

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

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# MHSa NEWSLETTER

*...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.*

## Telecare Westside SHOP

by Linda Sanders, Coordinator

Telecare's Westside Stanislaus Homeless Outreach Program (SHOP) began in spring of 2006 as the first MHSa Full Service Partnership in Stanislaus County, located at 500 N. 9<sup>th</sup> Street in Modesto. The program serves 40 clients that have a serious mental illness and have a history of homelessness. We continue to provide Assertive Community Treatment (ACT) which includes 24/7 coverage, housing and employment first approach, low client to staff ratios for case management services, group and individual therapy along with other groups focusing on dual diagnosis issues, social skills, independent living skills, and health and wellness concerns. It is a real privilege for our staff to work in a program that offers services where we have an average of 12 to 15 clients per staff and resources to target the culturally diverse population on the west side of Modesto.

Many of our SHOP clients have many years of struggling prior to coming to Telecare. Ted (not his real name) is no exception. Ted is a 54-year-old African American male who was engaged through outreach in August 2007. Ted lived in Arizona with his family prior to moving to Modesto. He had an unstable life, moving with his family from place to place while growing up. His lifestyle was riddled with troubles ranging from family problems to frequent alcohol and drug use to mask the daily difficulties he faced in his unstable living environments. Raised mostly by his uncle at an early age, Ted 's tempestuous life resulted in him dropping out of school in the 11<sup>th</sup> grade. He worked whenever he could at various labor-type jobs, doing whatever he could to survive. He never married or had any children. He relied mostly on family and what few friends he had to get by. Ted has a physical disability that has in many ways prevented him from accomplishing his goals in life. Sadly, his disability also resulted in Ted being victimized by family members and others throughout his life.

Ted's alcohol and drug experimentation started at an early age. He used LSD one time and that one time resulted in a stay at a psychiatric unit. Drugs and alcohol became part of his life and Ted began to struggle more and more. Ted's alcohol and drug use eventually resulted in his incarceration. Ted spent two years in prison. After moving to Modesto, he lived with his brother. The relationship became strained and soon Ted found himself homeless, living on the streets, alone, with no substantial support system. Alienated from his family, unemployed, not knowing what to do or where to go, Ted soon became depressed. His use of alcohol increased to a stage of dependence making his problems worse. His depression led to isolation, worry, fear, low self-esteem and desperation. He stayed wherever he could – most frequently at the Men's Mission.

After engaging with Telecare, Ted was linked to the services he needed to get on the road to recovery. He was able to successfully complete Stanislaus Recovery Center's Co-occurring Treatment track in the fall of 2007. He then lived in clean and sober housing. He moved into his own apartment under Shelter Plus Care and now has been clean and sober for 27 months and not smoked for one year. It's difficult for Ted to express himself verbally, yet he is a warm, friendly, and kind hearted person. After his mother passed away this past year, he was brought together with relatives from whom he had previously felt alienated. Over the last year, Ted has been participating in GED preparation twice a week and he goes to the library to read with a tutor. He began with Turning Point janitorial crew a couple of months ago and now works eight hours a week. We celebrate with Ted both his big and small steps. Again, it is a privilege for us to walk alongside Ted and others on their journeys.

*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](mailto:chargrea@co.stancounty.com); Karen Hurley, BHRS/Administration, e-mail: [khurley@co.stancounty.com](mailto:khurley@co.stancounty.com)*

*Whet your appetite and prepare for a 'taste' of something new!*  
**MHSA Innovation Component**  
 by Karen Hurley, MFT

A very 'juicy' component of MHSA is 'simmering' this year. This month, the draft guidelines for the Innovation component of MHSA were 'served' on the State Department of Mental Health website for public 'consumption' (review/comment). Here are some small 'bites' from the draft guidelines and a resource paper published in November 2007. The resource paper can be found at <http://www.dmh.ca.gov/MHSOAC/docs/InnovationResourcePaper11907.pdf>

The MHSA Oversight and Accountability Commission's Innovation Committee defines Innovative Programs as novel, creative, ingenious mental health approaches developed within communities in ways that are inclusive and representative, especially of un-served, underserved, and inappropriately served individuals.

- An innovation is, for purposes of the guidelines,
- Something that contributes to learning rather than a primary focus on providing a service,
  - Introduces a new mental health practice/approach that has never been done before, or
  - Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community, or
  - Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings.

- Essential Purposes to Innovation:
- Increase access to underserved groups
  - Increase the quality of services, including better outcomes
  - Promote interagency collaboration
  - Increase access to services

- Scope of Innovation:  
 Innovation(s) may introduce a novel, creative, and/or ingenious approach to a variety of mental health practices, but not limited to mental health services. As long as the Innovation contributes to learning and maintains alignment with the MHSA Essential Elements it may affect virtually any aspect of mental health practices or assess a new application of a promising approach to solving persistent seemingly intractable mental health challenges. These approaches can include the following:
- Administrative/governance/organizational practices, processes or procedures
  - Advocacy
  - Education and training for service providers (including people not currently defined as mental health practitioners)
  - Outreach, capacity building and community development
  - Planning
  - Policy and system development
  - Prevention, early intervention
  - Public education efforts
  - Research
  - Services and/or treatment interventions

- A few more features of the guidelines for this component:
- Innovation projects are similar to pilot projects or demonstration projects in that they are time-limited,
  - May not turn out as expected and can be terminated,
  - If proven successful and to be continued, must be transferred to a different funding source, such as CSS or PEI funds
  - Leveraging with collaborative partnership is encouraged
  - Can involve regional collaboration with other counties
  - Analysis of effectiveness and reporting of progress is required.

Sound yummy? Want more? Watch for an announcement. When final guidelines are available, local planning can begin.

**PM Update** 

**New Method for Counting GSD and O&E Contacts**  
 by Brenda Kachel


For General System Development (GSD) and Outreach and Engagement (O&E) programs that must complete Initial Contact forms, there has been a change in the frequency of completing forms on returning clients. In the previous fiscal year, Initial Contact forms were to be unduplicated, thus we asked for only one Initial Contact form per client during the fiscal year.

The new process mandated by the State is to submit *unduplicated contacts within each quarter*. Each new quarter, GSD and O&E programs will start fresh and submit forms on all clients seen during that quarter, including "carry over" clients during previous quarters. PM will report the Quarterly unduplicated contacts on the Exhibit 6 Report as well as the annual total unduplicated count. The total number of quarterly contacts is likely to be higher than the total number of annual contacts due to the re-counting of carry-over clients served from quarter to quarter. Thus it is important for programs to watch their numbers carefully in order to meet established *annual targets* (remembering to allow for elimination of all duplicated contacts during the fiscal year).

Note: GSD programs that enter all services into INSYST are exempt from completing Initial Contact forms because data reporting is automated. However, contacts that do not result in Insys entry should be documented on Initial Contact forms and submitted to PM via the Teleforms System.

- Quarterly periods are as follows:
- July 1, 2008 to September 30, 2008
  - October 1, 2008 to December 31, 2008
  - January 1, 2009 to March 31, 2009
  - April 1, 2009 to June 30, 2009

**If you have any questions regarding this fiscal year's new reporting process**, please do not hesitate to call me at 525-6049 or e-mail me your inquiries.

 **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).**

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