

Complex Needs

PRACTICAL SOLUTIONS

The Los Angeles Mental Health and Developmental Disabilities Education Program

PROJECT MANUAL

Presented By:



WESTSIDE
REGIONAL CENTER

Partners:



Solutions Building
Community Collaborative



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SECTION 1: Introduction



Background

Research has shown that individuals with developmental disabilities are at heightened risk for mental health issues. Up to 35% of individuals with developmental disabilities have co-occurring psychiatric disorders, while over 26% of American adults, regardless of disability status, have a diagnosed mental disorder within a given year.¹ Furthermore, a statewide needs assessment estimated that 1 in 6 individuals receiving services from California Regional Centers have a dual diagnosis of mental health and developmental disability (MH/DD).² However, the real prevalence of mental health issues in the population of individuals with developmental disabilities may be underestimated due in part to diagnostic overshadowing (i.e., the tendency of psychiatric symptoms to be minimized or even overlooked when a developmental disability is present). In addition, those with a dual diagnosis face barriers to accessing high quality mental health care, including inadequate models of therapy, reduced frequency of services received, varying quality of assessment and treatments, and inefficient or non-existent follow-up. Finally, the systems of care serving those who are dually diagnosed and serving those who have a mental health diagnosis have historically existed in silos, with little meaningful interaction beyond referrals.

In order to better address the needs of individuals with or at risk for a dual diagnosis, a multi-disciplinary approach should be implemented where behavioral, developmental, educational, mental health, and medical services are integrated. The first step to achieving this inter-agency collaboration is through training, not only to increase knowledge and skills, but also to provide a forum for the exchange of information, the development of a shared language, the enhancement of workforce efficacy, and the increasing community capacity to serve those with or at risk for dual diagnoses.

With Mental Health and Services Act (MHSA) funding from the California State Department of Developmental Services, the Los Angeles Mental Health and Developmental Disabilities Education (LA MHADDE) Program was established in 2008 to recognize and address the needs of individuals with dual diagnosis. This project manual provides an overview of the LA MHADDE Program, including a comprehensive outline of program steps used in developing and implementing the program, detailed information about the cohort-based training collaborative series and Southern California Stakeholders' Conference, methods in conducting Administrator Outreach, as well as useful lessons to be shared with others.

We hope that the information contained in this manual will provide a useful training model for anyone interested in promoting and enhancing the well-being of individuals with co-occurring developmental disabilities and mental health issues.

¹Statistic obtained from the National Association for the Dually Diagnosed and the National Institute for Mental Health websites on March 26, 2009, <http://www.thenadd.org/pages/about/ddinfo.shtml> and http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml, respectively.

²California's Regional Centers' Chief Counselors Group & Mosaic Connections, Inc. (2006). Initial Report: Serving the Difficult to Serve: A Wellness Initiative Project. Retrieved from: http://www.mosaiclink.org/documents/SERVING_THE_DIFFICULT_TO_SERVE.INITIALREPORT.01.12.06.pdf



What is the LA MHaDDE Program?

The LA MHaDDE Program is a collaborative effort to educate community professionals and enhance coordination for people with a dual diagnosis.

Beginning in 2008, Westside Regional Center (WRC), in collaboration with North Los Angeles County Regional Center (NLACRC), Los Angeles County Department of Mental Health (LADMH), the USC and the UCLA University Centers for Excellence in Developmental Disabilities (UCEDDs), the National Association for the Dually Diagnosed (NADD) and other partners designed a series of trainings for staff from regional centers, Department of Mental Health and contracted agencies, center-based programs, behavioral health agencies, school districts, physicians (including pediatricians, family medicine, internal medicine and psychiatrists), therapists (e.g. occupational, physical, and speech), and psychologists.

The goals of the program were:

1)	<i>To educate participants on recognition, screening, referral, evaluation, treatment, and supports for children and adults with dual diagnoses of developmental disability and mental health disorder (individuals with dual diagnoses) in the Los Angeles area;</i>
2)	<i>To establish and maintain a meaningful collaboration between agencies, clinicians, service providers and families of individuals with dual diagnoses;</i>
3)	<i>To enhance the quality of systems of care for individuals with dual diagnoses through participation in this training collaborative.</i>



Targeted participants of the trainings included clinicians, service providers and agency staff who provided care-coordination, assessment, referrals, and follow-up services for children and adults with dual diagnosis in the North and West Los Angeles areas. Program participants were recruited from each of the following groups:

1)	<i>Occupational, physical, and speech therapists; behaviorists; mental health counselors, educators/therapists in clinic settings (e.g. school- and center-based programs)</i>
2)	<i>Psychologists, clinical therapists, and physicians</i>
3)	<i>Service providers and coordinators from Regional Centers, Department of Mental Health, and local community organizations</i>
4)	<i>Administrators (and family representatives) and public policy professionals participated as a fourth cohort of the program</i>

As each group interacts with individuals with dual diagnoses in a different way and at a different point in the service delivery configuration, each group had unique training needs and participated in separate training modules that were relevant and applicable to their own individual professional skill sets and backgrounds.

The LA MHaDDE Program was overseen by a Dual Diagnosis Collaboration Task Force, which included approximately 20 representatives from each stage of the service delivery configuration among both the mental health and developmental disabilities systems of care and throughout the Los Angeles area. The Task Force included family members, clients and client advocates, physicians, psychologists, occupational and physical therapists, behaviorists, service coordinators, social workers, and nurses. It was charged with educational oversight, including curriculum development and review; training evaluation and adaptation and developing a vision of a collaborative system of referrals, collaboration, and follow-up; workforce development, including promotion of mental health and developmental disabilities education during internship and residency programs; and future directions for the program.

The LA MHaDDE Program consisted of a series of cohort-based trainings, culminating in a final area-wide conference.

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SECTION 2: Program Development



Program Steps

The Los Angeles Mental Health and Developmental Disabilities Education (LA MHaDDE) Program was established in 2008 to recognize and address the needs of individuals with dual diagnoses of a developmental disability and mental health disorder. The development of the LA MHaDDE Program included the following program activities:

Step One:	<i>Develop the Grant Team</i>
Step Two:	<i>Develop the Task Force</i>
Step Three:	<i>Create the Needs Assessment</i>
Step Four:	<i>Focus on Competencies</i>
Step Five:	<i>Develop The Trainings</i>
Step Six:	<i>Create Training Evaluations</i>



Step One: Develop the Grant Team

After receiving news that Westside Regional Center (WRC), in collaboration with North Los Angeles County Regional Center (NLACRC), was selected to receive Mental Health Services Act (MHSA) funding for this innovative program, we began gathering together a grant team from the two regional centers and other local partners to plan, develop and execute the components of this program.

Our grant team was comprised of members from Westside Regional Center (e.g. physicians, psychologists, nurses, and allied health professionals), as well as representatives from the following partner organizations: NLACRC, Didi Hirsch Community Mental Health Center, Westside Family Resource and Empowerment Center, and the National Alliance on Mental Illness (NAMI), Los Angeles Chapter.

To achieve the goals of the LA MHADDE Program, we created four committees within our grant team:

1)	<i>Needs Assessment</i>
2)	<i>Recruitment</i>
3)	<i>Curricula</i>
4)	<i>Evaluation</i>

Each grant team member was charged with executing the relevant goals and objectives of this program for their own committee (please see our timeline by subcommittee in Appendix A).



Step Two: Develop the Task Force

Whereas the grant team was in charge of operationalizing and executing the LA MHaDDE Program, we also wanted input, and expertise from representatives of each stage of the service delivery configuration among both the mental health and developmental disabilities systems of care throughout the LA area, including, but not limited to, family members, clients and client advocates, medical professionals, mental health professionals, therapists (e.g. occupational, physical, speech), social workers, and direct care providers. These representatives served as the valuable members of the LA MHaDDE Program Task Force.

We recruited representatives from each domain of the service delivery configuration among both the mental health and developmental disabilities systems of care, including medical professionals, mental health professionals, therapists, educators, social workers, direct care providers, family members, and client advocates.

The LA MHaDDE Program Task Force met at least quarterly for the duration of the grant. Based on individual strengths and areas of expertise, Task Force members provided their guidance over the following program activities:

1)	<i>Development of the training curriculum;</i>
2)	<i>Evaluation of the trainings;</i>
3)	<i>Recruitment of training participants;</i>
4)	<i>Workforce development: promotion of mental health and developmental disabilities education during internship and residency programs;</i>
5)	<i>Development of a vision for a collaborative system of referrals, coordination, and follow-up;</i>
6)	<i>Development of a resource directory addressing issues of dual diagnoses for clinicians, service providers, and clients/ families;</i>
7)	<i>Development and implementation of a Southern California Stakeholders' Conference on dual diagnoses.</i>



Step Three: Create the Needs Assessment

In order to create a successful training series, it was important to have a thorough understanding of the community and its needs. Our needs assessment committee conducted several key informant interviews with local leaders in the field of dual diagnosis of developmental disabilities and mental health disorders as well as attended local MHSA and DMH Service Area meetings. These meet-and-greets served three important functions: (a) to understand the key issues faced by individuals with a dual diagnosis being served by both the regional center and mental health systems; (b) to disseminate information about the project and upcoming trainings; (c) to recruit additional professionals from the developmental disabilities and mental health systems of care for the Task Force.

This committee also developed a needs assessment survey (please see Appendix A) that was administered to local medical professionals, mental health professionals, therapists, social workers, direct care providers, educators, family members, and client advocates. This needs assessment was developed to help us learn about the concerns of our target audience and make the trainings interesting, relevant, and feasible to attend.

The needs assessment also served as our first recruitment tool for our cohort-based trainings. By distributing the needs assessment to various groups at meetings, we also used the opportunity to promote awareness of the trainings. The majority of those who completed the survey provided us with their name, organization, email address, and telephone number, and stated they would like to be contacted for future training events; we used this information for recruitment purposes. We also conducted recruitment through listservs, continued in-person contacts with organizations, word-of-mouth, and flyers.



Step Four: Create the Competencies

Based on the needs assessments and input from the grant team and Task Force, the curricula committee developed a list of competencies/ skills to which these trainings would be geared (please see the Competencies matrix in Appendix C). In addition, following extensive reviews, our curricula committee identified potential speakers who could address those competencies. For each cohort, we addressed the following:

1)	<i>Identify the specific skills/ competencies that would form the basis of the competency-based training.</i>
2)	<i>Identify the conditions (standardized patients, vignettes, role play) under which the skills had to be demonstrated.</i>
3)	<i>Develop the competency-based evaluation tools, assessments and/ or checklists operationalizing the criteria/ standards required to perform each skill.</i>
4)	<i>Develop the training objectives, which outlined what the participant must do in order to master the skill.</i>
5)	<i>Develop the course outlines and syllabi that would address the competencies and outlined training objectives.</i>



Step Five: Develop The Trainings

Our goal was to develop training series based on evidence-based and best practice strategies, led by experts in the field of developmental disabilities and mental health. In order to achieve this goal, each instructor was asked to develop their curriculum and materials to meet the competencies created by the grant team and Task Force. Thereby, trainings were tailored to each cohort's unique needs and included many of the following topics:

1) For psychologists, clinical therapists and physicians:

- What are the distinctions and overlaps between a developmental and psychiatric dual diagnosis, including discussions of recognizing physical, behavioral or mental symptoms as markers of developmental, psychiatric or neurological disorders
- How to conduct and document an assessment (including history and physical or psychological assessment) for biopsychosocial developmental and mental health disorders
- Best Practices: evidence-based screening and evaluation tools, resources and processes of care
- Using diagnostic handbooks such as the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC:0-3R) and the Diagnostic Manual – Intellectual Disability (DM-ID).
- Treatments for dual diagnoses: The use and integration of mental health, behavioral and pharmacological therapies, including evidence of effectiveness and concerns about their uses
- Community-based program models that have proven effective
- Mental health co-morbidities for individuals with developmental disabilities at different life stages
- Cross-training: What are the treatment models and specific referral resources available to individuals within each system of care and how to create a medical home for individuals with dual diagnoses



2) For occupational, physical, and speech therapists; behavioral therapists, mental health counselors, educators/therapists in clinic settings (including school-and center-based programs):

- Risk factors for developmental disabilities and mental health issues, including environment and family violence
- Parent interview techniques that can be used to elicit concerns or risk factors for developmental or mental health issues; how to approach the topic with parents or individuals
- Learning to distinguish between a behavioral problem linked to a developmental disability and a psychiatric disorder
- Early detection, identification and referral for developmental or mental health symptoms
- Documentation of behavioral/mental health concerns and use of standardized tools
- Understanding referrals and community resources
- Working with individuals with dually diagnoses: how to maximize clinical interactions and outcomes
- Inter-system cooperation and cross-training: What are the entry points, most used assessment tools, and referral sources in the system of care for developmental disabilities and the system of care for mental health?



3) For service providers and coordinators from regional centers, department of mental health and other community providers:

- Addressing mental health or developmental issues with individuals and their families: how to approach and ask questions
- Recognizing red flags and appropriate reasons and candidates for referral to mental health or developmental resources throughout the age span
- Understanding the system of referrals, entry points, financing, obligations, etc.
- Becoming aware of community and mental health and developmental agency resources and family supports, including an understanding of what services are offered
- Determining what constitutes a crisis and how to address these
- Support for individuals and families regarding the variety of treatments/therapies, when to refer for which kind of treatments/therapies, their availability, efficacy and concerns about their uses
- How to create shared plans between mental health agencies, regional centers, families and other health resources
- How to establish and maintain a collaborative plan for future trainings

Trainings were conducted using an interactive and participatory approach, resulting in:

- Transfer of knowledge and skills from the trainer to the participants through lecturing, examples, interactive question and answer sessions
- Development of participants' skills through reflective and participatory approaches

Through these trainings, participants also shared clinical intervention language based upon appropriate developmental stages and ultimately developed coordinated plans for addressing acute and chronic conditions. Desired outcomes included educating on the possibilities for a more coordinated system of care for individuals with dual diagnosis, such as designated service coordinators from each system and multidisciplinary (and cross-system) acute crisis response teams.



Step Six: Create Training Evaluations

Our evaluation committee worked closely with the curricula committee to research the tools and methods used to assess whether training participants did indeed increase the targeted competencies and skills. Our goals for evaluation were to:

- Assess the progress – confirm that the trainings were delivered consistently with the established goals and competencies and that they targeted appropriate cohorts of professionals (please see Appendix C)
- Assess the impact – gauge the extent to which the trainings produced increases of participants' knowledge and changed practice
- Build base of support – generate information and evidence to share with funders and other stakeholders

Formative evaluation of the trainings aimed at clarifying the needs of the target audience and assessing the enhancement to the quality of service delivery through education. The evaluation of the cohort-based training series focused on four areas:

- Learning objectives specific to each cohort-based training
- Overall impressions of the conferences
- Individual presentations and speakers' expertise
- Self-identified changes in knowledge, job performance, and quality of life of clients

The evaluation subcommittee aimed at identifying performance dimensions that were reasonable, appropriate, and practical to the expectations of funders and stakeholders. Pre-and-post self-administered questionnaires were administered at each of the individual training sessions. These questionnaires included knowledge-based questions created by each of the speakers for their specific session.

Evaluation results were disseminated to funders and stakeholders quarterly via written reports and oral presentations.

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SECTION 3: Program Implementation



Collaborative Training and Conference Overview

Spring 2010 Trainings

May 8, 2010

Challenging Behaviors across the Lifespan: Medical, Psychiatric, and Developmental Etiologies in Autism and Other Developmental Disabilities.

Target Audience: Clinicians

May 12, 2010

Putting the Pieces Together: Behavioral Recognition and Intervention for People with Mental Illness and Developmental Disabilities.

Target Audience: Direct Support Professionals

June 9, 2010

Addressing Behavioral Challenges in the Therapeutic Setting: Navigating Roadblocks to Success for Those with Developmental and Mental Health Conditions.

Target Audience: Allied Health Professionals

Follow-up Surveys & Program Changes

Fall 2010 Trainings

October 28, 2010

Strength-Based Tools for Success: Working with Challenging Behaviors in People with Developmental Disabilities and Mental Health Issues

Target Audience: Direct Support Professionals

November 5, 2010

Exceptional Behaviors, Innovative Responses: Strategies for Assessment and Therapy for Individuals with Developmental Disabilities and Mental Health Issues

Target Audience: Allied Health Professionals

November 10, 2010

Working Together Towards Success: Cross-Disciplinary Approaches to Assessment and Management of Developmental Disabilities and Mental Health Disorders

Target Audience: Clinicians

December 2, 2010

Managing Care for Adults with Developmental Disabilities and Challenging Behaviors

Target Audience: Mental Health Providers

Administrator Outreach

March 4, 2011

Administrator Luncheon - Building and Sustaining Coalitions: Optimizing care through cross-system collaboration for individuals with mental health issues and developmental disabilities.

Target Audience: Administrators and other professionals charged with selection of services, resource development, systems budgets and community wide collaboration.

Southern California Stakeholders' Conference

April 15, 2011

Seeking Success, Building Bridges: Best Practices in Assessment, Management and Intervention for Developmental Disabilities and Mental Health.

Target Audience: Administrators and other professionals charged with selection of services, resource development, systems budgets and community wide collaboration.



Spring 2010 Cohort-Based Training Series

Recruitment for these cohort-based trainings was conducted by mail, email, community presentations, and word of mouth. Several hundred flyers were mailed to local clinicians, therapists, agencies, and mental health providers. Flyers were also disseminated to Los Angeles County Department of Mental Health (LADMH) contractors and vendors of Westside and North Los Angeles County Regional Centers. E-mail flyers were distributed through local e-newsletters and within organizations such as DMH, (UCEDD) UCLA's Tarjan Center, Children's Hospital Los Angeles USC (UCEDD). Presentations were also made at Westside Mental Health Provider Network luncheons, DMH Service Area meetings, and other local community organizations. We also offered continuing education hours and certificates of attendance as incentives. These recruitment methods resulted in full sessions for all of our trainings and waiting lists for the fall training series.

The first training *Challenging Behaviors across the Lifespan: Medical, Psychiatric, and Developmental Etiologies in Autism and Other Developmental Disabilities* targeted physicians, psychologists and other independent licensed clinicians. This training was conducted on Saturday May 8th, 2010 at Annenberg Community Beach House. Instructors for this training included **Mark De Antonio MD**, Director of Inpatient Child and Adolescent Services at UCLA Division of Child and Adolescent Psychiatry and recently featured on ABC's 20/20, **Clarissa Kripke MD**, Associate Clinical Professor at UCSF, **Mayra Mendez PhD, LMFT**, a psychotherapist with over 30 years experience in the field of dual diagnosis and mental illness, and **Martin Stein MD**, Professor of Pediatrics at UCSD and Rady Children's Hospital San Diego and a pioneer of developmental and behavioral pediatrics.

The second training *Putting the Pieces Together: Behavioral Recognition and Intervention for People with Mental Illness and Developmental Disabilities* was aimed at direct care and social services professionals, board and care/ residential services staff, day program/ club house/ wellness center staff, educators, service coordinators, case managers and other professionals. This training was held on Wednesday May 12th, 2010 at the Skirball Cultural Center. Instructors for this training included **Laura Broderick MS**, owner and director of the supported living agency Diverse Journeys, Inc., **Barbara Devaney LMFT**, past director of the Anchor program, an innovative collaboration between regional center and DMH to provide therapeutic services for verbal and non-verbal regional center clients, **Darlene Sweetland PhD**, consulting psychologist for the Solutions Building Team in San Diego, and **Stephanie Young LMFT**, a crisis counselor and clinical director for crisis prevention/ intervention teams.

The third training *Addressing Behavioral Challenges in the Therapeutic Setting: Navigating Roadblocks to Success for Those with Developmental and Mental Health Conditions* was held on Wednesday June 9th, 2010 at the Skirball Cultural Center and targeted occupational therapists, physical therapists, speech and language pathologists, behaviorists, education specialists, and other clinical therapists and allied health professionals. Instructors for this training included **Jennifer Keany MS, MFT**, director of a behavioral agency for children and young adults, **Alice Kibele PhD, OTR/L** an occupational therapist with more than 30 years of experience working with children with developmental disabilities and behavioral issues, and **Mayra Mendez PhD, LMFT**, a psychotherapist with over 30 years experience in the field of dual diagnosis and mental illness.

Please see Appendix B— for the 2010 spring marketing flyers.



Follow-up Survey and Program Changes

Our collaborative training series used a PDSA type model. **PDSA** stands for **Plan-Do-Study-Act**. In this model, a multidisciplinary team of mixed expertise and authority is formed (our Dual Diagnosis Collaboration Task Force) to determine what obstacles or barriers need to be addressed during the trainings within the different aspects of the service delivery configuration (**PLAN**). These topics are then addressed during the educational component of the training (**DO**). After six months, a self-administered online survey is sent to all of the training participants to learn of their implementation of the skills within their own agencies and changes in practice. These surveys, as well as the feedback from the post-questionnaire from the trainings, help identify areas where modification is needed (**STUDY**). The results of these surveys help to implement the lessons learned, leading to refinement of skills learned and practice change strategies, which are included in the future training cycle and these improvements are recorded (**ACT**).

With the assistance of our Dual Diagnosis Collaboration Task Force, self-administered follow-up survey questionnaires were developed and tailored to each cohort of participants (i.e., allied health professionals, clinicians, and direct service providers). Through facilitated discussion among the Task Force members, statements and questions for the surveys were constructed; these questions were guided by the established objectives and competencies for each of the cohort-based trainings. For instance, the survey questionnaire for clinicians comprised of questions relating to how well the training impacted their job performance as it relates to their clients' management plan, referrals, and issues associated with psychopharmacology, whereas the survey questionnaire for allied health professionals focused more on how the training improved their understanding and compassion for their clients with dual diagnosis and whether or not it has assisted in adapting behavioral strategies for clients with challenging behaviors.

Each follow-up survey questionnaire consisted of five questions and based on the five-point Likert scale. A comment section for each question was also made available so as to allow the participant to address specific examples in changes to job performance and knowledge. Additional fill-in sections requesting topics for future trainings, as well as soliciting general recommendations/ comments from participants that were not addressed in the previous five questions.

Please see Appendix F for the surveys.



Fall 2010 Cohort-Based Training Series

For our fall conference series, we conducted four training events throughout the months of October, November, and December 2010. We continued to focus on the list of competencies and skills that were developed for each cohort by our grant team and Task Force; additionally, based on feedback from our 3 spring conferences and the follow-up surveys, using the PDSA model, we modified the content of our trainings and asked our speakers to incorporate more real-life scenarios and case-based discussion. Specifically, to create a greater sense of cohesion, the speakers were asked to coordinate and share two case studies that would be discussed in each of their presentations.

The first training *Strength-Based Tools for Success: Working with Challenging Behaviors in People with Developmental Disabilities and Mental Health Issues* was aimed at direct care and social services professionals, board & care/ residential services staff, day program/ club house/ wellness center staff, educators, service coordinators, case managers and other professionals. This training was held on Thursday October 28th, 2010 at the Skirball Cultural Center. Instructors for this training included **Laura Broderick MS**, owner and director of the supported living agency Diverse Journeys, Inc., **Jennifer Keany MS, MFT**, director of a behavioral agency for children and young adults, and **Stephanie Young LMFT**, a crisis counselor and clinical director for crisis prevention/ intervention teams.

The second training *Exceptional Behaviors, Innovative Responses: Strategies for Assessment and Therapy for Individuals with Developmental Disabilities and Mental Health Issues* was held on Friday November 5th, 2010 at the Skirball Cultural Center and targeted occupational therapists, physical therapists, speech and language pathologists, behaviorists, education specialists, and other clinical therapists and allied health professionals. Instructors for this training included **Mayra Mendez PhD, LMFT**, a psychotherapist with over 30 years experience in the field of dual diagnosis and mental illness, **Jennifer Keany MS, MFT**, director of a behavioral agency for children and young adults, and **Alice Kibele PhD, OTR/L** an occupational therapist with more than 30 years of experience working with children with developmental disabilities and behavioral issues.

The third training *Working Together Towards Success: Cross-Disciplinary Approaches to Assessment and Management of Developmental Disabilities and Mental Health Disorders* targeted clinicians and was conducted on Wednesday November 10th, 2010 at the Skirball Cultural Center. Instructors for this training included **Mayra Mendez PhD, LMFT** and **Eraka Bath MD**, a psychiatrist, the Director of Child Forensic Services and an Assistant Professor of Psychiatry in the Department of Psychiatry at the UCLA Neuropsychiatric Institute.

For our fourth training, we collaborated with Exodus Recovery, Inc. to further reach out to mental health professionals. Exodus is a Los Angeles County Department of Mental Health contracting agency that provides psychiatric and chemical dependency treatment services. The presentation, *Managing Care for Adults with Developmental Disabilities and Challenging Behaviors*, was held during Grand Rounds/noon conferences on December 2nd, 2010 at the Exodus Recovery Urgent Care Center at Los Angeles County USC Hospital. The instructor for the training was **Clarissa Kripke MD**, Associate Clinical Professor of Family Medicine and Director of the Office of Developmental Primary Care at UCSF.

Please see Appendix B for the 2010 fall marketing flyers.



Administrator Outreach

In addition to our goal of increasing skills and knowledge through education, the LA MHaDDE Program also recognized the critical need for coalition-building across all systems of care in order to fully meet the needs of individuals with co-occurring developmental disabilities and mental health issues. Oftentimes barriers – limited budgets, infrastructure and human resources – create siloed systems and impede collaborative efforts. Therefore, an administrator session was hosted to facilitate local coalition-building and create a forum for attendees to cultivate and maintain relationships.

Building and Sustaining Coalitions: Optimizing care through cross-system collaboration for individuals with mental health issues and developmental disabilities was held on March 4, 2011 at the Skirball Cultural Center. The panel for the event comprised of representatives from each of the major systems – Regional Centers (RC), Department of Mental Health (DMH), Special Education Learning Planning Areas (SELPA), and Department of Children and Family Services (DCFS) – and focused on providing an overview of systems' services, as well as how they can function together to improve quality of life for individuals with developmental disabilities and mental illness. The panel first presented the historical context of dual diagnosis case management and service implementation. Each panelist was then able to identify their unique role, needs, contributions towards their current collaborative case-management model, and to discuss the future directions of capacity building initiatives. The panel presented case-based scenarios to the attendees in order to give insight on how a coalition can work together to enhance services and community stabilization for dually diagnosed individuals. Participants and panelists then stayed for a networking lunch to further build relationships and encourage future collaboration between possible partner agencies.

Please see Appendix B for the outreach marketing flyers.



Southern California Stakeholders' Conference

After the completion of our spring and fall training series, the LA MHaDDE Program culminated in the Southern California Stakeholders' Conference, *Seeking Success, Building Bridges: Best Practices in Assessment, Management and Intervention for Developmental Disabilities and Mental Health*, on April 15th, 2011, at the California Endowment Center for Healthy Communities in Los Angeles, CA.

This conference aimed to bring together participants from the previous training sessions with stakeholder from various agencies, educational entities, community groups and representatives, and featured nationally-recognized experts in dual diagnosis. The first conference objective was to enhance knowledge related to (1) diagnosis, assessment, and observation, (2) behavioral intervention and management strategies, and (3) increased collaborative care across systems serving individuals with dual diagnosis. The second objective was to teach health professionals and administrators new skills and reinforce existing capabilities in order to improve client outcomes and increase efficacy in the workplace. Our final objective was to facilitate cross-systems collaborations by providing opportunities to network with community partners, and share best practices, innovative strategies, and unique insight on serving individuals with developmental disabilities and mental health issues.

Following the development of the overall goals and objectives of the Southern California Stakeholder's Conference, recruitment activities commenced to identify conference presenters. In order to select and recruit quality experts in the field of dual diagnosis of mental health and developmental disabilities, a number of strategies were used. These included (1) recommendations from the Dual Diagnosis Collaboration Task Force members as to whom to contact as suitable experts and speakers for the conference, (2) extensive literature reviews, including publications included on The National Association for the Dually Diagnosed (NADD) website, and (3) researching candidates from academic institutions, county government health departments, and community-based organizations. With each prospective speaker, the grant team conducted a thorough review of the potential speaker's area of expertise as well their professional work and research experience with individuals with dual diagnosis. A personalized invitation letter was then sent by Westside Regional Center to a prospective speaker and conference calls were coordinated to further discuss presentation guidelines and logistics.

Simultaneously with recruitment activities, the grant team incorporated comments from participants of previous training series and input from members of the Task Force in developing competencies for the Southern California Stakeholder's Conference. For example, breakout sessions were created focusing on behavioral and cognitive interventions separately for children, adolescents and adults with developmental disabilities and mental health issues. The competencies were discussed during conference calls with speakers and tailored specifically to their areas of expertise and experience.

Please see Appendix D for the conference objectives, schedule, and a list of competencies.

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SECTION 4: Conclusion



Lessons Learned & Next Steps

Through the LA MHaDDE program, participants have become more focused on developing expertise in dual diagnosis, enhancing communication, streamlining referral processes, and forming collaborative cross-system case management that enhance services for individuals with developmental disabilities and mental health disorders. The LA MHaDDE program has also helped to develop a community-based education model that has successfully engaged stakeholders in collaborative public health training efforts.

The following major ‘lessons’ emerged from the successes of this project as points to strengthen education capacity, enhance understanding of individuals with dual diagnoses, and improve services for this population.

1)	<i>Involve community stakeholders from the very beginning of the project to ensure that they are a part of the critical process of determining overall performance objectives, activities, and expected outcomes.</i>
2)	<i>Ensure that the project and curricula objectives clearly focus on providing results that strengthen the community’s capacity to serve individuals with developmental disabilities and mental health issues.</i>
3)	<i>Ensure that the project emphasizes long-term outcomes that are germane, measurable and sustainable for the community.</i>
4)	<i>Develop training objectives, which outline what the participant must do in order to master the skill.</i>
5)	<i>Include a clearly-stated reporting format that requests both quantitative and qualitative information; conduct regular reviews of the project trainings to ensure that the activities continue to meet the needs of the community it serves.</i>

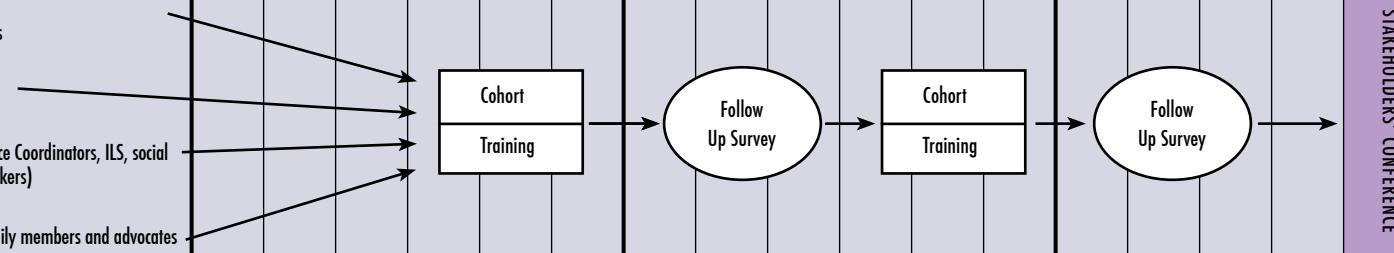
The LA MHaDDE Program has demonstrated solid progress in increasing knowledge, expanding collaborative case-management efforts across systems of care, and ultimately improving the health of the local community. Nonetheless, more work is needed to document long-term outcomes of the education interventions. There should also be further study addressing program challenges, such as in identifying meaningful goals and objectives that would translate to practice changes for the community, data collection limitations, and the dearth of research evidence about best practices pertaining to educational interventions for this population.

Complex Needs
PRACTICAL SOLUTIONS

APPENDIX A

Timeline By Subcommittee

SUB COMMITTEES	YEAR 2												YEAR 3														
	2009						2010												2011								
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN			
(1) NEEDS ASSESSMENT /		Research Needs Assessment (NA) methods					Research and secure conference location; begin securing speakers for conference																				
		Develop NA tool											Develop conference brochures, recruitment materials, finalize conference schedule														
(2) RECRUITMENT		Research locations for trainings																									
			Secure locations & dates for trainings																								
				Develop flyers & recruitment materials		Send out fliers, recruit through mass email & listservs, attend meetings, etc.																					
(3) CURRICULA		Gather curricula, contact potential trainers																									
			Secure trainers for trainings																								
				Work with trainers to modify chosen model curricula based on NA results					Work with trainers to modify curricula for training 2 based on follow-up survey																		
(4) EVALUATION / PDSA Cycle					Work with trainers to develop COMPETENCY / SKILLS based evaluations													Develop conference evaluations			Administer & analyze conference evaluations						
(5) CONFERENCE				Administer NA														Recruit participants for conference!									
					Analyze NA results																	Prepare for conference - all hands on deck!					
MHSA LA MHaDDE GRANT	COHORT 1: Clinicians, psychologists, physicians																								STAKEHOLDERS' CONFERENCE		
	COHORT 2: Nurses, OT/PT, behaviorists																										
	COHORT 3: Direct care service providers (Service Coordinators, ILS, social workers, therapeutic preschool workers)																										
	COHORT 4: Administrators, policy makers, family members and advocates																										





WESTSIDE REGIONAL CENTER

Los Angeles Mental Health and Developmental Disabilities Education (LA MHADDE) Training: Needs Assessment

Representatives from local regional centers, county mental health and community based organizations have come together to develop a series of trainings in the Los Angeles area in Spring 2010 addressing developmental disabilities, mental health diagnoses and the combination of the two (dual diagnosis: DD/MI). These trainings will be for those who serve individuals with dual diagnoses and mental illness from early childhood to old age and include community clinicians, regional center staff and vendors, county mental health staff and contractors, residential providers, allied health professionals, families and administrators. Continuing Education Credits will be provided. We ask that you answer the following questions to help make these trainings interesting, relevant to your work, and feasible to attend. Thank you!

1. Check the box that most applies to you (you may check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Family member | <input type="checkbox"/> Social worker, service coordinator, case manager |
| <input type="checkbox"/> Person served | <input type="checkbox"/> Board & care, residential services |
| <input type="checkbox"/> Psychologist, clinical therapist | <input type="checkbox"/> Club houses, ILS/SLS, day programs, wellness centers |
| <input type="checkbox"/> Behaviorist _____ | <input type="checkbox"/> Substance abuse services/ drug & alcohol |
| <input type="checkbox"/> Physician; specialty: _____ | <input type="checkbox"/> Teacher, education personnel |
| <input type="checkbox"/> OT, PT, SLP, allied health, PA (circle) | <input type="checkbox"/> Administrator; title: _____ |
| <input type="checkbox"/> Nursing; specialty: _____ | <input type="checkbox"/> Other: _____ |

Which cohort do you identify with (please check only 1):

- 1. Physicians, psychologists, and other independent licensed clinicians
- 2. PT, OT, SLP, nursing, behaviorist, and other licensed/registered practitioners
- 3. ILS/SLS, Board and Care, residential, case managers, etc and other direct service providers
- 4. Administrators & Family representatives

3. What population do you mainly work with/are interested in (you may check more than 1)?

- | | |
|--|--|
| <input type="checkbox"/> Young children (birth to 5 years old) | <input type="checkbox"/> Adults (26 to 59 years old) |
| <input type="checkbox"/> Children (6 to 15 years old) | <input type="checkbox"/> Older adults (60 years and older) |
| <input type="checkbox"/> Transition Age Youth (16 to 25 years old) | |

4. When would be your three preferred day/time slots to attend trainings? (Rank your choices: 1st, 2nd, 3rd)

	MON	TUES	WED	THURS	FRI	SAT	SUN
8AM - 12PM							
10AM - 2PM							
12PM - 4PM							
2PM - 6PM							
4PM - 8PM							

5. In the next 6 months, would you attend this training *with your preferred cohort* (from question 2 above):

	TOPIC:	YES	MAYBE	NO
a.	Understanding developmental delays/disabilities (delays, autism, mental retardation, Cerebral Palsy, epilepsy, etc.)			
b.	Understanding mental health disorders (ADHD, anxiety, depression, schizophrenia, etc.)			
c.	Navigating the regional center and mental health services systems			
d.	Cultural or psycho-social issues with recognition, diagnosis and referral			
e.	Understanding dual diagnoses (mental health & developmental disability)			
f.	Common challenges when working with individuals with or at risk for dual diagnoses (mental health issue & developmental disability)			
g.	Common methods and tools used to recognize, identify and diagnose developmental disabilities			
h.	Common methods and tools used to recognize, identify and diagnose mental health disorders			
i.	Understanding medication use for individuals with mental health and developmental disabilities diagnoses			
j.	Strategies for coordinating care between the developmental disabilities and mental health services systems			
k.	Support services and resources for individuals with or at risk for dual diagnoses (mental health disorders & developmental disability)			
l.	How to make appropriate referrals for individuals with or at risk for dual diagnosis (mental health disorders & developmental disability)			
m.	Other (please specify):			

6. a) If you answered "no" to any of the training topics, what were the barriers?

- | | |
|---|---|
| <input type="checkbox"/> Lack of interest | <input type="checkbox"/> Already have sufficient training |
| <input type="checkbox"/> Difficulty with scheduling/no time | <input type="checkbox"/> No funding to participate |
| <input type="checkbox"/> Language | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other: _____ | |

b) Do you have any suggestions to overcome these barriers?

7. If you are interested in participating in one of these trainings, please provide us with your contact information:

Name: _____ Organization: _____

Phone number: _____ Email: _____

For additional information about this grant please contact
 XXXX at XXXXX, phone: (XXX) XXX-XXXX
 Please fax back this form to (XXX) XXX-XXXX

Complex Needs
PRACTICAL SOLUTIONS

APPENDIX B

Marketing Flyers



Complex Needs

PRACTICAL SOLUTIONS

Challenging Behaviors Across The Lifespan: Medical, Psychiatric, and Developmental Etiologies in Autism and Other Developmental Disabilities

May 8th, 2010 • Annenberg Community Beach House, Santa Monica, CA

May 8th, 2010

The Annenberg Community Beach House, Santa Monica, CA

8:15am - 9:00am

Registration and Continental Breakfast

9:00am - 10:30am

From Toe-walking to Tantrums: Early Recognition of Developmental and Mental Health Conditions in Children and Adolescents

Martin Stein, MD - Professor of Pediatrics - Division of Child Development & Community Health, Rady Children's Hospital - University of California, San Diego

10:30am - 10:45am

Break

10:45am - 12:15pm

Getting Your Foot in the Door: Optimizing Referrals in Mental Health and Developmental Disabilities

Mayra Mendez, PhD, LMFT - Clinical Coordinator of Developmental Disabilities Program, Saint John's Child & Family Development Center

12:15pm - 1:00pm

Networking Lunch

1:00pm - 2:30pm

Finding Your Way Home: Managing Inter-specialty Care for Patients with Complex Behavior Needs

Clarissa Kripke, MD - Associate Clinical Professor - Department of Family & Community Medicine, University of California, San Francisco

2:30pm - 2:45pm

Break

2:45pm - 4:15pm

From Abilify to Zoloft: Managing Psychiatric Medications for Children & Adults to Improve Behavioral Outcomes

Mark DeAntonio, MD - Director of Inpatient Child & Adolescent Services, Resnick Neuropsychiatric Hospital - University of California, Los Angeles



Annenberg Community
Beach House
AT SANTA MONICA STATE BEACH

DIRECTIONS: 415 Pacific Coast Highway, Santa Monica, CA 90402. Tel: 310-458-4904
Head toward the ocean and turn at 'Beach House Way' off PCH

Register online: www.mhsinc.org/calendar

**FREE CMEs and CEUs • Registration fee: \$50 in advance
\$60 at the door • \$25 interns/residents in training**

Description

The conference will concentrate on the factors that make it difficult for providers to determine whether a challenging behavior may be due to medical, psychiatric, or developmental issues. Screening, assessment, diagnosis, and management of developmental disabilities and mental health disorders will be discussed. Finally, attendees will be given practical tools and resources on how to better manage this population with complex needs.

Target Audience

Physicians, licensed/independent clinicians, and interns/residents in training.

Objectives

1. Recognize maladaptive behavioral symptoms and presentation of the patient/client with behavioral challenges and formulate a differential diagnosis.
2. Participants will develop a framework to address medical, mental health and developmental causes of maladaptive behaviors in patients/clients with developmental and psychiatric conditions.
3. Learn through sample cases and discuss the complicating factors when attempting to understand how emotional and cognitive characteristics intertwine.
4. Identify issues associated with psychopharmacology, including targeting medication to behaviors, polypharmacy, and side effects.
5. Learn about local resources, collaboration and referrals when managing patients/clients with developmental disabilities and mental illness.
6. Learn about communication and cultural competency in developmental and mental health.

EDUCATION CREDIT/CONTINUING MEDICAL EDUCATION: 6 HOURS

Accreditation: Rady Children's Hospital-San Diego is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CME Credit: Rady Children's Hospital-San Diego designates this educational activity for a maximum of 6 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Westside Regional Center maintains responsibility for this program and its content for the CME Credit.

Mental Health Systems, Inc. is an approved provider for the following professionals:

LCSWs/MFTs: Course meets the qualifications for 6 hours of continuing education credit as required by the California Board of Behavioral Sciences (Provider #PCE 2280).

BRN: Mental Health Systems, Inc. is approved by the California Board of Registered Nursing (Provider # CEP15343 for 6 CEHs)

APA Approval: Mental Health Systems, Inc. is approved by the American Psychological Association to sponsor continuing education for psychologists. (Provider # 1719)

Mental Health Systems, Inc. maintains responsibility for this program and its content.

The following Boards recognize the use of Category 1 Continuing Medical Education credit toward credit for contact hours. Report "CMA Category 1 credit" ACCME Provider.

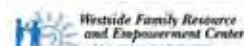
American Academy of Physician Assistants
California Board of Pharmacy

Presented By:  WESTSIDE REGIONAL CENTER



NORTH LOS ANGELES COUNTY REGIONAL CENTER

Solutions Building
Community Collaborative



Complex Needs

PRACTICAL SOLUTIONS

Putting the Pieces Together:

Behavioral Recognition & Intervention for People with Mental Illness and Developmental Disabilities

May 12, 2010 • Skirball Cultural Center, Los Angeles, CA

Register online: www.mhsinc.org/calendar

FREE CEUs • Registration fee: \$20 in advance - \$30 at the door

9:15am - 10:00am

Registration and Continental Breakfast

10:00am - 11:30am

From Aggression to Insomnia: Recognizing Behavioral Symptoms in Developmental Disabilities and Mental Health Issues

Laura Broderick, MS - Director of Client Services / Cofounder Diverse Journeys, Inc

11:30am - 11:45am

Break

11:45am - 1:15pm

Unlocking the Secret: Interpreting Behaviors as Clues for More Effective Communication and Understanding

Barbara Devaney, LMFT - Expressive Arts Therapist

1:15pm - 2:00pm

Networking Lunch

2:00pm - 3:30pm

Meeting Clients Where They Are: Behavioral Strategies for Individuals with Developmental Disabilities and Mental Illness

Darlene Sweetland, PhD - Clinical Psychologist and Consultant

3:30pm - 3:45pm

Break

3:45pm - 5:15pm

No More Drama: Understanding Escalating Behaviors, Preventing Crisis, and Ensuring Safety

Stephanie Young, LMFT - Crisis Counselor & Clinical Director for Crisis Prevention/Intervention Teams



Skirball Cultural Center

DIRECTIONS: 2701 North Sepulveda Boulevard, Los Angeles, CA 90049 (310) 440-4500

From the 405: Take the SKIRBALL CENTER DR. / MULHOLLAND DR. exit • Turn RIGHT onto SKIRBALL CENTER DR. • Turn RIGHT onto N SEPULVEDA BLVD. • Turn LEFT onto HERSCHER WAY.

Presented By:



**WESTSIDE
REGIONAL CENTER**



Solutions Building
Community Collaborative

Partners:



**NORTH LOS ANGELES
COUNTY
REGIONAL CENTER**



**Westside Family Resource
and Empowerment Center**
(A County Innovation Partnership)

Complex Needs

PRACTICAL SOLUTIONS

Addressing Behavioral Challenges in The Therapeutic Setting:

Navigating roadblocks to success for those with developmental and mental health conditions

June 9, 2010 • Skirball Cultural Center, Los Angeles, CA

Register online: www.mhsinc.org/calendar

FREE CEHs • Registration fee: \$20 in advance - \$30 at the door

9:15am - 10:00am

10:00am - 11:30am

11:30am - 11:45am

11:45am - 1:15pm

1:15pm - 2:00pm

2:00pm - 3:30pm

Registration and Continental Breakfast

Complexity in Assessment and Treatment: Teasing apart and addressing the components of functional disorders in children with behavioral and developmental disorders.

Alice Kibele, PhD, OTR/L Occupational Therapy & Feeding Development Programs USC UCEDD at Children's Hospital Los Angeles

Break

Putting Pen to Paper: Observation and Documentation of Challenging Behaviors

Mayra Mendez, PhD, LMFT Clinical Coordinator of Developmental Disabilities Programs, Saint John's Child & Family Development Center

Networking Lunch

From Rhetoric to Reality: Adapting Intervention Plans, Goals & Strategies to Meet the Needs of Clients with Developmental and/or Mental Health Issues

Jennifer Keany, MS, MFT Behavior Analyst and Executive/Clinical Director Keany & Associates, Inc.

At this conference you will learn...

- How to approach the child who is less socially engaged: When is it temperament? When is it PTSD? When is it autism? and When to worry.
- What counts as repetitive behaviors or restricted interests?
- What are the newest techniques to facilitate assessments with the child or adult with challenging behaviors?

- How can I address symptoms that could be developmental or mental health issues in my reports and with families I serve?
- How can I adapt therapeutic interventions or behavioral plans for children or adults with various mental health and developmental issues?
- How do I find further resources for families on developmental and/or mental health issues?



Skirball
Cultural Center

DIRECTIONS: 2701 North Sepulveda Boulevard, Los Angeles, CA 90049 (310) 440-4500

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**WESTSIDE
REGIONAL CENTER**

Partners:



Solutions Building
Community Collaborative



Westside Family Resource
and Empowerment Center
A County-Municipal Partnership



Complex Needs

PRACTICAL SOLUTIONS

Strength-Based Tools for Success:

Working with Challenging Behaviors in People with Developmental Disabilities and Mental Health Issues

Distinguished Speakers

Laura Broderick, MS – Director of Client Services/ Cofounder of Diverse Journeys, Inc.

Laura Broderick, M.S. has over 20 years experience supporting people with autism, dual diagnosis and severe challenging behavior. She is the Founder and Co-Owner of Diverse Journeys Inc, a Supported Living Agency in Los Angeles.

Jennifer Keany, MS, MFT – Behavior Analyst and Executive/ Clinical Director Keany Associates, Inc.

Jennifer Keany is a licensed Marriage and Family Therapist who has worked with Regional Center clients for 20 years. Fifteen years ago, she founded Keany Associates, an agency that services the behavioral needs of clients in Western Los Angeles County.

Stephanie Young, LMFT – Crisis Counselor & Clinical Director for Crisis Prevention/ Intervention Teams

Stephanie Young has been involved with dually diagnosed individuals for more than 20 years as a Crisis Counselor and Clinical Director for her Crisis Prevention/Intervention Teams. She also conducts Whole Person Assessments and Behavioral Function Analysis, develops Individual Service Plans and provides Behavior Support Services to numerous individuals and their supports.

APPROVED CONTINUING EDUCATION BY MENTAL HEALTH SYSTEMS

Mental Health Systems is an approved provider for the following professionals:

LCSWs/MFTs: Course meets the qualifications for 5 hours of continuing education credit as required by the California Board of Behavioral Sciences (Provider #PCE 2280).

CAADE: California Association for AOD Educators (Provider # CP40-829-C-0311)

CAADAC: California Association of Alcoholism and Drug Abuse Counselors (Provider # IS-01-478-1011)

CAARR: California Association of Addiction Recovery Resources (Provider #5046)

RAS: Breining Institute, Registered Addiction Specialist (Provider # CEP0803031013-WRM-HS-CW)

BRN: Mental Health Systems is approved by the California Board of Registered Nursing (Provider # CEP15343 for 5 CEH's)

APA Approval: Mental Health Systems is approved by the American Psychological Association to sponsor continuing education for psychologists. (Provider # 1719)

Mental Health Systems maintains responsibility for this program and its content.

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Presented By:

 **WESTSIDE**
REGIONAL CENTER

Partners:


Los Angeles County
Department of Mental Health
To Profit Lives Through Effective and Daring Service

 **MHS** MENTAL
HEALTH
SYSTEMS

Solutions Building
Community Collaborative

 **NORTH LOS ANGELES COUNTY**
REGIONAL CENTER

 **Westside Family Resource
and Empowerment Center**
A & County Missionary Team

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Conference sponsored by MHSA grant from the State Department of Developmental Services

Complex Needs

PRACTICAL SOLUTIONS

Exceptional Behaviors, Innovative Responses:

Strategies for Assessment and Therapy for Individuals with Developmental Disabilities and Mental Health Issues

Nov 5, 2010 • Skirball Cultural Center, Los Angeles, CA

Register online: www.mhsinc.org/calendar

FREE CEs • Registration fee: \$30

8:00am - 9:00am

Registration and Continental Breakfast

9:00am - 11:15am

**Translating Action into Words: Identifying & Documenting
Developmental and Mental Health Issues in Children & Transition Age Youth**

Mayra Mendez, PhD, LMFT -

Clinical Coordinator of Developmental Disabilities Programs, Saint John's Child & Family Development Center

11:15am - 12:15pm

Networking Lunch

12:15pm - 1:45pm

**It Takes a Team: Best Practices in Management and Intervention
Strategies to Address Behavioral Challenges**

Jennifer Keaney, MS, MFT -

Behavior Analyst and Executive/ Clinical Director Keaney Associates, Inc.

1:45pm - 2:00pm

Break

2:00pm - 3:30pm

**Understanding Complex Behaviors: Enhancing Observation and
Management in the Therapeutic Setting**

Alice Kibele, PhD, OTR/L



Skirball Cultural Center

DIRECTIONS: 2701 North Sepulveda Boulevard, Los Angeles, CA 90049 (310) 440-4500

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Presented By:



Partners:



Solutions Building
Community Collaborative



Conference sponsored by MHSA grant from the State Department of Developmental Services

Complex Needs

PRACTICAL SOLUTIONS

Working Together Towards Success:

Cross-Disciplinary Approaches to Assessment and Management of Developmental Disabilities and Mental Health Disorders

Nov 10, 2010 • Skirball Cultural Center, Los Angeles, CA

Register online: www.mhsinc.org/calendar

FREE CEs • Registration fee: \$40

9:00am - 10:00am

Registration and Continental Breakfast

10:00am - 12:00pm

You Can't Judge a Book by its Cover: Recognizing Behaviors and Avoiding Diagnostic Overshadowing in Children and Adults

Mayra Mendez, PhD, LMFT -

Clinical Coordinator of Developmental Disabilities Programs, Saint John's Child & Family Development Center

12:00pm - 1:00pm

Networking Lunch

1:00pm - 2:30pm

You Are Not Alone: Managing Care & Increasing Referrals for Patients with Co-Occurring Developmental Disability and Mental Illness

Mayra Mendez, PhD, LMFT -

Clinical Coordinator of Developmental Disabilities Programs, Saint John's Child & Family Development Center

2:30pm - 2:45pm

Break

2:45pm - 4:30pm

Having a Plan: Management Strategies from a Psychiatric Perspective

Eraka Bath, MD -

Director of Child Forensic Services & Assistant Professor in the Department of Psychiatry at the UCLA Neuropsychiatric Institute



Skirball
Cultural Center

DIRECTIONS: 2701 North Sepulveda Boulevard, Los Angeles, CA 90049 (310) 440-4500

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Presented By:



Partners:



Solutions Building
Community Collaborative



Conference sponsored by MHSA grant from the State Department of Developmental Services

Complex Needs
PRACTICAL SOLUTIONS

*Exodus Recovery Inc and Westside Regional Center
cordially invite you to a Medical Education Program*

Developmental Disabilities in Adults and Adolescents

December 2nd, 2010 • Exodus Mental Health Urgent Care, Los Angeles, CA

Clarissa Kripke, MD, FAAFP

Director of Developmental Primary Care UCSF Dept of Family and Community Medicine

This presentation will focus on practical tips and practice pointers for caring for adults with developmental disabilities and complex medical and behavioral needs. It will cover communication techniques, how illness presents in this population and how to evaluate changes in behavior or function.

Thursday, December 2nd

11:30 - 1:00 pm

Lecture & Open Discussion Format

**Exodus Mental Health Urgent Care, Upstairs Conference Room,
1920 Marengo St. Los Angeles, CA. 90033**

Presented by:



**WESTSIDE
REGIONAL CENTER**



Partners:



**Los Angeles County
Department of Mental Health**
To Enrich Lives Through Effective and Caring Services



**NORTH LOS ANGELES COUNTY
REGIONAL CENTER**

**Solutions Building
Community Collaborative**



**Westside Family Resource
and Empowerment Center**
LA County-Inclusion Partnership



Conference sponsored by MHSA grant from the State Department of Developmental Services

Financial Disclosure: There are no relevant financial disclosures or conflicts of interest that have been identified or associated with this CME presentation. The following individuals and all planning committee members disclose no relevant financial relationships with commercial interests:

Dr Clarissa Kripke (Presenter); Dr William Wirshing (Director of Medical Education & planning committee member); Dr David Murphy (M.D. & planning committee member); Kathy Shoemaker, RN (planning committee member); Richard Davis, MFT (planning committee member); David Kniep, RN (planning committee member).

Accreditation Statement: Exodus Recovery Inc., Education/CME Committee is currently undergoing the process of accreditation to provide medical CEUs for physicians.

We cordially invite you to our Administrator Luncheon

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Complex Needs PRACTICAL SOLUTIONS

Building and Sustaining Coalitions: Optimizing care through cross-system collaboration for individuals with mental health issues and developmental disabilities

Panelists

- **Paul Frisina**, Director of Special Education, Sulphur Springs School District
- **Lisa Kimura**, Branch Supervisor, North LA County Regional Center, Santa Clarita office
- **Paul McIver**, MH District Chief, Children, Youth and Families Program Administration
- **Larry Schallert**, Director of Adult, Education and Outreach Services, Child and Family Center
- **Laura Shotzbarger**, Assistant Regional Administrator, Department of Child and Family Services
- **Sandee Sumber**, Director of Student Support Services, Castaic Union School District
- **Peggie Webb**, Executive Director at Mosaic Connections and Non-Profit Organization Management Consultant
- **John Youngbauer**, Behavioral Services Supervisor, North LA County Regional Center

CONTINUING EDUCATION CREDIT: 2 CONTACT HOURS



LCSWs/MFTs: Course meets the qualifications for 2 hours of continuing education credit as required by the California Board of Behavioral Sciences (Provider #PCE 2280).

CAADE: California Association for AOD Educators (Provider # CP40-829-C-0311 for 2 CE's).

CAADAC: California Association of Alcoholism and Drug Abuse Counselors (Provider # IS-01-478-1011 for 2 CE's).

CAARR: California Association of Addiction Recovery Resources (Provider #5046 for 2 CE's).

RAS: Breining Institute, Registered Addiction Specialist (Provider # CEP0803031013-WRM-HS-CW for 2 CE's).

BRN: Mental Health Systems is approved by the California Board of Registered Nursing (Provider # CEP15343 for 2 CE's).

APA Approval: Mental Health Systems is approved by the American Psychological Association to sponsor continuing education for psychologists. (Provider # 1719).

Mental Health Systems maintains responsibility for this program and its content.



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Presented By:



Partners:



Solutions Building
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Conference sponsored by MHSA grant from the State Department of Developmental Services

Complex Needs
PRACTICAL SOLUTIONS

APPENDIX C

Competencies

Area of Focus	Competencies	Cohort 1: INDEPEND. LIC CLINICIANS	Cohort 2: REGISTERED PRACT/ ALLIED HEALTH	Cohort 3: DSP/ CASE MANAGERS	Cohort 4: ADMINISTRATORS
Observation, Screening, and Assessment	<ul style="list-style-type: none"> Selects and uses screening and assessment tools and practices that are appropriate for the client based on their age, cultural background developmental disability and/or mental illness. Integrates assessment results with information from caregivers and other agencies/ professionals and prepares comprehensive written and/or oral reports. Interprets and links assessment results with needed outcomes and services. 	X	X		X
Diagnosis and Intervention	<ul style="list-style-type: none"> Demonstrates knowledge of the distinctions between different developmental delays and/or disabilities. Demonstrates knowledge of the distinctions between different mental illnesses and how they are presented among people with developmental disabilities/ delays. Selects and implements evidence-based intervention strategies that are appropriate to the client based on a holistic view of the client's strengths and needs. 	X	X		X
Cross-systems Navigation and Collaboration	<ul style="list-style-type: none"> Demonstrates knowledge of referral process for regional centers and dept. of mental health. Demonstrates knowledge of the existence of and work collectively and effectively with a wide variety of community resources and systems providing services to clients. Understands limits of own competence and makes appropriate referrals to other providers. 	X	X	X	X
Medication	<ul style="list-style-type: none"> Demonstrates knowledge of medication use for individuals with dual diagnoses. Understands the concerns and risks associated with polypharmacy. Understands how issues of compliance, family dynamics, cultural diversity, mental illness may affect medication regimen. 	X		X	
Documentation	<ul style="list-style-type: none"> Demonstrates ability to create a holistic and strengths-based IEP/ IFSP/ IPP/ Behavioral Plan based on results of observations, screenings, assessments conducted by other professionals, as well as families and clients' input. Demonstrates ability to create goals that are: Specific • Measurable • Appropriate • Relevant • Time-sensitive 		X	X	
Crisis/ Emergency Services	<ul style="list-style-type: none"> Is able to recognize behaviors and signs of mental health distress among clients with developmental disabilities. Demonstrates knowledge of appropriate referrals in time of crisis. Demonstrates knowledge of the right things to say and do with a dual diagnosed client in crisis to help them and not escalate the situation. 			X	X

Complex Needs
PRACTICAL SOLUTIONS

APPENDIX D

Conference Objectives, Competencies & Schedule



Conference Objectives

1.	To provide emerging knowledge related to the following focus areas affecting individuals with dual diagnosis (developmental disabilities and mental health issues): <ul style="list-style-type: none">• Diagnosis, Assessment and Observation• Behavioral Intervention and Management Strategies• Increased Collaborative Care across Systems
2.	To teach health professionals and administrators new skills and reinforce existing capabilities in order to improve client outcomes and increase efficacy in the workplace
3	To facilitate cross-systems collaborations by providing opportunities to network with community partners, and share best practices, innovative strategies, and unique insight on serving individuals with developmental disabilities and mental health issues.

COMPETENCIES/SKILLS AND OBJECTIVES FOR APRIL 2011 CONFERENCE

SESSION	COMPETENCIES/ SKILLS	OBJECTIVES
DIAGNOSIS AND ASSESSMENT		
Behavior Identification and Diagnosis	<p>OBSERVATION, SCREENING AND ASSESSMENT: Participant selects and uses screening and assessment tools and practices that are appropriate for the clients based on their age, developmental disability and/or mental illness.</p> <p>DIAGNOSIS: Provider conducts an appropriate differential diagnosis and is able to identify characteristics of common psychiatric diagnoses among people with developmental disabilities.</p>	<ol style="list-style-type: none"> Review of evidence-based and most used diagnostic aids, have knowledge of what are appropriate vs. inappropriate behaviors for age and developmental disability. Discuss issues regarding communication with individuals who are semi or non-verbal and with their family members; discuss cultural competency. Learn how to perform a "differential diagnosis" and how to develop "rule-out" lists when addressing and considering the causes of emotional or behavioral challenges.
Diagnosis and Assessment (Children) Panel	<p>DIAGNOSIS: Participant conducts an appropriate differential diagnosis and is able to identify characteristics of common psychiatric diagnoses among people with developmental disabilities.</p>	<ol style="list-style-type: none"> Review clinical diagnosis of common genetic conditions that occur in autism spectrum disorders. Review and discuss principles of child development applicable to early recognition of neurodevelopment and mental health conditions. Review definitions and characteristics of developmental disabilities and most common psychiatric disorders and be able to describe how common mental illness characteristics may co-exist for children with dual diagnosis.
What to Do after Diagnosis: Family and Provider Perspectives	<p>OBSERVATION AND DOCUMENTATION: Participant is able to recognize and properly document behavioral indicators of mental health issues among individuals with developmental disabilities.</p> <p>DIAGNOSIS: Participant conducts an appropriate differential diagnosis and is able to identify characteristics of common psychiatric diagnoses among people with developmental disabilities.</p> <p>COMMUNICATION AND INTERPRETATION: Participant is able to recognize and correctly interpret dually-diagnosed individual's emotional or behavioral challenges.</p>	<ol style="list-style-type: none"> Gain knowledge of what are appropriate versus inappropriate behaviors for age, developmental level, mental illness, and past history. Learn recognition and other behavioral indicators after initial suspicion of mental health issues among children and adolescents with dual diagnosis. Learn how to effectively communicate diagnosis and relay medical information with parents and caregivers utilizing culturally competent and developmentally sensitive approaches. Learn how to navigate systems when seeking care and providing individualized resources.

COMPETENCIES/SKILLS AND OBJECTIVES FOR APRIL 2011 CONFERENCE

SESSION	COMPETENCIES/ SKILLS	OBJECTIVES
DIAGNOSIS AND ASSESSMENT		
Diagnosis and Assessment (Transition-Age Youth/Adults) Panel	<p>OBSERVATION AND DOCUMENTATION: Participant is able to recognize and properly document behavioral indicators of mental health issues among individuals with developmental disabilities.</p> <p>DIAGNOSIS: Participant conducts an appropriate differential diagnosis and is able to identify characteristics of common psychiatric diagnoses among people with developmental disabilities.</p> <p>COMMUNICATION AND INTERPRETATION: Participant is able to recognize and correctly interpret dually diagnosed individual's emotional or behavioral challenges.</p>	<ol style="list-style-type: none"> 1. Gain knowledge of what are appropriate versus inappropriate behaviors for age, developmental level, mental illness, and past history. 2. Learn how to perform a "differential diagnosis" and how to develop "rule-out" lists when addressing and considering the causes of emotional or behavioral challenges. 3. Learn and discuss clinical interviewing tools when working with a client who has limited verbal skills. 4. Review and discuss next steps such as cross-systems collaborations and provision of referrals to complementary systems available to support patient and clinician in treatment.
Diagnostic Manual-Intellectual Disabilities (DM-ID)	<p>OBSERVATION, SCREENING AND ASSESSMENT: Participant selects and uses screening and assessment tools and practices that are appropriate for the client based on their age, developmental disability and/or mental illness.</p>	<ol style="list-style-type: none"> 1. Learn about the unique diagnostic features found in the DM-ID, and identify at least 3 modified criteria, in order to accurately and appropriately diagnose individuals with developmental/intellectual disability. 2. Learn how to improve the treatment through more accurate diagnosis by discussing similarities and differences of certain diagnostic criteria subsets (e.g. depression and bipolar disorder) between DSM-IV and DM-ID. 3. Learn and discuss how to conduct a thorough clinical interview with a client who has limited verbal skills.

COMPETENCIES/SKILLS AND OBJECTIVES FOR APRIL 2011 CONFERENCE

SESSION	COMPETENCIES/ SKILLS	OBJECTIVES
CROSS-SYSTEM COLLABORATION		
Ethics: Autonomy and Decision Making for Children and Adults	<p>COMMUNICATION AND INTERPRETATION: Participant is able to recognize and correctly interpret dually diagnosed individual's emotional or behavioral challenges.</p> <p>MANAGEMENT PLAN: Participant is able to collaborate with developmental disabilities, mental health, education systems; make appropriate referrals; and follow-up/ communicate with team of professionals involved in treating individuals with dual diagnosis.</p>	<ol style="list-style-type: none"> 1. Become aware of shared and substituted decision making and decisional capacity of individuals with emotional or behavioral challenges and learn how to help individuals advocate for themselves. 2. Review complementary systems available to support patient and clinician in treatment and management of issues. 3. Discuss concept of "shared care", collaboration and communication with family, coordination of care between systems, and community supports. Share information about community resources and referrals.
Special Education for Children and Transition-Age Youth	<p>OBSERVATION AND DOCUMENTATION: Participant is able to recognize and correctly interpret dually diagnosed individual's emotional or behavioral challenges.</p> <p>COMMUNICATION AND INTERVENTION: Provider is able to successfully adapt their intervention plan/ strategy to meet the needs of individual with developmental disabilities / mental health.</p> <p>MANAGEMENT PLAN: Participant is able to collaborate with developmental disabilities, mental health, education systems; make appropriate referrals; and follow-up/ communicate with team of professionals involved in treating individuals with dual diagnosis.</p>	<ol style="list-style-type: none"> 1. Recognize that intervention needs to be modified based on knowledge that client has developmental disabilities and/or mental health issues. Learn common medical, developmental, cognitive, expressive, sensory and behavioral considerations for this population. 2. Review common behavioral patterns and how to properly interpret/ deal with causes of emotional or behavioral challenges based on individual's considerations. 3. Learn and practice common accommodations and adaptations when working with individuals with dual diagnoses. 4. Discuss of concept of shared care, collaboration and communication with family and community supports. Share information about community resources and referrals.
Crisis Management & Self-Injury	<p>COMMUNICATION AND INTERPRETATION: Participant is able to recognize and correctly interpret individual's emotional or behavioral challenges (incorporating understanding of developmental disabilities and mental health)</p> <p>CRISIS MANAGEMENT: Participant is able to recognize behaviors and signs of imminent crisis/self-injury and follow formal plan for ensuring safety.</p>	<ol style="list-style-type: none"> 1. Review common behavioral patterns and how to properly interpret/ deal with causes of emotional or behavioral challenges based on individual's considerations. 2. Review common behaviors and signs of imminent crisis and/or self-injury. 3. Provide practical and effective strategies for preventing and dealing with emergency situations and challenging behaviors 4. Learn in what situations to make what referrals; community resources.

COMPETENCIES/SKILLS AND OBJECTIVES FOR APRIL 2011 CONFERENCE

SESSION	COMPETENCIES/ SKILLS	OBJECTIVES
CROSS-SYSTEM COLLABORATION		
Forensic/Juvenile Justice for Children and Adults	<p>COMMUNICATION AND INTERPRETATION: Participant is able to recognize and correctly interpret individual's emotional or behavioral challenges (incorporating understanding of developmental disabilities and mental health).</p> <p>MANAGEMENT PLAN: Participant is able to collaborate with developmental disabilities, mental health, education systems; make appropriate referrals; and follow-up/ communicate with team of professionals involved in treating individuals with dual diagnosis.</p> <p>CRISIS MANAGEMENT: Participant is able to recognize behaviors and signs of imminent crisis/self-injury and follow formal plan for ensuring safety.</p>	<ol style="list-style-type: none"> 1. Discuss developmental delay concerns within the forensic and mental health framework 2. Be aware of need for formal and individualized plan/ script for preventing and dealing with emergency situations 3. Learn and discuss treatment planning within the forensic and mental health framework such as in what situations to make what referrals; community resources. 4. Review probation and parole systems available to support and address the needs of this population.
Best Practices in Pharmacological Treatments	<p>MANAGEMENT PLAN: Participant demonstrates knowledge of issues specific to this population regarding medications.</p> <p>MANAGEMENT PLAN: Participant is able to collaborate with developmental disabilities, mental health, education systems; make appropriate referrals; and follow-up/ communicate with team of professionals involved in treating individuals with dual diagnosis.</p>	<ol style="list-style-type: none"> 1. Discuss of medication management issues and how mental illness, family dynamics etc. may affect compliance with medication regimen. Understand that this modality must be used in conjunction with other treatments/ behavioral plans. 2. Review concerns and risks associate with polypharmacy with this population and how side effects of medication can mask symptoms of mental illness. 3. Review complementary systems available to support patient and clinician in treatment and management of issues. 4. Discuss of concept of "shared care", "medical home model", collaboration and communication with family and community supports. Share information about community resources and referrals.

COMPETENCIES/SKILLS AND OBJECTIVES FOR APRIL 2011 CONFERENCE

SESSION	COMPETENCIES/ SKILLS	OBJECTIVES
INTERVENTION AND MANAGEMENT		
Behavior Interventions for Adults	<p>COMMUNICATION AND INTERVENTION: Participant is able to successfully adapt their intervention plan/ strategy to meet the needs of individuals with developmental disabilities and mental health.</p> <p>MANAGEMENT PLAN: Participant is able to collaborate with developmental disabilities, mental health, education systems; make appropriate referrals; and follow-up/ communicate with team of professionals involved in treating individuals with dual diagnosis.</p>	<ol style="list-style-type: none"> 1. Recognize that intervention needs to be modified based on knowledge that client has developmental disabilities and mental illness. Learn common medical, developmental, cognitive, expressive, sensory and behavioral considerations for this population. 2. Learn and practice common accommodations and adaptations when working with adults with dual diagnoses. Learn about current models of supporting people dually diagnosed. 3. Discussion of concept of collaboration and communication with family and community supports. Share information about community resources and referrals.
Dialectical Behavior Therapy (DBT) Panel	<p>COMMUNICATION AND INTERVENTION: Participant is able to successfully adapt their intervention plan/ strategy to meet the needs of individuals with developmental disabilities and mental health.</p>	<ol style="list-style-type: none"> 1. Identify vulnerabilities to and triggers for emotional dysregulation. 2. Identify and describe basic components of standard DBT. 3. Discuss the benefits and training needs, opportunities, and resources related to DBT and Skill System Therapy. 4. Learn skills to apply common DBT and Skill System Therapy components for individuals with intellectual and developmental disabilities.
Auditory Processing and Sensory Integration for Children and Adolescents	<p>INTERVENTION: Participant is able to successfully adapt their intervention plan/ strategy to meet the needs of individual with developmental disabilities and mental health.</p>	<ol style="list-style-type: none"> 1. Learn and discuss common concerns related to sensory integration and auditory adaptations for communication and how it may affect mental health. 2. Learn general principles of Augmentative and Alternative Communication, Ayes Sensory Integration and how they improve client's quality of life. 3. Recognize that intervention needs to be modified based on knowledge that client has developmental disabilities and mental illness. Learn common medical, developmental, cognitive, expressive, sensory and behavioral considerations for this population.

COMPETENCIES/SKILLS AND OBJECTIVES FOR APRIL 2011 CONFERENCE

SESSION	COMPETENCIES/ SKILLS	OBJECTIVES
INTERVENTION AND MANAGEMENT		
Department of Mental Health Evidence-Based Practice for Children and Adults with Dual Diagnosis	<p>OBSERVATION, SCREENING AND ASSESSMENT: Participant selects and uses screening and assessment tools and practices that are appropriate for the client based on their age, developmental disability and/or mental illness.</p> <p>MANAGEMENT PLAN: Participant is able to collaborate with developmental disabilities, mental health, education systems; make appropriate referrals; and follow-up/ communicate with team of professionals involved in treating individuals with dual diagnosis.</p>	<ol style="list-style-type: none"> 1. Review of examples of evidence-based therapies and tools utilized by department of mental health and how to adapt the tools to better serve clients assisted by Regional Centers. 2. Learn how to prepare staff to work with clients dually diagnosed and how to successfully implement evidence-based practices with dual diagnosis populations. 3. Learn how to treat the mental health needs of the intellectually/developmentally disabled clients within the scope of evidence-based practice models. 4. Learn specific ways to modify/adjust certain evidence-based practices for dually diagnosed clients.

Conference Schedule

7:30 – 8:30am	Registration and Breakfast
8:30 – 8:45am	Welcome Mike Danneker, Executive Director, Westside Regional Center Irma Castaneda, Los Angeles County Department of Mental Health (DMH) Liaison to Regional Centers David Riester, Consultant, Association of Regional Center Agencies
8:45 – 9:30am	Plenary Session: Vision of Ideal System Collaboration for Clients and Families Clarissa Kripke, M.D., F.A.A.F.P.
9:30 – 9:45am	Break

A. DIAGNOSIS AND ASSESSMENT

9:45 – 11:45am Concurrent Sessions:

A1 Yosemite Hall	Similarities and Differences among Developmental and Mental Health Disorders: Implications for Differential Diagnosis and Treatment Bryna Siegel, Ph.D.
A2 Cabrillo	Developmental and Genetic Perspectives on the Early Recognition of Child Neurodevelopmental and Behavioral Conditions Stephanie Hamarman, M.D.; J. Lane Tanner, M.D.
A3 Joshua Tree	From Both Sides of the Table: Parent and Provider Perspectives on the Journey from Suspicion to Diagnosis for Children and Adolescents Judith Levy, M.S.W., M.A., L.C.S.W-C. ; Fran Goldfarb, M.A., M.C.H.E.S.
A4 Catalina	Understanding Challenging Behaviors: A Case-Based Approach to Addressing the Needs of Transition-Age Youth and Adults with Dual Diagnoses Robin Friedlander, M.D.; Mayra Mendez, Ph.D., L.M.F.T., C.G.P., IFECMHS
A5 Mojave	Diagnostic Practices in Persons with Developmental and/or Intellectual Disability: Using Diagnostic Manual-Intellectual Disabilities (DM-ID) Robert Fletcher, D.S.W.

11:45 – 12:30pm Lunch

B. CROSS-SYSTEM COLLABORATION

12:30 – 2:30pm Concurrent Sessions:

B1 Catalina	Who Decides? Understanding Autonomy and Ethical Decision Making for Children and Adults with Developmental Disabilities Douglas S. Diekema, M.D., M.P.H.; Kathy McReynolds, Ph.D.
B2 Mojave	Collaborating in the Classroom: Understanding and Supporting Children and Transition-Age Youth in Special Education Robin P. Church, Ed.D.; Jennifer Symon, Ph.D.
B3 Cabrillo	Self-Injury: Teens and Young Adults Who Hurt Themselves Lisa Boesky, Ph.D.
B4 Yosemite Hall	What's the Verdict? Working with Dually Diagnosed Children and Adults in the Criminal Justice System Eraka Bath, M.D.; Philip Hanger, Ph.D.
B5 Joshua Tree	Optimizing Pharmacological Management across the Lifespan for Individuals with Developmental Disabilities and Mental Health Issues Lawrence J. Cohen, Pharm.D., B.C.P.P., F.A.S.H.P., F.C.C.P., Ronald Lucchino, Ph.D.

2:30 – 2:45pm Break

C. INTERVENTION AND MANAGEMENT

2:45 – 4:45pm Concurrent Sessions:

C1 Yosemite Hall	Behavioral and Cognitive Interventions for Children and Adolescents with Mental Health Issues and Developmental Disabilities Scott Gutentag, Ph.D.; Jeffrey Wood, Ph.D.
C2 Catalina	Innovative and Adaptive Communication and Behavioral Approaches for Adults with Developmental Disabilities and Mental Health Issues Darlene Sweetland, Ph.D.; Thomas J. Willis, Ph.D.
C3 Joshua Tree	Improving Emotional Regulation: Making Dialectical Behavior Therapy Accessible to Individuals with Challenging Behaviors Julie Brown, L.I.C.S.W.; Eric J. Dykstra, Psy.D.
C4 Cabrillo	The Use of Sensory Processing Approaches and Augmentative and Alternative Communication to Ease Community Integration and Enhance Quality of Life for Individuals with Developmental and Behavioral Disorders Marta Aragon-Humphrey, R. S-LP.; Alice Kibele, Ph.D., O.T.R./L.
C5 Mojave	Evidence-Based Practices in Mental Health Services: Working Together to Improve Outcomes for Children and Adults Seth Bricklin, Psy.D., M.B.A.; Ian Lobell, L.C.S.W.; Terri D. Boykins, L.C.S.W. - Moderator

Complex Needs
PRACTICAL SOLUTIONS

APPENDIX E

Evaluations

Conference Evaluation Form - SAMPLE



WESTSIDE
REGIONAL CENTER

Title: Sample Conference

Date: Wednesday, June 9th, 2010

Location: 1000 Conference Center, Anytown, CA 00000

Using a scale of 5=Excellent, 4=Good, 3=Average, 2=Fair, 1=Poor. Please circle/ check the appropriate category.

LEARNING OBJECTIVES

1	I learned to recognize signs/ symptoms of the client with behavioral challenges and determine if these are because of medical, mental health or developmental issues.	5 4 3 2 1
2	I learned through sample cases and discussion about the complicating factors of recognizing and interpreting challenging behaviors.	5 4 3 2 1
3	I learned how to perform optimal observation techniques and how to document behaviors to ensure that clinicians reading reports will take necessary steps.	5 4 3 2 1
4	I learned how to adapt my intervention plans and strategies to meet the needs of children with challenging behaviors due to mental health and/or developmental disabilities.	5 4 3 2 1
5	I learned about local resources and referrals when working with a client who may have a developmental and/or mental health issue.	5 4 3 2 1

OVERALL CONFERENCE

7	Overall, the conference met my expectations and was worthwhile.	5 4 3 2 1
8	Overall, the conference sparked my interest in learning more about this population.	5 4 3 2 1
9	Overall, the conference administration and procedures went smoothly.	5 4 3 2 1
10	The conference provided information that may change or increase my KNOWLEDGE . Specify:	
11	The conference provided information that may change or increase my JOB PERFORMANCE . Specify:	
12	The conference provided information that may change or increase the QUALITY OF LIFE of my clients/patients.Specify:	

Any future topics you would like training on?

Specific highlights and/ or suggested improvements?

Using a scale of 5=Excellent, 4=Good, 3=Average, 2=Fair, 1=Poor
Please circle the appropriate category:

SPEAKER: JOE SOMEBODY, MD		
1	Instruction The speaker was knowledgeable and met course objectives.	5 4 3 2 1
2	Skills The speaker helped me gain useful skills that I can take back to my practice.	5 4 3 2 1
3	Handouts The materials distributed were pertinent and useful.	5 4 3 2 1
4	Organization The content was organized, easy to follow, and delivered at a comfortable pace.	5 4 3 2 1
Additional comments:		

Please check the box that most applies to you (you may check all that apply):

- Family member
- Person served
- Psychologist, clinical therapist
- Behaviorist
- Physician
- OT, PT, SLP, PA, allied health
- Nursing
- Social worker, service coordinator, case manager
- Board & care, residential services
- Club houses, ILS/SLS, day programs, wellness centers
- Substance abuse services/ drugs & alcohol
- Teacher, education personnel
- Administrator

Other (please specify)

Complex Needs
PRACTICAL SOLUTIONS

APPENDIX F

Follow Up Surveys

Addressing Behavioral Challenges in the Therapeutic Setting

Follow-up Survey for June 9, 2010 - SAMPLE

Thank you for taking the time to rate our “**Sample Conference**” conference. Your feedback is extremely valuable and will help us to improve any trainings we offer in the future.

Instructions: Below is a collection of statements about your conference experience. Using the scale below, please indicate the degree to which you agree or disagree with the following statements by selecting the appropriate number.

1	2	3	4	5
Strongly disagree	Disagree	Undecided	Agree	Strongly agree

Attending the conference improved my **JOB PERFORMANCE** in being able to **recognize** whether my clients' challenging behaviors **1 2 3 4 5** are due to mental health or developmental disabilities.

Please provide a specific example: _____

Attending the conference improved my **JOB PERFORMANCE** in being able to **observe & document** behaviors of my clients **1 2 3 4 5** with mental health issues and developmental disabilities.

Please provide a specific example: _____

Attending the conference improved my **JOB PERFORMANCE** in having **understanding and compassion** for my clients with **1 2 3 4 5** dual diagnosis of mental health issues and developmental disabilities.

Please provide a specific example: _____

Attending the conference improved my **JOB PERFORMANCE** in being able to **adapt behavioral strategies** for my clients with **1 2 3 4 5** challenging behaviors.

Please provide a specific example: _____

Attending the conference, I acquired new knowledge and/or changed how I perform my job; and this directly **IMPROVED MY CLIENTS' BEHAVIORS AND/OR QUALITY OF LIFE.** **1 2 3 4 5**

Please provide a specific example: _____

Topic ideas for future trainings?

We are currently compiling a mental health/developmental disability resource directory. Are there any specific resources that you feel should be included?

Other comments?

Please check the box that most applies to you (you may check all that apply):

- Family member
- Person served
- Psychologist, clinical therapist
- Behaviorist
- Physician
- OT, PT, SLP, PA, allied health
- Nursing
- Social worker, service coordinator, case manager
- Board & care, residential services
- Club houses, ILS/SLS, day programs, wellness centers
- Substance abuse services/ drugs & alcohol
- Teacher, education personnel
- Administrator
- Other (please specify)

Thank you for your participation!