

# MHSA Newsletter

...with a new focus described in this issue, we need a new name—suggestions welcome!

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

...a newsletter to share with you reflections about the four aspects of our long term transformation effort: Community Capacity Building, Leadership Development, A Focus on Results, and Fiscal Sustainability ...



Results Accountability - Train the Trainer on Nov. 9-10.

### BHRS MISSION

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.

### MHSA Essential Elements:

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

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## A Vision of Improved Behavioral Health and Well-Being, A Mission of Partnership with Communities

By Denise Hunt, BHRS Director

Over the years, I've had the extraordinary privilege to work with many of you to develop new ways of looking at how our organization serves the community. We are now going through a dynamic, creative time in public health that challenges us all to think about the role of BHRS from a different paradigm.

In these challenging times, the strong forces we feel in our day-to-day operations are; 1) increased need for services, 2) volatility of public funding and 3) an increasing pressure to develop a new and creative response to serving the public. More than ever before, organizational stability and agility are important.

The fact that BHRS cannot, alone, deliver behavioral health and well-being to residents of Stanislaus County has been in the forefront of our awareness dating back to at least 2005, when we planned for Mental Health Services Act (MHSA) funds. The requirement to bring new and long-time community partners (MHSA called them stakeholders) to the table to discuss unmet mental health needs has changed us forever...in a good way!

Another significant influence is the budget challenges we have faced. A sobering scenario unfolded as we were about to roll-out the newly funded MHSA programs in Fiscal Year 2005-2006 that included the closure of three community clinics (Oakdale, Ceres, and Patterson) as well as the overall constriction of mental health services to individuals without health insurance. Budget challenges have continued on an annual basis, and there is more unmet need than ever before.

Despite the challenges presented, we are a resilient bunch and have actively and persistently sought to find ways to include the MHSA values in all of our operations.

Additionally, with a goal of enhancing existing and fostering new local efforts to support communities, we developed a Community Capacity Building Project as the center of our MHSA Prevention Plan. To begin the Prevention and Early Intervention (PEI) planning effort, an initial survey asked of community stakeholders "what does emotional health and wellness look like for you, your family, your community?" The overwhelming majority of responses described nurturing connections with family, friends, and faith - feeling connected to one another is crucial in creating and maintaining emotional health.

This community input has a significant influence in how we ended up today with this new organizational direction supported by continued affirmation from our partners and stakeholders. BHRS is now more than ever committed to excellence, collaboration, and partnership in everything we do. In this article, I want to share with you reflections about the four aspects of our long term transformation effort: Community Capacity Building, Leadership Development, A Focus on Results, and Fiscal Sustainability.

### Community Capacity Building:

Two unique definitions are central to understanding this initiative:

- Community: defined as a group of individuals who have sufficiently strong relationships that they are able to provide tangible support to each other and act together.
- Community capacity-building: defined as strengthening the ability of communities to act on their own behalf to promote the well-being of their members independent of services.

In a variety of ways through PEI implementation, BHRS is supporting local communities to develop and implement community-driven plans to improve and sustain the behavioral and emotional well-being of their members. Examples of actions communities might take through their plans include wellness fairs; cultural events to promote deeper understanding and connection to culture, language and healing traditions; community mentoring efforts to provide support to young people experiencing emotional or mental distress; or peer support circles for veterans returning from Afghanistan or Iraq.

#### **Leadership Development:**

Recently, BHRS SLT has been actively working with the concept of how we can develop skills in ourselves to provide leadership that will shift the Department's role from one of acting primarily as a provider of services toward a role of convener and leader in developing new ways of partnering with diverse communities in Stanislaus County. As vital as time, skills and funding are to sustaining community capacity building, without leadership we will not be successful. This long-term change strategy is rooted in the concept that "leaderful" action is possible in all of us regardless of our role in an organization or a community. We believe leadership development involves nurturing the ability of one another to identify and to promote right action toward wellness and act together. By including leadership development as a long-term organizational change initiative, we intend also to support active, vital leadership in communities so they may act to make a difference in their communities' capacities to support all individuals toward behavioral health and well-being.

#### **A Focus on Results:**

BHRS SLT is committed to asking ourselves if people are better off as a result of our work – both in terms of treatment services and community capacity building. The effect of asking this question will evolve the practice of measurement

of actions from counting the numbers and types of services ("how much did we do?") to developing a true assessment of actual results flowing from our supports and interventions ("is anyone better off?"). While we'll continue to address how much service we provide, how productive we are and the quality of the service, we'll be working to integrate a focus on results as well. Encouraging transparent accountability in all areas in order to determine the effectiveness of our work and our contractors' work, is very important to us.

#### **Fiscal Sustainability:**

Traditional budgeting strategy could be characterized as "boom or bust". Typically that means we "ramp up" programming to match increased levels of funds and "take down" when the "bust" comes when services are eliminated. It is painful for everyone. In recent years, BHRS has been working toward development of a more sustainable approach to budgeting for services. BHRS SLT took to the task of thinking outside the traditional paradigm, and not surprisingly, we have made remarkable progress. By committing to a long term budget strategy, we have built our budgets based upon principles, values and actions that support sustainability while maximizing our ability to make a difference through our service in the community. Additionally, we have committed to a learning project through MHSAs Innovation funds that will enable community and County partners to join BHRS leaders in a three year process designed to develop an integrated, financially sustainable behavioral health system committed to results.

In closing, I believe that by attending to our values of promoting behavioral health and well-being at all levels and in all decision-making, BHRS will move through these challenging times and create an even better organization that will help us support our diverse communities toward resiliency and well-being.

## **Excellent Results at Work!**

By Brenda Kachel and Jean Anderson

The MHSAs FSP Discrepancy Report is intended to assist FSP teams in reporting data that is as accurate as possible to the State Data Collection and Reporting (DCR) system. The data elements in the reports include adult arrests, incarcerations, CERT crisis interventions, and DBHC hospitalizations of individuals who have Medi-Cal or are uninsured (Medi-Medi covered folks are not reported).

Recently we noticed names of individuals on the Incarceration Report that had not been incarcerated. SART staff discovered one such "exclusion" and brought it to DMS/PM team's attention. SART knew that the individual who was listed on the report had been living at home while attending court-ordered classes. Program staff provided transportation to and from class daily. In another situation, the individual lived at home while participating in an alternative work

program. In both situations good stuff was happening; these folks were not in jail, they were fulfilling the requirement of their sentencing and continuing to benefit from ongoing FSP supports and services. It is essential that exceptions be discovered and reported, otherwise, they will be counted as incarceration days. Without accurate data we are not getting a complete view of the difference we are making!

Action requested - when you receive an MHSAs Discrepancy Report check for inaccuracies like this. A correction can easily be made when program staff write "exception" on the report with a brief description of the reason for the exception, initial and date it then return to DMS/PM, via fax (525-6053) or I.D. mail ASAP. DMS/PM will add the information to the "Exceptions" list and remove the item from the MHSAs Discrepancy Reports.

Kudos to Wamaitha Whidby and Mike Wilson for their help in discovering these exceptions!

*In 2011, our newsletter will center around the four aspects of our long term transformation effort . Please join us in exploring the possibilities for our future from this perspective. Articles, suggestions, and ideas are welcomed, please forward them by I.D. mail or e-mail to Karen Hurley, BHRS/MHSA Planning, e-mail: khurley@stanbhers.org or Pete Duenas, BHRS / Public Information Officer, e-mail: pduenas@stanbhers.org*