

Stanislaus County Behavioral Health & Recovery Services
A Mental Health, Alcohol and Drug Service Organization

MHSA NEWSLETTER

Volume 3, Issue 1
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...a newsletter to share information about Stanislaus County's Mental Health Services Act (MHSA) programs with staff, consumers, stakeholders, other county departments and the community at large.

PEOPLE HELPING PEOPLE

Susan Trudell, Assistant Program Director, Turning Point Respite @ Garden Gate

Turning Point Respite at Garden Gate has always been a client-driven service provider. Respite has been an MHSA Outreach and Engagement program for three years. Ninety-nine percent of the Respite staff members (or one of their family members) have received services from the mental health system. This perspective is a keystone in the success of the services we provide at Respite. Respite staff provides a compassionate and understanding service to people because we have personally been through many of the same situations the residents of Respite are currently going through. This personal, first-hand experience is what allows Respite staff to identify with and relate meaningfully to people who are staying at Respite.

Respite staff has had many challenging life experiences and overcome many struggles. These are the experiences that help contribute to the success of our program. Many of us have experienced the stigma of being labeled as mentally ill, an alcoholic, or a drug addict. These labels rob us of any hope of living our life to the fullest because of the stigma of having a mental illness. This stigma debilitates us and destroys any personal ideas of being successfully employed and becoming productive members of society.

One example of how staff is able to identify with our clientele is exemplified in Sandy's story (not her real name). Sandy became employed at Respite after she had been homeless and unemployed for many years because of her drug addiction and mental illness. After several hospitalizations she was able to become involved in recovery from her addiction and severe depression. Thanks to her own efforts and those who assisted her after 35 years of fear, she gained the strength and courage to return to school. Sandy was supported in enrollment and the process of returning to school by Turning Point Life Skills program. During this time Respite was beginning their new program and they were looking to build a client-driven program. It took some encouragement to apply for the position but Sandy was successfully hired for the new Respite program. It has been through her education and employment along with her mental health support system that Sandy has been gainfully employed since the program's beginning. She feels that her employment has empowered her to continue a career and feels she is able to help others because of her life experiences. The client-driven strength of the MHSA program provides an innovative way for people with similar past experiences to be beneficial in helping others. This is just one example of how Garden Gate has improved the quality of one person's life and continues to be a successful part of the MHSA implementation.

If you have questions or suggestions regarding MHSA, please forward them by I.D. mail or email to: Carol Jo Hargreaves, BHRS/Administration, e-mail: chargrea@co.stancounty.com; Karen Hurley, BHRS/Administration, e-mail: khurley@co.stancounty.com

The MHSA-CSS (Communicate, Share and Support) Meeting is held the 4th Monday of each month at 10:00 a.m. in the Redwood Room, 800 Scenic Drive (unless otherwise notified).



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PREVENTION AND EARLY INTERVENTION PLANNING UPDATE

by Karen Hurley, MFT, MHSA Planning Coordinator

Local planning for prevention and early intervention continued through the month of December. The PEI Planning Team members Karen Hurley, MHSA Planning Coordinator; Dan Souza, Planning and Technical Consultant; Ruben Imperial, BHRS Prevention Coordinator/Public Information Officer; Hugo Ramirez, Community Development Specialist; and Teresa Garibay, Administrative Clerk worked many hours analyzing and prepping the data for presentation to the Representative Stakeholder Steering Committee (RSSC). Together, with leadership from Denise Hunt, BHRS Director, three planning meetings were conducted: December 2, 17, 30.

In brief, this is what was accomplished:

December 2 started us off with a warm welcome from Denise who set forth three strategic initiatives for PEI planning: Community Capacity Building, Mental Health Promotion, and Prevention & Early Intervention Projects.

The large part of the evening was devoted to an extended overview of MHSA, PEI Plan Guidelines, a logic model for plan development that included a local timeline. Community assessment themes developed from a number of data sources all of which came out of the broad community stakeholder processes conducted since July 2008. Discussion between stakeholders and the planning team culminated in the RSSC reaching consensus on the strategic initiatives and community assessment themes. PEI Plan project ideas were introduced for further discussion on December 17.

December 17 meeting involved more discussion of how community capacity building works in existing communities of support and how actual PEI projects and programs will be selected to reflect community input. On December 17, the committee gained consensus on project proposal ideas and developed a number of program selection and implementation principles.

On December 30 the committee achieved consensus on program selection and implementation principles. The remaining portion of this afternoon meeting was dedicated to an overview of MHSA funding requirements and a proposed rough allocation of resources for the local PEI plan. After extended discussion to achieve understanding of complex MHSA funding requirements, consensus was achieved in the group regarding the rough resource allocation proposal.

Between January 13 – 22, 2009, a series of workgroups were conducted to gain input on specific prevention and early intervention program ideas, thoughts on how to best set up specific programs and possible barriers. Representative Stakeholder Steering Committee members, Mental Health Board members, BHRS staff and other key informants participated in the workgroups. The intended outcome of these open workgroups was to build on stakeholder input thus far and complete the process with specific input from stakeholders' program ideas so a plan can be drafted.

Representative Stakeholder Steering Committee will reconvene on Tuesday, February 24, 2009, to consider Draft PEI Project Summaries. A complete draft of the PEI Plan will be posted for 30-day public review and comment from February 25 – March 26, 2009. A public hearing will be conducted by the Mental Health Board and is scheduled for 5:00 p.m. on Thursday, March 26, 2009, at 800 Scenic Drive, Redwood Room. All are invited to attend.

To obtain copies of PowerPoint Presentations from December 2, 17, 30 or workgroups in January, please go to: www.stanislausmhsa.com

WORKFORCE EDUCATION AND TRAINING BEGINS TO FULFILL ITS PROMISES

by Jim Hurley, W.E.T. Coordinator

"Expand the capacity of postsecondary education...Expand loan forgiveness and scholarships...Create stipend programs...Review staff trainings...Promote the employment of mental health consumers and family members within the mental health system...Promote the inclusion of cultural competency in all training and education programs..."

Some of the above snippets from our Workforce Education and Training (W.E.T.) Plan may be familiar to you. What is W.E.T. about? It is about *US!*

The promise of the Mental Health Services Act, of which W.E.T. is a component, is to support transformation of public mental health services. The term 'transformation' is a daunting idea that carries with it a lot of valid questions and considerations about change and doing things differently. It also is an exciting opportunity for our organization and our community. Transformation cannot occur without major changes in the mental health workforce. If we are to transform public mental health services, we need to give staff adequate supports and training to do so.

To support this effort, training and educational opportunities for staff and potential staff in public mental health agencies are available. A key component of W.E.T. is to assist public mental health programs/agencies with "hard to fill" positions. Hard to fill positions include the need for additional bilingual/bicultural staff in all job classifications, especially in the threshold language of Spanish. There is a shortfall of licensed mental health clinicians. There is a need for a more diverse pool of clinical supervisors and there is a shortfall in the mental health workforce in regard to the employment and retention of consumer and family staff. These efforts are spelled out in our W.E.T. Plan, developed with the participation of over 400 stakeholders, and approved in May 2008. Our W.E.T. Plan contains a total of eight action plans.

Below are updates of some of our efforts and I invite you to review the entire Plan, available on the BHRS website.

On the education front, the W.E.T. component has:

- Offered financial stipend supports for 15 students, primarily consumers and family members, who are enrolled in the CASRA (California Association of Social Rehabilitation Agencies) Curriculum at Modesto Junior College.
- Worked with our community partner, West Modesto King Kennedy Neighborhood Collaborative, to offer stipends for students at Mark Twain Junior High. These stipends will be 'project based' on the Westside of Modesto.
- Approved four MSW financial stipends for the fall semester at CSU, Stanislaus.
- Met with the Davis High School Health Academy with the intention to add a behavioral health component or track to their Academy.

On the training front, BHRS has convened a Workforce Training Council, comprised of a broad representation of organizational providers, consumers and family members and culturally diverse members to assist with a system-wide assessment and analysis of training for the public mental health workforce. This dynamic group has already begun making preliminary training recommendations by age and system of care.

Volunteerism is a major effort with W.E.T. We have begun a plan to increase volunteer opportunities as a way to build on individual preferences for preparation for future employment. New opportunities to "try out" volunteerism that leads to employment and opportunities to contribute as a volunteer without seeking employment will be available.

We are developing a plan to provide more clinical supervision to existing workforce staff for BHRS and our community partners. This includes supervision of interns, students and pre-licensed candidates in addition to master's level staff. A key barrier has been the lack of staff time to provide adequate levels of supervision due to the constraints of reimbursement requirements and revenue generation.

Expand the capacity of educational opportunities and staff trainings? Promote inclusion and the employment of mental health consumers and family members? Diversity? Stipends? Yes! W.E.T. is all of these!

I hope this gives you a sense of what is available and what is possible for our organization and our community partners. There is more!