

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.



MHSA Five Essential Elements:

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

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COLLABORATIONS LEAD TO PROGRESS, RECOVERY AND SUCCESS!

By Mike Wilson, Integrated Forensics Team Coordinator

One of the most remarkable features of the Integrated Forensic Team (in addition to its wonderful staff!) is the multifaceted collaboration that exists and the important results collaboration produces. As most people know, a probation officer is part of the clinical team at IFT. The Mental Health Treatment Court is part of IFT and operates in partnership with the Superior Court, Sheriff's Department, Probation Department, District Attorney's Office, and Public Defender's Office. Significantly, Mental Health Treatment Court is an *unfunded* program but we are all committed to keeping it going (fantastic!). IFT also partners with the Adult Drug Court to help clients succeed in that program. The Restoration to Competency program is a separate program that shares staff with IFT and both programs derive mutual benefit from this connection.

In addition to all the above collaborative efforts, IFT is located at 500 North Ninth Street, a site shared by many programs. Co-located and sharing resources as well as space are: NAMI, the Consumer Network, Modesto Recovery Services, Telecare (many programs), Wellness Recovery Services, Community Emergency Response Team, and Conservatorship Investigation.

"Why the overview?" you might ask. To focus on collaboration that occurs *within a team* (IFT is BHRS and Probation), *as part of larger teams* (Mental Health Treatment Court, Adult Drug Court, Stanislaus Recovery Center, Employment and Housing), and *as part of an even larger collaboration* (500 North Ninth Street). All of these associations help us serve our clients.

An easy example of how this works is that a client can walk across the parking lot from IFT to Wellness Recovery Services and start to get to know that program and all they offer. A client might reconnect (or stay connected) with Modesto Recovery Services or Telecare. They can check in with Probation, rather than traveling downtown. And, when someone wants to move on or graduates, in the case of Mental Health Treatment Court, the paperwork may say "Discharge" or "Transfer" but we ALL hope it feels like progression, recovery, and success. (At the very least the client knows where he's going and will be among familiar faces!)



MHSA COMPONENT UPDATES

By Teresa Garibay, MHSA Admin Clerk & Carol Jo Hargreaves, MHSA Implementation Mgr.

CSS Housing: There are three housing projects for which 30-day public reviews have been conducted for supportive housing services: Lincoln Avenue, Coolidge Avenue, and 5th Street. Sites are ready to be built upon when funding is available. State-level actions are impeding progress at this time, however. Some programs are stalled, in jeopardy, waiting. The Support Services Plan may need to be reissued.

WET Update:

CASRA: (1) Nineteen stipends are being offered to first and second year CASRA students this Fall. Stipends cover tuition, health and other fees, \$50 for supplies, and a parking permit or monthly bus pass. (2) Jim Hurley would like to visit your staff/team meeting to present information about field placements. Contact Jim at 525-5324.

Davis High School Health Academy: The agreement adding a behavioral health component to the existing academy has been approved by County Counsel. Next, Jim will ask Davis High administration to approve the agreement, to be implemented this Fall. The agreement creates a partnership encouraging students to enter the behavioral health field: in-service training, job shadowing, volunteerism and financial stipends for college.

Prevention Early Intervention (PEI): The State Oversight and Accountability Commission approved Stanislaus County's PEI Plan on May 28, 2009. The Board of Supervisors authorized

BHRS to accept the funding (over \$7 million) and proceed with plan implementation. Much of the focus in our PEI Plan is to increase the community's capacity to support emotional health in Stanislaus County - by building on existing strengths and helping community organizations develop new prevention or "front end" intervention programs. For this reason, much of the funding from this MHSA component will be through contracted services with the community. A handful of new positions will be filled at BHRS over the next several weeks, many of them focused on community development work and infusing the MHSA and PEI principles into as many places as possible within BHRS. Another focus will be on the development and use of results-based outcomes as we move forward in this new, exciting community-based work. Adrian Carroll, MFT, Chief of the Children's System of Care, will assume leadership responsibility for this MHSA component. More than half of PEI programming will focus on children, youth, and young adults. Adrian will be working quickly to fill some of the "infrastructure" positions in the PEI Plan in order to begin moving toward full implementation.

Capital Facilities and Technological Needs:

The proposal for \$5.7 million was submitted in May and has been approved. There is a 10-year reversion on this funding. Permission has been granted to begin developing

Technological Needs projects. There are two project goals. One is to modernize and transform computing information systems and the other is to develop Consumer and Family Member Empowerment Projects. In regard to modernizing and transforming computing information systems, three vendor demonstrations of Electronic Health Record (EHR) systems were held. In regard to Consumer and Family Member Empowerment Projects, a preliminary conversation with Consumer and Family Member Steering Committee was conducted on August 11, 2009. Hopefully both projects will be ready for public review in the fall and approved by January 2010. Timing is important for the EHR Project.

Innovation: A meeting with Representative Stakeholders was held in April. Planning guidelines are out and are being studied. The focus for the Innovation component is to learn something new that has never been done before, not focusing on service delivery. For example, Kern County proposed a consumer-managed crisis stabilization-type program to increase quality of services, including, better outcomes: increased access to underserved groups; increased quality of service; promote interagency collaboration; increase access to services. A service delivery project may be done, but the focus would be on what we would want to learn from it. Estimated plan to be approved in January 2010.

FOR FULL SERVICE PARTNERSHIPS: RESIDENTIAL INFORMATION FOR PAST 12 MONTHS

By Brenda Kachel, DMS/PM

When completing the Residential Information section of the PAF, be sure to include the selection from the "Yesterday" column as part of the 365 days. In other words, be sure to include *the place the client spent last night* in the number of occurrences and days. If you forget to include Yesterday's setting as part of the 365 days, DMS/PM will ask you to resolve the data conflict.



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).