

MHSA Newsletter

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

...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.



FAMILY PARTNERSHIP CENTER DEVELOPS RESILIENCE IN FAMILIES

By Rhonda Parker, Program Coordinator

MHSA Five Essential Elements:

- Community Collaboration
- Cultural Competence
- Client/Family-Driven Mental Health Systems
- Wellness for Recovery & Resilience
- Integrated Service Experiences

Family Partnership Center's MHSA General System Development (GSD) funding provides expanded services to client families under the program, "Families Together." At 421 E. Morris Avenue, Modesto, we provide a variety of supportive services to children and their parents and relative caregivers. To support and empower families, we provide one-to-one mentoring; peer support groups; family activities; and education about childhood mental health and behavior problems, community resources, coping strategies, self care, and parenting. For families who participate at the Family Partnership Center (FPC), there are wonderful opportunities to share challenges, ideas, and successes with others who are experiencing similar problems. When our MHSA stakeholder workgroup looked at un/underserved populations for our MHSA Plan, we identified not only families who came in as a result of specific MHSA outreach activities but also at existing FPC families who could be considered underserved by self-definition. When service enhancements made possible by MHSA (like Spanish Grupo de Apoyo, Men's Support Group, additional children's activities, classes for parents, and transportation) were implemented, it made additional services possible for underserved families. The "Smiths"* are one such family. (*This is a real family but not their real name.)

Mary and Steve Smith, referred to us for additional support by the CSOC ED/School-Based Team, had participated sporadically in services due to multiple access barriers. Parents of two brothers who had been in over a dozen foster homes prior to living with the Smiths, Mary and Steve had difficulty availing themselves of services because of child care and transportation issues. Mary had lost most of her eyesight and her job shortly after adopting the boys so Steve was the only driver. His work schedule prevented him from being available to provide child care or to transport Mary to the FPC from their rural Turlock residence, so Mary managed on her own at home. Tensions rose as the children's behavior consistently challenged both parents and, at times, Mary and Steve felt overwhelmed and ineffective.

Home visits were an easy solution for one-to-one services but making it possible for Mary and Steve to be at the FPC where they could benefit from the mutual support of peers, was more challenging. Their Parent Advocate provided or arranged transportation for Mary to Parent Support Team on Mondays in Modesto and/or Tuesdays in Turlock (during the day while the boys were in school). The Advocate invited Steve to join the newly formed MHSA Men's Support Group on Tuesday evenings so he could experience support for himself. The boys attended concurrent Interactive Children's Activities. All members of the family were able to attend and receive needed services.

The Smiths now participate regularly at the FPC. Mary and Steve continue with their respective support groups on a weekly basis and the boys attend Interactive Children's Activities when they're not in school. The family attends many of the Center's activities together and gets periodic "mini-respites" for all involved. The ability to attend peer support groups with other parents has resulted in the expected benefit of mutual support but also in unexpected benefits. By attending the groups, Mary and Steve make connections with other members. Ridesharing was offered by one group member. Another member who had also experienced vision loss, helped Mary connect to additional resources where she is now receiving rehab services for the blind that include learning to use public transportation and housekeeping/cooking tips. Mary has a mobile unit that allows her to see to sign papers and use automated teller machines, and she has a CCTV in her home (equipment that enlarges things so she can see them) which also works out handily for helping the boys with their homework, something Mary has not been able to do for some time. (We know there are many benefits in coming together to help support one another but who knew it would involve kids' homework?!) The spirit of MHSA permeates the Family Partnership Center. Families are coming together to access services and develop resilience!

Inside this issue:

Family Partnership Center	1
2009 Prevention Summit in Review	2
Managing Residential Changes for FSP Clients	3

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2009 PREVENTION SUMMIT IN REVIEW

By Karen Hurley, MFT, MHSA Planning Coordinator

BHRS sponsored a number of events in May, which is "Mental Health Awareness Month". These events all served as educational opportunities to engage community members in exchange of ideas about emotional health and stigma reduction. The largest of these events happened on May 12 when approximately 270 people attended the Prevention and Early Intervention Summit 2009: Acting Together: Emotional Health Through Community Collaboration.

Denise Hunt, BHRS Director, kicked off the day by speaking about BHRS' vision for a system transformation. A vision that includes promotion of emotional health and wellness, investment in local resources that strengthens existing systems of support that lead to genuine partnerships and ownership of emotional health by communities. Plenary sessions and afternoon workshops with three dynamic speakers - Bonnie Benard, Clay Roberts, and John G. Ott - provided for rich dialogue with themes of resilience, asset development (both individual and community), and system transformation. Participants "loved" all of the speakers and said Clay was "motivating with practical ideas," Bonnie was "inspirational with a message of hope," and John was "thought-provoking toward real change." What a complete message that turned out to be!

A diverse group of participants came from all over Stanislaus County, and a few from Merced and Mendocino Counties. Approximately 47 organizations, community members with no agency affiliation, representatives from Family Resource Centers, neighborhood collaboratives, faith- and spirituality-based organizations, BHRS staff, community-based organizations providing mental health services, alcohol and drug service providers, physical health, social service, probation and law enforcement agencies, and many educators and students joined in the rich discussion of the impact of emotional health and wellness across all levels of the community. The Peer Recovery Art Project joined in and provided beautiful artwork, an additional dimension to the sense of community that was present. Representatives from Green Thumb Theater Company and Gallo Center for the Arts participated in a panel discussion focused on the theme "Turning Pain into Power" and their current production "Crank'd."

The Summit was well attended and the day went smoothly thanks to everyone involved. Accommodations were great and food was plentiful and yummy. In the end we received excellent feedback, suggestions for improvements, and a long list of topics for the next Prevention Summit. From

the 143 evaluations received, I offer these tidbits: 93% of participants agreed or strongly agreed with the following statement, "Overall, this Summit met or exceeded my expectations."

Most participants sought an increase in knowledge and understanding in these three areas:

Resilience theory and practice - 92%

Asset-based community development - 92%

Strength-based practices - 91%

"What aspects of this Summit were most valuable to you and why?" Three responses illustrate the views of many: "Open discussion of what does this really mean," "Increased understanding that community and families do not go away - programs do" and "The fundamental concepts for connecting what we do to how we do it, to empower our communities."

Our hope is that an annual event that deepens the work on behalf of our diverse communities will become a valuable asset to continue the momentum of increasing our community's capacity to develop, support, and strengthen emotional health and wellness.



MANAGING RESIDENTIAL CHANGES FOR FSP CLIENTS

By Brenda Kachel, DMS/PM

Only one residential change per date is permitted for state reporting purposes. Data conflicts result when DMS/PM receives multiple residential changes for the same client and same date. Confusion often arises when a client is arrested but not detained in jail overnight.

A good rule of thumb: Ask, "Where did the client spend the night (or lay his/her head to rest)?"

Here are my recommendations for handling KETs:

- Only if the client spent the night in a different residential domain/classification should a KET for residential change be completed.
- If a client was arrested and released and returned to the same place of residence without spending a night in jail, no residential change KET is needed.
- If a KET was submitted because client was in jail but was released the same day, call DMS/PM to correct or delete that KET.

Refer to BHRS Policy 80.2.100 and its attachments for helpful information about state-provided MHSA Outcome forms. If you have any MHSA form or data questions, call 525-6049.



If you have questions or suggestions regarding MHSA, please forward them by I.D. mail or e-mail to:



Carol Jo Hargreaves,

BHRS/Administration, e-mail: chargrea@stancounty.com; or Karen Hurley, BHRS/Administration, e-mail: khurley@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).