs – 62
  http://www.dds.ca.gov/FactsStats/Population - Feb 26, 2014

- **6,590 Psych Beds Available in California:** 5,298 Adult 859 Minors
  *CA Hospital Association 8/23/12

Trailer Bill Closing/Limits

- SAVE $20 Million Dollars decrease reliance on DCs and Residential Settings not eligible for Federal Match $$$

- 400+ Hard to Treat RC Clients in Secure Settings

- 60 IMDS 20 MHRCs Out of State Placements

- Short-Term Crisis Stabilization at Fairview DC

- Required Comprehensive Assessments

- Created SSRS – Statewide Specialized Resource Service

Statistics Involuntary Hospitalizations

- 2010 -2012 <u>AVERAGE ANNUAL</u> Regional Center Involuntary Hospitalization for <u>California</u>: 1,566

- 2010 -2012 <u>AVERAGE ANNUAL</u> Regional Center Involuntary Hospitalization for <u>LA County</u>: 568

- LA County RC: 43/Month, 11/week, 1.6 day

  * DDS S.I.R. Data (1/1/10 -2/29/12) *

Autism Mental Health Needs

- 90% Live in Home Parent/Guardian **72%** are under 17 years of age (Sep 2013 DDS data published 10/15/13)

- 31% Autism also have Severe Behaviors - 20,814

- 17% ALL RC Pop have Severe Behaviors

- **Less than 50% of Severe Behaviors controlled with Medication**

- "Add on" CPT Code 90785 Interactive Complexity

Barriers Successful Treatment Mental Illness

- Involved Parties: family, regional center, public guardian, patient's rights, patient, doctor

- Logistical: transportation, med compliance, side effects, dynamics

- Min Threshold: Med Necessity

- Max Threshold: Medical Complexity: Low Func, Sensory/Communication impairment

DMH – Regional Center MOU

- Legislation Requiring All Counties to have MOU
- LA County Signed MOU in 2005
- Addendum Administrative Days

Implementation

- County-Wide Training MOU
- Identified Liaison Tree: County & Local RC
- Quarterly County-Wide Meeting
- Local SAAC and Case Conferences

Regional Center Mental Health Groups

- MHPP – Mental Health Provider Panel
- In-house Psychiatrists
- Bio-Behavioral Team
- WRC – Working Clinic
- Sacramento: Mental Health Task Force/Collaborative

Managed Care Mental Health

- LA Care, Health Net, Kaiser, Blue Cross/Shield
- Beacon Carve out for LA Care
- MHN Carve out of Health Net

Specialty versus Non-Specialty

Special RC Mental Health Resources

- Bungalows 30 Bed Locked IMD, Duarte, CA (Adults)
- DDMI Wings at College Hospital, Cerritos, CA (Adults/Adolescents) www.DDMIWing.com
- Trailer Bill Limited to 6 Months (180 days) Emergency Placement/Treatment

MHSA Collaborative Project – Grants (3 Year Grant – DMH)

- County Psychiatrist Training with "live" patients
- "Best Practices for Medication, Diagnosis and Treatment of Regional Center Patients with Mental Illness." – MHSAGrants.com

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County Psychiatrist Training

🔲 In-Patient: Dr. Craig Wronski, Chief of Staff – DDMI Wing, College Hospital

County Psychiatrist Training

🔲 Out-Patient: Dr. Carlos Muralles, Medical Director, Alma Family Services

What Can You Do?

🔲 Identify Mental Health Point Person and Liaisons at Clinics/Hospitals

🔲 Staff Training at DMH/Clinics: Screening/Intake Procedure

🔲 Meet Executive Director & Management

🔲 MOU – Mental Health

🔲 Great Attitude

Bring Doughnuts

Questions?

The Los Angeles Tools for Assessing Quality of Services (TAQS) Project

Westside Regional Center

Acknowledgements

- Department of Developmental Services

- Project Partners
  - North Los Angeles County Regional Center
  - Los Angeles County Department of Mental Health
  - Westside Family Resource and Empowerment Center.

OUTLINE

- Background and Goals

- Needs Assessment

- RAND/UCLA Appropriateness Method (RAM)

- Final Product and Outcomes

Background and Goals

Understanding Dual Diagnosis

- *Historically*....MYTH: People with ID cannot have a verifiable mental health disorder

- Research indicates that mental illness occurs *at a higher rate* for individuals with developmental disabilities
  - Estimated that up to 35% of individuals with developmental disabilities have co-occurring psychiatric disorders

Understanding Dual Diagnosis

California Statewide Needs Assessment

- 1 in 6 people served by the Regional Centers listed with co-occurring psychiatric conditions
  (underestimate of actual need due to data constraints)

- Findings consistent with national outcomes and dual diagnosis research
  - Multiple systems
  - Inefficient & fragmented services
  - Growing need due to the de-institutionalization

TAQS Project Goals

■ Conduct needs assessment
- identify what assessment and treatment models are being used for those with dual diagnosis

■ Develop quality assessment tools
■ evaluate quality of care and enhance integrated systems of care

TAQS Needs Assessment

- Retrospective Chart Review
- Mental Health Provider Survey

Retrospective Chart Review

- Goals of chart review:
  ■ To describe characteristics of individuals with dual diagnosis
  ■ To understand factors associated with obtaining care from a mental health provider
  ■ To understand factors associated with medication use

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Retrospective Chart Review

- Total number of WRC clients in 2011 (N=6,330)
  - Over 20% of all WRC clients were dually diagnosed (N=1,379)
    - Chart review was a random sample of 400 charts

Retrospective Chart Review

- Top 3 Mental Health Categories
  - Attention-Deficit/Hyperactivity Disorder (29%)
  - Psychotic Disorder (28%)
  - Mood Disorder (26%)

- 36% of those with dual dx had >1 mental health diagnosis

Retrospective Chart Review

- The most common MH diagnoses did not correspond to medication classes
  - Although attention and conduct were the most common disorders, anti-psychotic medications were most often used.

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Mental Health Provider Survey

- Most frequently used services
  - 1st Case management
  - 2nd Medication evaluation and management

- Largest area of need for services
  - Service coordination
  - Coordination care between county DMH and RCs

- Most beneficial therapeutic model
  - Cognitive Behavioral Therapy

Three Domains of Care

- Based on needs assessment, we prioritized the following domains of care:
  - Access
  - Assessment
  - Treatment
    - Therapeutic interventions
    - Medication/ Medication Safety

Creating Quality Indicators

- RAND/UCLA Appropriateness Method Process

RAND/UCLA Appropriateness Method (RAM)

- This methodology combines the best available scientific evidence with the collective judgment of experts to yield recommendations about appropriate treatment in the real world

(RAM) Delphi Panel Process
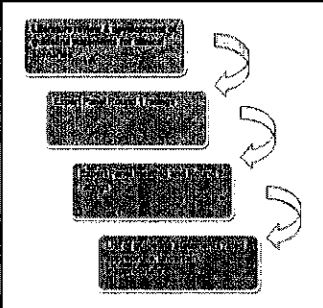
Panel Expert Selection

- Experts:
  - Lauren Charlot, LICSW, PhD
  - Carol Eisen, MD, MS
  - Robert J. Fletcher, DSW, ACSW, NADD-CC
  - Fran Goldfarb, MA, MCHES, CPSP
  - Thompson Kelly, PhD
  - Bryan King, MD
  - Clarissa Kripke, MD
  - Savannah Logsdon-Breakstone
  - Mayra Mendez, PhD, LMFT, CGP
  - Andrew Russell, MD
  - Peggie Webb, MA

- Moderator: Bonnie Zima, MD, MPH

Literature Review

- A review of available research was synthesized into 48 draft quality indicators (QIs) that focused on the identified 3 key domains
  - Access
  - Assessment
  - Treatment

Indicator Rating Round One

- Independent rating of indicators

	Validity	Feasibility	Room for Improvement	Plausibility	Overall Utility
QI 45 (1) During a medication visit during which a new atypical antipsychotic medication is prescribed, baseline assessment for extrapyramidal symptoms or signs should be documented.	123456789	123456789	123456789	123456789	1234

Expert Panel Meeting

- Extensive face-to face meeting
  - All indicators were discussed among the experts, who explained their individual ratings and shared clinical and research knowledge

Indicator Rating Round Two

◗ Each panelist independently re-rated statements based on insights from the meeting with a new rating packet:

	Validity	Feasibility	Room for Improvement	Plausibility	Overall Utility
QI 4(7)	164	13214	2 613	2234	47
During a medication visit during which a new atypical antipsychotic medication is prescribed, baseline assessment for extrapyramidal symptoms or signs should be documented	123456789 (MEAN=8.3)	123456789 (MEAN=7.4)	123456789 (MEAN=7.3)	123456789 (MEAN=7.5)	1234 (MEAN=3.6)

Final Outcomes

Final Outcomes

◗ A list of quality indicators typically classified under "valid," "uncertain" and "invalid"
  – For each indicator
    ◗ the median is used to measure the central tendency for the panel members' ratings.

Final Outcomes

- Adapted Tool for Providers
  - Final analysis of the 2nd round ratings to finalize our list of quality indicators
  - Finalize list of quality indicators that organizations can use to evaluate quality of mental health care

Final Outcomes

- Adapted Tool for Parent/ Families
  - To help navigate services & improve communication with mental health providers

Training Outcomes

- Community-based trainings
  - Offering spring 2014
  - For providers
    - Cross-systems navigation/ intake process
    - Use of Tools to Assess Quality of Care
  - For families
    - Mental Health Signs & Symptoms for parents
    - Use of Tools to Assess Quality of Care

Thank you

Questions?

To learn more about
WRC's MHSA projects,
please contact:

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Westside Regional Center
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CBEM

Creating Behavioral + Educational Momentum

Critical Intervention Service

Who is CBEM?

- When we started
- Why we started
- Mission

At CBEM, our mission is to honor the individuals we serve with developmental disabilities by providing them with behavioral, educational and mental health resources that result in healthy and productive lives.

Our Services

- CBEM provides the following services:
  - Critical Intervention Stabilization
  - Applied Behavior Analysis (ABA)
  - Assessments: Whole Person, Comprehensive

Areas of Service

- ACRC
  - Alpine
  - Colusa
  - El Dorado
  - Nevada (Grass Valley, Truckee)
  - Placer (Auburn, Roseville)
  - Sacramento (Placerville, South Lake Tahoe)
  - Sierra
  - Sutter (Yuba City)
  - Yolo (Woodland)
  - Yuba
- GGRC
  - San Francisco
  - San Mateo
  - Marin
- NBRC
  - Napa
  - Solano
  - Sonoma

CBEM: Critical Intervention Service

Our Critical Intervention Service is:

➤ an intensive short-term support system

➤ geared towards providing professional individualized stabilization support to individuals and their circle of support in critical moments in time for each Regional Center CBEM serves.

CBEM typically maintains an active case status for approximately 3 to 6 months, but will not conclude services until stability is achieved and/or individual is receiving long term support services.

Who Do We Serve

Any client of the Regional Center can receive services from CBEM:

- Children
- Adolescents
- Adults
- Elderly

CBEM serves individuals with intellectual disabilities, developmental disabilities and/or co-morbid co-occurring "dual" mental health diagnoses.

CBEM Referral Process

* Individuals of the Regional Centers are referred to CBEM by their Case Managers (Service Coordinator) via one of the following methods:
  1. Committee approval
  2. Crisis hotline activation
  3. Emergency referral needs

* CBEM receives both crisis and preventative referrals

* CBEM does not have a waiting list

* Collaboration with the Regional Center Case Manager is immediate and on-going

Reasons for Referral

CBEM can support individuals
who are at risk of or in crisis due to:

- Transitional Time Periods	- Concerns Related to Sexual Behaviors
- Physical/Verbal Aggression	- Mental Health Instability
- Self-Injurious Behavior	- Placement at Risk
- Property Destruction	- Safety Concerns
- Inappropriate Boundaries	- Legal/Criminal Activity
- Poor Social Skills	- CPS/APS Involvement
- Transportation Concerns	- Suicidal Behavior
- Hygiene Concerns	- Medication Non-Compliance
- Grief/Loss	- Elopement
- Behavior Concerns due to Unstable Medical Health	- Lack of Resources

CBEM Organization
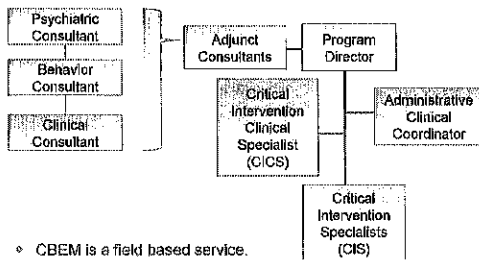
* CBEM is a field based service.

* CIS and CICS support the individual in their own environment with their natural supports.

Critical Intervention Specialists (CIS)

- CIS are specially trained staff members equipped to respond to critical situations

- CIS collaborate with individuals and their support teams to prevent and/or manage critical situations.

- CIS are trained to work with individuals who are diagnosed with co-morbid mental health and developmental disabilities

- CIS provide weekly face-to-face and/or phone support to individuals and their circles of support

- CIS support individuals in their own environments and with their natural supports.

- CIS are trained in Professional Assault Crisis Training; however, do not use physical restraints

Critical Intervention Services: *Intervention*

- CBEM seeks to stabilize critical situations before they become crises.

- CBEM works closely with individuals and their support systems to teach how to prevent or manage antecedents that may lead to a crisis.

- CBEM maintains weekly contact with individuals to provide support.

Critical Intervention Services: *Intervention*

- CBEM provides intensive support and assistance at critical times, also known as "crisis situations."

- CBEM collaborates closely with individuals and their circle of support (i.e. parents/caregivers, teachers, day program staff, behaviorists, employers, psychiatrists, therapists, and more) to work towards or achieve stabilization.

- CBEM utilizes interventions that are client centered and based on positive programming.

Critical Intervention Service:
Crisis Support

- CBEM's crisis hotline is accessible to all individuals served by the Regional Center 24 hours a day, 7 days a week.

- CBEM's crisis support team is prepared to provide immediate over-the-phone or in-person support within a 1 hour timeframe until the individual de-escalates or can remain safe

- CBEM will provide advocacy and support as individuals and caregivers experience a critical moment in time (also known as a crisis) alongside law enforcement and/or hospitals evaluating if there is a need for a 5150.

- CBEM will follow up with individuals' Regional Center and support systems after a crisis has occurred to address the recent critical situation and a plan to prevent further crises.
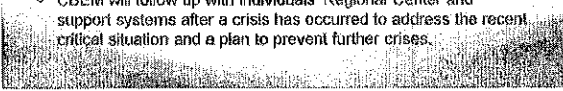
CBEM Crisis Hotline Protocol

1. Individual or circle of support call Regional Center and request the CBEM Hotline

2. Regional Center calls CBEM CIS hotline holder

3. CBEM CIS hotline holder will then call the person originally accessing the hotline and provide support

4. CBEM collaborates with Regional Center regarding support (i.e. emergency placement, 5150) and provides updates to crisis resolution
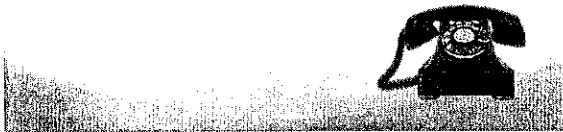
Crisis Call Response

During a crisis, CBEM will:

- Connect with individual or support person on the phone to provide immediate phone support and determine if an in-person response would be beneficial
- Develop a plan with the circle of support involved
- Utilize crisis communication
- Provide strategies to support person to de-escalate individual
- Develop a Safety Plan
- CBEM exits when the situation is stabilized
- CBEM will follow up post-crisis

Behavioral and Mental Health Collaboration

- CIS Internal Training
- CBEM Team
- Meet individual's needs based on level of ability
- CBEM CIS provide education and training to an individual's circle of support regarding:
  - Mental health diagnoses
  - Behavioral techniques
  - Substance Use/Abuse
  - Specific needs of individual

Collaboration with Community Resources

CBEM is a wraparound service and supports the individuals we serve by maintaining close contact with their circle of support.

- Regional Centers
- Residential Facilities
- Family Homes
- Schools
- Day Programs
- Employment Programs
- ILS, SLS, IHSS
- Medical Professionals
- Mental Health Professionals
- Emergency First Responders
- Police
- Juvenile Hall

Collaboration with the Regional Center

CBEM works in partnership with the Regional Center to assist individuals in seeking support from other professionals

- Medical Care
- Psychiatric Care/Medication Management
- Counseling
- Social Skills Training
- Healthy Relationships Training

CBEM Training

- CBEM collaborates with community resources and offers external training specifically developed to meet the needs of:
  - Hospitals
  - Police
  - Day Programs
  - Independent Living Skills Staff
  - Care Home Providers
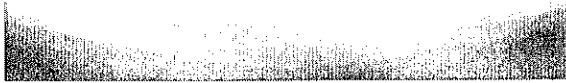
CBEM collaborates with service providers and can be of support by:

- Encouraging consistency among individuals' supports
- Assisting with the implementation of behavior/therapeutic/medical plans
- Maintaining regular communication with Regional Center to address concerns
- Suggesting interventions based on ABA principles and positive programming
- Helping individuals obtain services/resources as needed

- Attending health-related appointments
- Developing stabilization plans
- Consulting with CBEM's clinical team (i.e. psychologist, psychiatrist, behaviorist)
- Co-developing a safety or crisis plan
- Attending individuals' IEP, IPP, ISP, PTM, Court Hearings, etc.

Common Challenges Among Developmentally Disabled Population

- Medical/Psychiatric/Psychological Issues
  - Medication Non-compliance
- Communication difficulties
- Lack of safety awareness, elopement, poor boundaries
- Increased risk for abuse
- Lack of natural supports
- Need for consistency/routine
- Physical/Verbal aggression
- Transitional issues
- Self-Injurious Behavior (SIB)

7

Common Challenges to Serving Developmentally Disabled Population

- Co-morbidity with dual diagnosis mental health needs not yet diagnosed, served, or stabilized

- Families with limited capacities or abilities to meet individual's specific special needs

- Lack of resources

- Lack of psycho-socio-economic education regarding the particular challenges and specific needs

- Cultural stigma

- Lack of community education regarding individual's needs and rights

- Need for greater education and collaboration with first responders and/or care providers serving multiple needs of this population

Tips and Strategies

- Consistency is EXTREMELY Important

- Follow Through

- Staff Cohesion

- Service Collaboration/Communication

- Providing Reinforcement

- Teaching Moments

- Providing clear and concise directions about what you would like individual to do (versus telling them what not to do) in calm voice

Example Interventions

- Choice Boards
- Break Cards
- Social Stories
- Emotions Thermometer
- Safety plans

- Behavior Worksheets
  - Data Tracking
  - Task Analysis
  - Precursor/Escalation Cycle
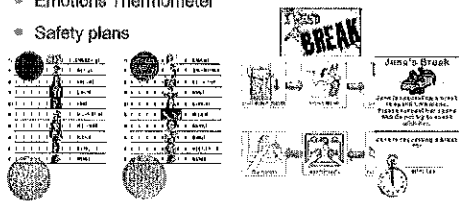
What We Have Learned

- Behavior does not change overnight

- Recognize progress even if it is small

- Collaborate with other professionals (i.e. behaviorist, family members doctors, Service Coordinator, day program, etc)

- Self-Care

- Importance of consistency
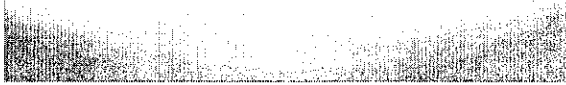
Contact Information

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CBEM (serving Golden Gate Regional Center)

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www.cbemllc.com

ALTA CALIFORNIA
REGIONAL CENTER

Unlocking the Secrets to Success II
Substance Abuse Reduction Program
April 29, 2014
John de Miranda, EdM, LAADC
&
John W. Decker, MSW

Funded by a Mental Health Services Act Training Grant administered by the
State of California Department of Developmental Services

What will this workshop cover?

The history and evolution of a project at Alta
California Regional Center to create
accessible alcohol and drug prevention,
treatment and recovery services for people
with developmental disabilities

JDM

Why was this project developed?

o ACRC found an overwhelming barrier of client's substance use existed
that kept clients from participating successfully in their regional center
services.

o ACRC found that many of the individuals we served were turned down
for treatment due to their cognitive delays and the programs expressed
they could not adequately meet our client's needs.

o Research shows that adults with mental retardation, ACRC's largest
demographic, use alcohol and other drugs at somewhat lower rates
than nondisabled adults. However, those individuals may have a
disproportionately high risk of encountering substance-related
problems or consequences.

JWD

A Three Year Project

A funding opportunity to address a longstanding gap in services through the Mental Health Services Act

Deliverables:

Community Steering Committee (MHSA Joint Taskforce)

Training for alcohol/drug providers

Training for Regional Center Service Coordinators

Training for Regional Center vendors (developmental disability professionals)

JWD

A Three Year Project (continued)

Creating New Services:

Outpatient Treatment – *Strategies for Change*
·Expanded funding for an existing Medi-Cal program. Added opportunities for more sessions and home visits for ACRC clients. Provided funding for additional training of staff and facility improvements

Peer Recovery Mentors – *Mexican American Addiction Program* – ACRC funding for the training and oversight of our clients that are in recovery to serve as mentors to those that in need of substance use treatment.

Vendorizing Alcohol/Drug Providers – *Bridges Professional Treatment*

JWD

A Three Year Project (continued)

National Publications

Addiction Services for Persons with Developmental Disabilities
Alcoholism and Drug Abuse Weekly

Adapting Addiction Services for People with Developmental Disabilities
Addiction Professional

The Future

Sustaining the effort – developing permanent internet-based training modules for AOD professionals and for those that work in the developmental disability service system.

JDH

2

Collaborative Efforts

Getting Started

o Participation in Sacramento County Alcohol and Drug Executive Director's Meeting. - Spring 2012

Got buy in from Executive Director's of local AOD agencies. 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 overwhelmingly agreed to participate in a needs assessment interview at their agency.

o In-person needs assessment interviews with 11 AOD agencies. -- Summer 2012

Agency staff indicated they currently serve individuals with developmental disabilities. They had little training about this population and were eager to have their staff trained on working with clients with them.

JWD

Collaborative Efforts (continued)

o Participation of community partners in MHSA Joint Taskforce – Summer 2012 - Ongoing

Quarterly meetings held at Alta California Regional Center with agenda items surrounding the development of the training materials and discussing cross-disciplinary issues. Average attendance at the Joint Taskforce is 17 professionals with nine different non-regional center vendored community alcohol and drug treatment agencies attending.

Products Created:

* Resource manual, modified 12-steps, screening and brief intervention materials, case scenarios
* Agency alcohol/drug model policy

JDM

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REGIONAL CENTER

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Mental Health Services Act Grant

The Department of Developmental Services (DDS) received Mental Health Services Act (MHSA) funds for Fiscal Years 2011-2012 through 2013-2014. Funding allows regional centers to develop and oversee innovative projects focusing on early intervention and treatment for children and adults.

Link to DDS website MHSA information

Alta California Regional Center (ACRC) was awarded grants through this funding:
* _Substance Abuse Reduction Training Project_
* _MHSA Report_

Funded by the Mental Health Services Act (MHSA) in partnership with the California Department of Mental Health and Department of Developmental Services

JWD

Professional Articles

ALCOHOLISM & DRUG ABUSE WEEKLY

ADDICTION PROFESSIONAL
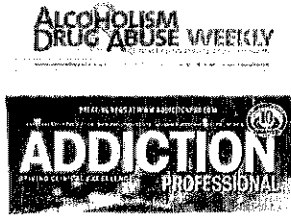
JDM

Testimonial from Addiction Professional

"...Utilizing the training our staff received as well as the special screening questionnaire, we are now able to identify these clients from the start and make sure that their treatment plan is geared for their success. Our staff was quickly receptive because now they had tools with which to help these clients, rather than the frustration of learning, perhaps too late, that they needed a slower pace and simpler terms. We were also helped by the fact that several years ago we adopted a treatment curriculum that was aimed at a 3rd-grade reading level, so we were already attuned to the need to keep it simpler."

- Tianna Roye is the Deputy Director of Bridges Professional Treatment Services in Sacramento. Her agency was the first addiction and recovery provider to seek training and consultation from the project, and she is enthusiastic about the value received.

JDM

Community Outreach and Trainings

During the course of the grant **361 community professionals** received training and outreach

- Kaiser Hospital
- Dignity Health
- Sacramento County Ombudsman's Office
- Sacramento County Public Guardian's Office
- Sacramento County Adult Protective Services
- Sacramento County Department of Human Assistance
- Substance Abuse Steering Coalition of Yuba, Sutter and Colusa Counties
- Sutter Yuba Mental Health
- Marysville Police Department
- Sutter County Office of Education
- Placer County Adult System of Care
- Placer County Children's System of Care
- Bridges, Inc. (Inpatient, Outpatient, & STARS Case Management)
- Mexican American Addiction Program (MAAP)
- Sutter Yuba Alcohol and Drug Services
- Sutter County Probation Department
- Yuba County Probation Department
- Golden Sierra Workforce
- WestCare
- Wellspace
- Safety Center, Inc.
- Tahoe Youth and Family Services
- Sierra County Health and Human Services
- 4th & Hope (Walter House Residential Drug Treatment & outpatient)
- CRC Health Group – Treatment Associates
- M.A.A.P.
- Bi-Valley Medical Clinic
- Strategies for Change
- Pathways- Yuba City

JWD

ACRC Vendor and Staff Trainings

o Summer and Fall 2013 – Approx. **125 ACRC staff** received training on working with clients that have alcohol and drug issues. Staff were provided with some assessment materials and were acquainted with different treatment modalities.

o Winter and Spring 2014 - Approx. **140 ACRC vendors** (care home, day program, supported living services, independent living services, behaviorists and counselors) received training. These vendors received a similar training to the ACRC staff but also discussed development of agency policies related to serving clients with substance use issues.

JWD

What the research tells us

o Persons with MR/DD use less alcohol and illicit drugs than general population

o Alcohol use more likely than illicit drugs even in households with illicit drug use

o Patterns of use/abuse most likely learned from family

o Greater negative consequences from same amount of use

JDH

Risk Factors

o Family of origin

o Status transitions

o Use with medication

o Influence of "friends"

o Alcohol not viewed as a drug

o Societal messages and values

o Inaccessible prevention & education services

JDH

5

AOD and DD Service Provider Challenges

Shared Provider Challenges
- Limited expertise in each other's field
- Small numbers needing AOD service
- Lack of training and treatment
- Funding restrictions
- System not set up to address shared population
- Mental illness co-morbidity may be 50% and rehab sophistication and needs increase exponentially

DD Provider Challenges
- No clear policies/practices
- Staff AOD issues
- Client choice issues

AOD Provider Challenges
- Funding restrictions
- System not set up to address MR/DD
- Increasing service standardization
- Attitudinal
- Discriminatory policies/practices (medication)
- Architectural issues

JDM

Lessons Learned

- Cross system collaboration is not only possible but welcome
- The incidence of co-occurring (AOD-DD) problems is a significant barrier to successful regional center services outcomes
- Significant activities addressing this problem occur naturally
- Organizational champions are important

JDM

Thank you for your time today!

ALTA CALIFORNIA
REGIONAL CENTER

http://www.altaregional.org/resources/mhsagrant

6

NOTES

NOTES

NOTES

NOTES

The Certificate of Excellence in Dual Diagnosis (DD-MI)

People we serve may have complex needs, including issues with substance abuse and/or mental illness in addition to the diagnosis of developmental disability. These inter-dependent needs often require multiple systems of care to work together in supporting individuals to live successfully in their local communities.

The **Certificate Of Excellence** was developed to support continued expertise in this specialty area. It is part of the Solutions Building Community Collaborative in San Diego funded by the California State Department of Developmental Services and is co-sponsored by San Diego Regional Center and San Diego County's Health & Human Services Agency.

The **Certificate of Excellence** is an on-line resource designed to provide up to 30 hours of training and information for professionals who work with and for persons with a dual diagnosis in developmental disabilities and mental health disorders.

One can take the classes for free or receive CEU's for a fee of $5 per hour session.

To access the program please to go the website:
WWW.SOLUTIONSBUILDING.ORG

Below is the list of class sessions

Understanding Dual Diagnosis (4 hours)

Introduction

Unit 1: Developmental Disabilities

Unit 2: Mental Health Disorders

Unit 3: Dual Diagnosis

Clinical Diagnosis (6 hours)

Introduction

Unit 1: Challenges and Barriers in Differential

Unit 2: Introduction to the DSM-IV

Unit 3: Common Diagnoses for the Dually Served

Unit 4: Case Examples and Theoretical Models

Behavioral Strategies (5 hours)

Introduction

Unit 1: Dual Diagnosis

Unit 2: Getting Started: The "Plan"

Unit 3: Behavior Theory

Unit 4: Interventions and Strategies

The "Other" Dual Diagnosis (4 hours)

Introduction

Unit 1: The Scope of the Problem and Definitions

Unit 2: Substances of Abuse

Unit 3: Screening and Assessment

Unit 4: Mental Illness

Unit 5: Referral to Treatment

Therapies Overview (2 hours)

Introduction

Unit 1: Challenges of Traditional Therapeutic

Unit 2: Most Common Theoretical Approaches

Psychopharmacology (3.5 hours)

Introduction

Unit 1: Assessment Principles

Unit 2: Common Conditions and Psychopharmacology

Cross-Systems Collaboration (3.5 hours)

Introduction

Unit 1: What is Collaboration and Why Do We Care?

Unit 2: Dual Diagnosis - What is It?

Unit 3: What's Working?

Unit 4: Cross-Systems Panel

Certificate of Excellence - Overview / Review (2 hours)

Introduction

Class 101: Understanding Dual Diagnosis

Class 201: Clinical Diagnosis

Class 301.1: Behavioral Strategies

Class 301.2: The "Other" Dual Diagnosis

Class 301.3: Therapies Overview

Class 301.4: Psychopharmacology

Class 401: Cross-Systems Collaboration

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