

MHSA Newsletter

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

Happy Holidays!

...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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Sponsored by Stanislaus County Board of Supervisors



THE WARM LINE: Whenever you need us, we'll be there for you!

By Noel Silva, Warm Line Program Director

The Warm Line is a non-crisis peer support program available 24/7 via telephone at (209)558-4600. The Warm Line is for any individual who wants support from a caring listener. The program staff provides peer support by assisting callers as they explore possible responses to their situation and provides referrals to community resources. For individuals who have been evaluated by the Community Emergency Response Team (CERT) who need additional support, the Warm Line also provides face-to-face peer support. CERT clinicians manage all crisis calls received.

The Warm Line team is composed of consumers of mental health services and family members. Because the Warm Line staff members are in recovery, they offer hope for those struggling in their journey, and believe that crises do not dictate an end to recovery. The staff shares their own experiences of recovery when appropriate. Personal experiences and cultural diversity make the team extraordinary. Everyone brings a unique perspective, strength, and passion to the team. Just as staff members have distinctive backgrounds, so are the needs of our community different from one individual to another. The Warm Line team demonstrates care by actively listening to those seeking help and acknowledging their circumstances, thoughts, and feelings. Staff members offer optimism and support...staff members offer themselves.

The full-circle of peer support can be seen in Donald's experience:

"I was in the process of looking for work, and I went through multiple temporary agencies that I had on a printout. I spent almost two months looking and applying (for work). I feel most fortunate to have come upon Turning Point Empowerment Center which was also on that list. Upon arrival, I spoke with Noel Silva.

"I was informed that they weren't hiring, but was told that she may have other options for me. Noel and I sat down to talk about what I was looking for. I mentioned general labor or construction, but I was also open to new ideas.

"I told her about my background, truthfully and full-hearted, and also about my past and who I once was. She didn't look down on me like most employers would. Instead, she told me she liked my honesty, and would like to offer me a position with the Warm Line to answer phones, and talk to people. She said that she felt I could relate to the callers' situations because I lived it myself. Since I was hired, I can honestly say that the company--and every employee--has shown me considerable respect. All employees I've encountered carry themselves with dignity and respect... you're all wonderful."

Whether you are in need of a caring ear or access to community resources, call the WarmLine at (209)558-4600. Day and night, the Warm Line is here for you!



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).



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

UPDATE #2: MHSA TECHNOLOGICAL NEEDS— CONSUMER AND FAMILY EMPOWERMENT PROJECTS

By Karen Hurley, MFT, MHSA Planning Coordinator



Two goals have been established by California Department of Mental Health for the Technology Needs component of MHSA: 1) Consumer and family empowerment, and 2) Modernize and transform information systems.

Modernizing and transforming information systems refers, in part, to the Electronic Health Record (EHR). Consumer and Family Empowerment refers, in part, to the development of infrastructure that increases access for service recipients to use computers and their own health information. Examples of other types of technology projects that contribute to these goals are telemedicine, projects to monitor programs and service outcome improvement, data warehousing, paper imaging projects, and computer labs.

The survey process promoted in the October issue of this newsletter has concluded and was very successful! A large volume of surveys was received and the quality of information and overall success of the process is due to the actions taken by individuals associated with the following programs, organizations and committees: members of the BHRS Consumer Family Member Steering Committee, West Modesto King Kennedy Neighborhood Collaborative, NAMI, Consumer Network, Consumer Empowerment Center, Family Partnership Center, Josie's Place, Stanislaus Recovery Center, Modesto Recovery Services, and MJC CASRA Students. We could not have done it without you!

Though we are just beginning to analyze the data generated by the survey, here are a few preliminary results. With input received from all age groups, the total number of surveys is 339; 51 online and 289 on paper.

Here is a sample of input on training topics from Question #4. Five answer choices were offered and space for adding other suggested topics. Though it does not give the whole picture, preliminarily we see that three training topics were the most popular: Microsoft Office products introductory training (e.g., Word, Excel, PowerPoint) (62%), Introduction to Computers (59%) and Introduction to the Internet, e-mail and browsing (53%). Responses total more than 100% because the survey allowed respondents to give more than one answer to the question. This is a good way to ensure maximum input on needs and preferences by respondents.

All input received will be considered, along with other key information, in development of the MHSA Technology Needs Plan that will address statewide goals and local needs. It is anticipated that MHSA Technology Needs Projects will be ready for 30-day review in spring 2010. For more information, please contact khurley@stancounty.com or call 525-6274. Thanks!!

WORKFORCE EDUCATION AND TRAINING UPDATE – EDUCATION PATHWAYS

By Jim Hurley, Workforce Education & Training Implementation Manager

A major focus of Workforce Education and Training (WET), a key component of MHSA, is to create a "pathway" of education supports for individuals interested in working in public mental health. Education pathways include financial incentives (i.e., stipends) as well as other supports intended to address shortages in "hard to fill" or retain positions in the public mental health workforce. This is particularly important for individuals with lived experience as consumers and/or family members, and individuals with unique cultural experience and linguistic competence. Progress made during fiscal year 2008-2009:

Community Wellness Project sponsored by West Modesto King Kennedy Neighborhood Collaborative

The Wellness Project with West Modesto King Kennedy Neighborhood Collaborative resulted in selecting six junior high students for the "Day of Hope"; setting up an anti-stigma information table and volunteering for the event hosted by King Kennedy on May 29, 2009.

Davis High School Health Academy

Through outreach with the Academy instructor and students, a draft agreement was formulated with Davis High School to add a behavioral health component to their existing Health Academy. The partnership with the Academy is in the midst of development and will include job shadowing in mental health settings, in-service training for Academy teachers, and stipends for Academy graduates.

Psychosocial Rehabilitation Curriculum at Modesto Junior College

Funded sixteen (16) California Association of Social Rehabilitation Agencies (CASRA) students (program-certificate). Students received financial stipends for actual school costs. Fourteen (14) completed the semester.

Provision of Stipends for MSW Students at California State University, Stanislaus

Four MSW students were awarded stipends in fiscal year 2008–2009 for a total of \$37,000. Of the students awarded stipends, three self identified as Latina, two bilingual Spanish-speaking, and two identified as consumer or family member.

Currently, work is in progress to develop a similar contract with the Psychology Department at CSU, Stanislaus to expand and offer stipends for Masters of Science students and stipends for seniors seeking Bachelor's degrees in psychology, social work or sociology leading to a career in public mental health. It is anticipated a contract will be in place in fall 2010.

IMAGINE A FUTURE...

By Ruben Imperial, Prevention Early Intervention (PEI) Implementation Manager

Imagine for a moment a future in which mental health professionals primarily focus on emotional health and wellness and partner with communities to support emotional health. A substantial amount of their time and efforts would be spent defining the parameters of wellness, emotional and behavioral health; identifying resiliency characteristics of people associated with healthy outcomes, and understanding the process of the underlying issues. Resiliency research suggests that, in effect, the focus would shift from unwanted developmental outcomes that go for years without being addressed (fail first) toward defining, identifying, and enhancing wanted outcomes (help first). We believe that we are in a position to leverage this future into existence.

Inspired by the BHRS mission statement, *“In partnership with our community, our mission is to provide and manage effective prevention and behavioral health services that promote the community’s capacity to achieve wellness, resilience, and recovery outcomes”* and an approved MHS A PEI Plan based on this mission statement, BHRS has set

out to create, with our community, a different approach to behavioral health and emotional wellness in Stanislaus County.

As the newly appointed PEI Implementation Manager, I am initiating steps, with a team, to “roll-out” 18 new programs. We are working to align PEI program implementation with, among other things, four existing community capacity building projects: (1) Recovery and mental illness crisis intervention projects in the faith community; (2) Mental health and wellness in the Latino, Spanish-speaking communities; (3) A community mobilizing effort in South Modesto that is developing in partnership with Stanislaus County District Attorney’s Office, Modesto City Schools, and the City of Modesto Municipal Advisory Council; and (4) BHRS Alcohol and Other Drug (AOD) prevention team has been working with parents and community centers across the County to train parents to take action to build positive developmental assets in the lives of their children, as well as strategies for building assets within their communities.

We have heard people feel a sense of hope when we begin to talk about what is positive and working within their communities. They also say how inspiring it is to be working with agency representatives about positive things. To be successful, we will need to permanently shift away from the traditional approach to communities based on what’s “wrong” or “at-risk”. We believe we can take substantive steps towards building a “help first” system where the mental health professionals are “primarily focused on mental health and wellness” and there is genuine partnership with communities.

If you are interested in learning more about community capacity building and PEI implementation, or want to know what we might be up to in your community and how you can help out, please give me a call. Ruben Imperial 209-525-5831 Or rimperia@stancounty.com



INITIAL CONTACT DATABASE FOR GSD AND O&E

By Brenda Kachel, DMS/PM

The Electronic Initial Contact Database was developed by DMS for GSD and O&E programs that do not enter their contacts into INSYST. This database has been in use since October 1, 2009. The database was created to eliminate duplicate submissions of contacts, improve accuracy of information received, and reduce time for both the program users and DMS/PM staff compiling the MHS A Demographics Report .

In speaking with a few of the users of the Electronic Initial Contact Database, there is overall satisfaction and noted improvement in the new process over the former Teleform paper process. Amy of the Warm Line states, “I like it a lot! Much easier, can see notes from previous calls that help with dealing with the client. I had a little trouble at first doing searches on existing clients, but that was easily resolved and works really well.” June Newman of Turning Point made the following comments: “We like it a lot – seems to be working fine. I think you guys (DMS) did a great job with everything that had to be put into it to develop it. Michael (Montoya of DMS) anticipated a lot of questions and things we really needed.” Regina Perdomo from Families Together states, “It is much better than having to fill out and submit the Teleforms. Gives us more info but it is really slow.”

DMS made some changes to Families Together computer settings to increase the speed at which users connect to the database and will be contacting all users to see if they may benefit from this as well.

RECOVERY IS POSSIBLE

Through traumatic circumstances in a domestic dispute with my ex-boyfriend, I lost my left eye and sustained a brain injury. He aggressively beat me with a two-foot hinged section of irrigation pipe. I lost consciousness and when I came to, I found myself staggering towards my next door neighbor's house. The distance was only equivalent to two city blocks but it felt like a hundred miles or more. My neighbors, the Koehns, heard my screams for help and called 911. I was airlifted by MedEvac to Doctors Medical Center where Dr. Gammon and staff saved my life.

After a month's stay at Doctors Medical Center, recuperating from two eye surgeries, I was taken to Las Palmas Estates assisted living for seniors in Turlock. I was only 47 years of age and faced with the awful fact I might never be able to leave and live independently again. Even simple tasks like making a bed or trying to walk were difficult. Some humorous situations did occur while residing there, however. One day I decided I was going to leave the premises and hop a bus to Fresno. I found myself on a Greyhound bus going south, headed for the Fresno Chaffee Zoo. After arriving in Fresno, I got off the bus and didn't know how to make connections to get to the zoo so I just kept walking straight for nearly a mile and came upon a nice motel. I stayed the night and took my first steps in regaining my independence.

I am a strong-willed person and, with God's help, I was able to be transferred to a residential home called Woods Board and Care in Riverbank. Every Sunday I walked to Christ the King Episcopal Church where Fr. Glenn Kanestrom and congregation would pray for me.

A kind individual from the church made arrangements for me to rent a room from her. So now I was living in Modesto and undergoing therapy at Telecare with Linda Sanders, LCSW, and Steven McNamera, MSWC. I had a brief major relapse and was sedated heavily after two hospital stays. All I could manage to do was sleep. I had no incentive to live, no short-term memory, a stump of an eye, and paranoid schizophrenia.

Steven and Linda saw potential in me and very cleverly devised a plan...a perfect roommate! They matched our personalities precisely. Her name is Carol Coulter. Because of Carol I began to thrive. My life took on new meaning. Rex Adamson, MD, and his lovely wife, Ann would faithfully pick me up to go to church and offer lots of love and support.

Through the Adamsons, Steven, Jasbir Dhami, and Sudha Sharma, PA, of Sierra Health Center, I was given an opportunity to work as a volunteer at Wellness Recovery Center. I dearly love the staff and peers and I am so lucky to now say, "Hi ho, Hi ho, it's off to volunteer work I go!"

Everyone has a story. What's yours? Just for fun, sum up life in 6 words—it's not that hard!

By Karen Hurley, MFT, MHA Planning Coordinator

In the blog-o-sphere of the Internet we found a website called "Smith" **. It's an online magazine you can find at <http://www.smithmag.net>. Established in 2006, the tag on the masthead is, "Everyone has a story. What's yours?"

In this last newsletter of 2009, we wanted to offer something lighthearted and fun and the idea of a six-word memoir really hits the mark! Smith poses a challenge, asking for true-life stories - in just half a dozen well-chosen words.

To launch the challenge, they posted examples from people who most readers would recognize such as celebrity chef Mario Batali who wrote "Brought it to a boil, often." Here are a few more examples:

"Afraid of everything. Did it anyway."

"Curly haired sad kid chose fun."

"I colored outside the lines."

"I recognize red flags faster now."

Don't be shy, anyone can do this and the possibilities are endless. No aspect of life is off limits in telling your story. The only limit is six words. This would make a great team building exercise, youth self expression project, a topic of conversation at dinner, a party game, original holiday greeting or a private "Dear Diary" entry.

Consider yourself challenged to tell your life story in six words. "Everyone has a story. What's yours?"

"Late forties found horses. Happy trails!" -Karen Hurley

"Husband with motorcycle, liked it...weeee!" -Teresa Garibay

**SMITH Magazine is a home for storytelling. We believe everyone has a story, and everyone should have a place to tell it. We're the creators of the Six-Word Memoirs®.

SHARE YOUR SIX-WORD STORY!
Send to: tgribay@stancounty.com