

MHSA Newsletter

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

...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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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).



Any questions or suggestions regarding MHSA, please forward them by I.D. mail or e-mail to Karen Hurley, BHRS / Administration, e-mail: khurley@stanbhhs.org or Pete Duenas, BHRS / Administration, e-mail: pduenas@stanbhhs.org

FAMILY RESILIENCE

By Esmeralda Sandoval and Rhonda Parker

The Family Partnership Center (FPC), at 421 E. Morris Avenue in Modesto, is a collaborative site providing a variety of supportive services for children and their families. The FPC houses BHRS Kinship Support Services Program (KSSP), BHRS Parent Partnership Project (PPP), and BHRS Family Partnership Mental Health Team. FPC partners with various community-based organizations including Sierra Vista Child and Family Services, Center for Human Services, Girl Scouts, Al-Anon, and Modesto Junior College as part of the effort to provide one-stop-shopping for families. MHSA GSD funding provides expanded supports to families under the working program name of "Families Together." Families at FPC met for several months as an MHSA Stakeholder and Implementation Workgroup to define services and supports that were needed and desired, and to define un- and underserved as it relates to children and their families. When MHSA service enhancements were implemented including the additional transportation provided for Grupo de Apoyo (Support Group), more families such as the Gonzalez* family were able to attend and receive supportive services offered here.

When the Gonzalez family became involved with FPC in 2007, the younger of two brothers, Juan, was having difficulty at school and parents Maria and Jaime were concerned. Juan had experienced seizures as a toddler, but no diagnosis was given at the time. He didn't misbehave as much as he would do things that the teachers did not approve of, like making sure he was first in line, and "sh-ing" the class because he was not able to tolerate too much noise. He couldn't function when there were too many distractions and had big issues with personal space that created problems for him in the classroom. Through parent advocacy working with the Gonzalez family, arrangements were made for an evaluation through Valley Mountain Regional Center (VMRC) and assessments were requested for special education services through Juan's school.

At first, the school did not respond to Maria's request for special education assessments and a date for an IEP (an Individual Education Plan required for students with disabilities that impair their ability to learn in school). We believed Juan might be eligible for special education services but he still needed the assessments and supporting diagnosis. In May 2008, the school denied Juan eligibility for special education services; citing that his behavior was the reason he was not able to learn. Maria felt the school was looking at the fact that Juan was a very smart boy, overlooking his emotional problems. Another appointment was scheduled with VMRC and a psychological evaluation in Sacramento. Juan was diagnosed with Asperger's Syndrome in January 2009. After five IEPs and many tests, Juan was finally placed in an appropriate school setting where his special learning needs could be met.

Juan continues with his school-based counseling. He started at his new school in February 2009 and loves going and participating in class. He still has difficulty accepting that he cannot always be first but is very happy with his classroom and is one of the top students in the classroom. Juan still has some problems getting along with his brother at home as well.

Maria continues to come to Family Partnership Center for support services and family events. Prior to coming to FPC, Maria felt many doors were shut in her face. She is thankful for our programs and feels that her son might otherwise never have received the services he needed to help him do well in school. She continues to be a part of the weekly Grupo de Apoyo, and Juan and his brother enjoy coming to the Center where they are well liked and are active participants.

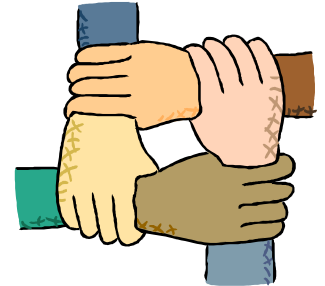
*A real family; not their real names.



MENTAL HEALTH SERVICES (MHSA) INNOVATION PROJECT PROPOSAL

By Karen Hurley, MFT, Planning Coordinator

The California State Department of Mental Health (DMH) Information Notice No. 09-02 released on January 30, 2009, informed counties of the guidelines governing submission of project proposals to receive Innovation funding. In our October 2009 Newsletter, we described the key elements of the Innovation Component that we would be required to address as we develop our local Innovation Project. In this issue, we will describe the first Innovation Project for Stanislaus County.



Local Project: Evolving a Community-Owned Behavioral Health System of Supports and Services:

We are pleased to announce that Behavioral Health and Recovery Services (BHRS) has developed a project proposal consistent with the guidelines, community stakeholder input, BHRS Vision and Mission, and with the essential elements of the Mental Health Services Act (MHSA). The proposed project has emerged from myriad conversations and meetings with community and county-wide stakeholders. This project is a three-year effort in which we will pursue multiple strategies to assess its effectiveness.

Stanislaus County Behavioral Health system, like all such systems in California, faces an adaptive dilemma of rapidly declining revenues, steadily increasing costs, and rapidly increasing need. We describe this dilemma as adaptive because we believe we cannot resolve these challenges and improve behavioral health outcomes through traditional strategies for managing budget shortfalls.

Acknowledging the reality of this dilemma and working to understand the growing scope of unmet need has led BHRS leaders to the conclusion that BHRS can never serve all people who struggle with mental health and substance abuse issues in Stanislaus County. The gap is too large, even when limited only to people who struggle with serious and persistent mental illness and severe addictions. To bridge the gap of unmet need in Stanislaus County will require engaging communities and countywide stakeholders in very different processes than have been our norm. While we have successfully engaged stakeholders in Mental Health Services Act planning efforts, we have not helped stakeholders understand the nuances of the overall Department budget, or the interdependencies among mental health and other behavioral health programs and their respective budgets. Nor have we created structures to engage stakeholders in more expansive explorations of how all of us, together, can evolve a more effective system of supports and services within the realities of rapidly declining public resources. While BHRS leaders and staff, by ourselves, cannot meet the behavioral health needs of all Stanislaus County residents, we believe BHRS can be a catalyst for creating better alignment and more effective leveraging of the array of resources present in the County. To play such a role however, will require BHRS leaders to improve our capacity to collaborate with other county agencies, non-profit and community-based organizations, and community leaders a primary focus for this Innovation Project.

Contribution to Learning:

This project explores new approaches to stakeholder processes that will impact organizational processes and procedures; educational efforts for service providers, community leaders, and other traditional and non-traditional stakeholders; planning processes; and policy and system development processes.

The overarching questions we will explore through this project include:

- 1) Can we engage community partners and stakeholders in processes that, over time, develop shared understanding and ownership of the BHRS budget, as well as the array of other community, private, and county resources available to improve residents' behavioral health and emotional well-being?
- 2) Can the emergence of this felt sense of shared ownership lead to more creative and expansive responses to the adaptive dilemma currently confronting the behavioral health system that, over time, improve the behavioral health and emotional well-being of increasing numbers of residents across the County?

The draft proposal is offered for 30-day public review and comment from July 26, 2010 to August 26, 2010. During this comment period, interested parties can offer feedback and receive information in several ways including providing written feedback to the project. The public hearing is Thursday, August 26, 2010, beginning at 5:00 p.m. at Behavioral Health and Recovery Services, Redwood Room, 800 Scenic Drive, Modesto, California 95350. Please take time to read this exciting innovative project at www.stanislausmhsa.com. You may also obtain copy by calling 525-6247.