

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

# MHSA NEWSLETTER

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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.*

## On-Site Peer Support and Warm Line Program

By Noel Silva, Program Coordinator

**Behavioral Health and Recovery Services and Turning Point Community Programs created a partnership for delivering services to individuals and family members with problems associated with psychiatric disabilities. This consumer-run program is called the On-Site Peer Support and Warm Line Program. The program was created through the Mental Health Services Act Plan (MHSA), which was approved and funded by the State Department of Mental Health. We are located at 800 Scenic Drive, Bldg. D, in Modesto.**

**The On-Site Peer Support and Warm Line staff consists of non-treatment providers, consumers, family members, and/or volunteers who have an understanding of non-crisis needs because we have "been there". Our experiences are not alike; that is the beauty of our team. Every member of our team brings a different perspective, strength, and passion. The opportunity to listen, share, and help others has enhanced staff members' ability to grow further in their own recovery. One of our staff members would like to share her story of how this MHSA program has been such a substantial part of her life.**

My name is Melissa Ayson and I'm dually diagnosed with Bipolar Disorder and a drug and alcohol problem. Before coming to this program, I was lost. The MHSA program has opened many doors in my life. Each day I am learning and growing in many different ways. I am learning how to connect peer-to-peer with others and how to express my feelings more. I thought I would never get my life back on track but with the help of this program, I got a wonderful job in which I challenge myself every day. I believe this program saved me and my family. This program plays a huge role in my recovery. The MHSA program taught me how to be patient while working in my job. It made me believe in myself again, and it gave me back the self-esteem I needed. I love what I do because of the people I work with. They know me as me, not by my mental illness. People in this program treat me with the respect I deserve, and I like that.

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).

## “What Does Capital Facilities & Technology Needs Have to Do With Transformation?”

### THE SEQUEL

By Karen Hurley, MHSA Coordinator

The Mental Health Services Act provides funds that address unmet mental health needs in communities and an intent to improve access to mental health services that are culturally competent, client- and family member-driven, that promote wellness, recovery, and resiliency, that provide an integrated service experience and lead to measurable, values-driven outcomes. The Capital Facilities and Technology Needs component of MHSA has a very important role in achieving this mission. This new component is meant to address development of long-term infrastructure for public mental health. Development and sustainability of infrastructure is necessary if services are to improve and expand consistent with the mission of MHSA. These are two very different types of infrastructure: Capital Facilities refers to buildings and land for buildings (does not include housing) and Technology Needs refers to information systems (medical records, billing, etc). The two are funded within one component yet each has unique features and separate plans are required. Last month we reviewed the basics of Technology Needs. This month we delve into the basics of Capital Facilities.

First, an MHSA definition:

*A “capital facility” is a building secured to a foundation which is permanently affixed to the ground and that is used for the delivery of MHSA services to clients and their families or for administrative offices.*

The County may only utilize Capital Facilities funds to make certain acquisitions, as follows: acquire and build upon land, acquire buildings, construct buildings, renovate buildings, establish a capitalized repair/replacement reserve for buildings acquired with Capital Facilities funds. In addition, funds shall only be used for those portions of land and buildings where MHSA programs, services, and administrative supports are provided.

As with all other components of the Mental Health Services Act, the submitted Plan for this component must clearly show how the proposed use of funds reflects stakeholder input, and also show how it produces long-term impacts with lasting benefits that move the mental health system forward, continuously addressing essential elements of MHSA. Stakeholder input includes a 30-day review and comment period. No public hearing is required for this component.

Counties have discretion in determining the use of funds between the two component parts. In Stanislaus County, planning for Capital Facilities and Technology Needs component will begin in FY 2008 - 2009. A Three-Year Plan is required and the initial planning estimate for Stanislaus County is \$4.3 million. Counties have 10 years to use these funds before the funds can be “swept” back into State coffers for redistribution.

Planning requirements for this component are posted on the State Department of Mental Health website: [http://www.dmh.ca.gov/Prop\\_63/MHSA/Capital\\_Facilities/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Capital_Facilities/default.asp)



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## PM Update



### Why Are My Clients’ Ethnicity Counts Not Matching What is Reported from Performance Measurement?

Here is how the data capture system works: BHRS Performance Measurement gathers data from the Department's client and services information system (Insyst). Insyst contains race and ethnicity data that we are required to report to the state and federal governments. In July 2006, the way race and ethnicity data are collected changed. In the race field in Insyst labeled "Hispanic Origin," 1 is entered for Hispanic, 2 for Non-Hispanic, or 3 for Unknown. Ethnicity is identified next by selecting from 20 possible categories (White or Caucasian, Black or African American, Korean, etc.). Finally, Primary/Preferred Languages are identified from 30 possible choices.

Here's what PM reports might show:

If a client is of Hispanic or Latino origin, that is considered his/her primary race regardless of whether or not other races were selected.

If a client is not of Hispanic or Latino origin, the race selected is considered his/her primary race.

If a report (for example, the MHSA Demographics Report) doesn't seem to reflect correct ethnicities for your program, consider the effect of the Insyst race and ethnicity coding system. If Hispanic or Latino, any other race is overridden. Clients were probably counted as Hispanic, thus they do not appear under other categories.

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