

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

MHSA NEWSLETTER

JULY CONTENTS:

Volume 2, Issue 7
July 2008

- Feature Article: Mobile Community Emergency Response Team (MCERT)
- MHSA in Stanislaus County: Prevention and Early Intervention Planning BEGINS!!
- Article: "Learnings" (Excerpts from Denise Hunt's Address at BHRS All-Staff Meeting, July 17, 2008)

...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.

Community Collaboration at its Best: Taking a Closer Look at MCERT

by Ken R. Huntley, Ph.D, MFT, Community Emergency Response Team Manager

The universal brotherhood of man is our most precious possession.

~ Mark Twain

In my first article in our MHSA Newsletter, I briefly described two innovations at Community Emergency Response Team. One was the On-site Peer Support and Warm Line with Turning Point Community Programs and the second was our Mobile Community Emergency Response Team (MCERT). I take this opportunity to provide a brief history and current status of MCERT.

The origins of MCERT were in Memphis, Tennessee. In 1977, police shot a 27-year-old man with mental illness. As a result of that incident, the Memphis Police Department in collaboration with Memphis NAMI, mental health providers, and local universities, developed an extensive training program called Crisis Intervention Training (CIT) to ensure that officers are properly trained to deal effectively and humanely with individuals who have a mental illness. Since its inception in 1988, CIT (and related programs) have spread across the United States. An extension of this approach has been teaming CIT-trained law enforcement officers with mental health clinicians and psychiatric registered nurses. This unique combination of law enforcement and mental health has been successfully implemented across a number of counties in our country. The Psychiatric Emergency Response Team (PERT) in San Diego is one example. This is the model that BHRS has largely adopted for MCERT.

In Stanislaus County, the catalyst for developing a mobile community emergency response team came out of the initial 2005 MHSA Community Services and Supports Plan stakeholder process. Community stakeholders expressed the need to make mental health services available to consumers in the community. Ultimately this need was made a priority of the CSS Plan. In 2006, a strategic work group including many community partners was convened. The group worked for more than six months to redesign BHRS emergency services. Modesto Police Department officers, already receiving Crisis Intervention Training (CIT) from BHRS, wanted a program to assist field officers in dealing with individuals with mental illness. MCERT was a logical extension of the CSS planning process and an existing community partnership with law enforcement.

The Stanislaus County Mobile Community Emergency Response Team (MCERT) is now in its second year and is a collaborative effort with Modesto Police Department. Mental Health Clinicians and Psychiatric Nurses are paired with Modesto Police officers trained to work in our community with individuals who have a mental illness. MCERT works with individuals and families dealing with a behavioral health crisis, providing psychiatric evaluations, crisis interventions, referrals, and follow-up. MCERT units are available only in Modesto at this time, with the possibility of extending our collaboration with more law enforcement agencies over time. In the last newsletter, I mentioned MCERT was operating only two days a week. We are now available five days a week, typically between the hours of 10am and 9pm. Feedback from the community, law enforcement, related mental health programs, consumers, and their families has been quite positive. Internally, MCERT staff value the opportunity to provide mental health services in the community to consumers and their families. MCERT truly represents the transformation of mental health services in Stanislaus County - a clear example of community collaboration at its best. For more information or questions, call CERT and/or me at 558-4600.



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 email to: Carol Jo Hargreaves, BHRS/Administration, e-mail: chargrea@co.stancounty.com; Karen Hurley, BHRS/Administration, e-mail: khurley@co.stancounty.com

LEARNINGS

Excerpts from Denise Hunt's Address at
BHRS All-Staff Meeting, Thursday, July 17, 2008

I want to talk about a recent experience I had as a patient. Many of you know that I had joint replacement surgery at the end of February. I was out of the office for several weeks, and now I'm all the way back – I was blessed to have a really good outcome. I've developed the point of view that all Mental Health Directors should periodically have an experience as a patient, or a client of some kind of large healthcare system. I wanted to share with you a couple of things I learned.

The first thing that happened to me was that I attended an orientation session prior to my surgery. I was scheduled to have both knees worked on. I signed in and the woman at the desk looked at my name and said, "Oh – you're my bilateral!" I didn't understand what she said at first and then I realized she was talking to me. I said, "No, my name's Denise. Nice to meet you." In that moment, I got it. I was about to enter a healthcare system that was focused on doing a procedure rather than focused on me as an individual. I understood what our consumers mean about being labeled. And I don't have to deal with the kind of stigma that comes with living with a mental illness.

After I went home, I wrote someone on the hospital staff about what I learned and I want to share it with you today. Even though my experience focused on a physical problem, I think what I learned may be generalized to what we do here at BHRS:

- It takes very little personalized kindness on the part of a caregiver to make an enormous difference to a person who is scared or in pain.
- Comforting someone who's scared or uncomfortable is as important (maybe even more so) as good technical counseling or nursing skill.
- Patients (consumers) hear everything that's being said outside of their rooms – or in the waiting room, or in the office next door.
- Everything takes longer to recover from than you think it will; if your caregivers communicate this along with the confidence that you will recover, it gives you something to hang onto on the bad days.

It's crucial to have someone who can listen and offer information when you have what seem like silly questions... understanding your body's healing process is power. Almost no one does adequate patient teaching (I can't tell you the number of times I've had the thought, "I wish someone had told me this....") And I could listen more easily to someone who had been through what I was facing than the professionals who had no personal experience of what I was dealing with. I got most of my information about the daily aspects of rehabilitation and recovery from an Internet bulletin board used by healthcare consumers, not from my providers....

I think there are some parallels between my personal experience and what our consumers and family members experience.

 Sponsored by Stanislaus County Board of Supervisors

Prevention and Early Intervention Planning BEGINS!!

Please engage in the dialogue with us that will begin to describe;
"What does emotional health look like in the community"

Effective July 17, the above message (and more) appears on the BHRS MHSa website: www.stanislausmhsa.com

This signals the (official) beginning of the community planning process that will shape a plan for prevention and early intervention services in Stanislaus County. Prevention and Early Intervention (PEI) approaches are intended to be transformational. The method of transformation is found in the way these approaches will draw the traditional mental health system toward natural community supports. A result of prevention and early intervention is to have the mental health system work with community partners to achieve "help first" approaches available in places where people already go for other routine activities (e.g., health providers, schools, community organizations and neighborhood gathering places including faith-based sites).

Our local approach to PEI planning begins with universal questions to all community members/partners throughout Stanislaus County. The four (4) questions are:

1. In your life, what does emotional health and wellness look like for you and/or your family?
2. What community/communities do you feel a part of?
3. What does emotional health and wellness look like in your community?
4. What opportunities exist within your community to promote emotional health/wellness (what's working, what can be improved)?

A survey containing these questions can be printed from the website in English or Spanish and faxed or mailed when completed. An electronic survey feature will be available soon, at www.stanislausmhsa.com. Tell people in your community!

Operational Definitions for Prevention and Early Intervention Planning:

Prevention is used prior to a diagnosis of mental illness and involves reducing risk factors or stressors, building protective factors and skills and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in the face of changing and sometimes challenging circumstances. (Example: universal access to constructive parenting education)

Universal prevention interventions target the general public or a whole population group that has not been identified on the basis of individual risk. (Example: gatekeeper training on warning signs for suicide)

Selective prevention interventions target individuals or a sub-group whose risk of developing mental illness is significantly higher than average. (Examples: Screening women for post-partum depression)

Early Intervention is directed toward individuals and families for whom a short-duration (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse. (Examples: socialization programs with a mental health emphasis for home-bound older adults with signs of depression)

Interested in participating in the planning process?

Please email your contact information to
stanislausmhsa@stancounty.com or call Teresa Garibay or
Karen Hurley @ 525-6247