

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

MHSA NEWSLETTER

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Happy Holidays

...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.

STANISLAUS MULTI-CULTURAL COMMUNITY HEALTH COALITION WEST MODESTO/KING KENNEDY NEIGHBORHOOD COLLABORATIVE ZEPHYR CLARK DROP-IN CENTER

Effective Black Parenting ■ Faith-Based Community Organizing ■ Family to Family Services Healthy Birth Outcomes Project ■ Healthy Eating Active Living Initiative

Let's Spread the Word Outreach & Engagement Program ■ Mental Health Services Act
601 N. Martin Luther King Drive Modesto, CA 95351 (209) 522-6902 (209) 846-6000 Fax

by Barbara Anderson, Program Coordinator

On March 28, 2008, West Modesto/King Kennedy Neighborhood Collaborative (WMKKNC) opened the **ZEPHYR CLARKE DROP-IN CENTER** at 716 Marshall Street, in West Modesto. This was the culmination of months of planning, acquiring a facility, visiting other drop-in centers, and hiring and training of staff.

Thanks to the generosity and overwhelming response from our many partners, the Drop-in Center is both comfortable and appealing inside and out. Our race/ethnic and gender diverse staff operates the center continuously during the weekends from 6:00 p.m. Friday until 6:00 a.m. Monday morning. Since opening on March 28 through the end of November, over one hundred and eighty first time visitors have signed in at the drop-in center.

The drop-in center offers a variety of activities and groups. The Depression group meets every Saturday afternoon at 4 p.m. and the Substance Abuse group meets every Sunday at 4:00 p.m. A Floral Arrangement class is offered on the first Sunday of the month at 1:00 p.m. and Physical Movement and Breathing is offered on the second Sunday at 2:00 p.m. The beautiful spacious backyard is the place to be during the summer and fall months to enjoy the Bar-B-Q cookouts, games, bird watching, or to enjoy a safe place to sit and do nothing.

The Drop-in Center has some challenges but the biggest payoff is like the weekend when a young couple came into the Center to "check things out." The female was three months pregnant and they were sleeping in their car. After talking with the couple for awhile, staff learned the young man had lost his job at a local restaurant and consequently they lost their housing. Staff referred the female to Healthy Birth Outcomes (HBO) and the young man to several job sites. This continued for several weeks before the couple disappeared. After about two weeks they showed up again excited because the young man had found employment at a local restaurant and they were moving in with a friend. They came back to thank staff for the referrals and help in their time of need.

STATEWIDE PROJECTS FOR PEI

by Karen Hurley, MFT, MHSA Coordinator

The Mental Health Services Act (MHSA) provides funding to expand mental health services in California for children, youth, adults, and seniors with the intent of transforming how mental health care is accessed and delivered using programs proven to be effective. A portion of the MHSA funds have been set aside to provide Prevention and Early Intervention (PEI) services. All PEI programs are to be aligned with the transformational concepts inherent in the MHSA: community collaboration, cultural competency, individual/family-driven programs and interventions, wellness focus including concepts of resilience and recovery and integrated services experience for individuals and their families.

BHRS intends to utilize local and statewide funds as effectively as possible. From our perspective, a statewide approach to certain aspects of prevention is an important component of the overall effort. Broad prevention approaches to suicide prevention, stigma and discrimination, and student mental health will connect efforts across counties in California.

In order for statewide prevention projects to go forward, counties must assign a portion of PEI funds back to the State for statewide administration. If the funds are not assigned for statewide use, they cannot be used for other local efforts. Assigning a portion for statewide use does not reduce the allocation available for local use.

Here is a brief description of the three statewide projects:

Suicide Prevention – intended to significantly impact information about suicide prevention by: Building a system of suicide prevention at both state and local levels. Providing training, technical assistance, resources and other needed supports to help Counties successfully develop and implement suicide prevention activities. Increasing the capacity and quality of local suicide prevention hotlines. Increasing the capacity of workforces to effectively prevent suicide.

Student Mental Health Initiative – intended to provide grants to educational institutions for: Campus-based mental health programs. Systems and policy development that integrates a comprehensive system of campus-based supports. Training for campus-based staff, County Mental Health staff, other direct providers and educators, peers and family to raise awareness of issues of mental health and wellness on campuses, and to build capacity for effective early intervention programs.

Stigma and Discrimination Reduction - intended to develop a strategic plan to reduce stigma and discrimination against people living with mental illness. Goals for this project include: Reduce stigma experienced by individuals who have a mental illness, or a social, emotional or behavioral issue. Reduce stigma experienced by parents or caregivers of children, youth, and other family members with mental illness, or a social, emotional or behavioral issue. Reduce stigma associated with seeking services and supports for mental health issues. Reduce discrimination against individuals living with mental illness or social, emotional or behavioral issues. Support and complement county level interventions that address stigma and discrimination.

DMH has agreed to implement these projects upon receiving funds from the Counties and the appropriate state budget authority. PEI statewide projects have been and will continue to be developed and implemented with involvement of County Directors and staff, CMHDA, OAC staff, and other diverse stakeholders throughout California. Once the funds are assigned to DMH, steps toward implementation may begin.

Counties throughout California are conducting their own planning processes for local PEI plan development. Counties will develop their own local PEI projects and will benefit directly and indirectly from these statewide projects through training and technical assistance, support for the implementation of local PEI projects, media and social marketing in multiple languages, model program sites, enhancement of state and local efforts, research and evaluation, and statewide quality improvement activities.

In Stanislaus County, the community planning process began in July 2008 and continues through the next few months until the anticipated submission date in April 2009.

WORK PAYS OFF!

by Brenda Kachel, DMS/Performance Measurement

After all the hard work by Full Service Partnership (FSP) and Data Management staff to clean up state-required data, BHRS was certified by the State to submit data electronically via XML format on October 31! FSP programs worked long and hard on the Partnership Assessment Forms (PAF), dotting every “i” and crossing every “t”. Then we put a great deal of effort into getting Key Event Tracking forms (KET) cleaned and ready to submit in a test batch. DMS/PM is currently introducing a clean-up process for Quarterly data forms.

In November we submitted two sets of (PAF, KET, and Quarterly) test data that had successfully gone through our cleaning process. Here are some results of all the hard work the FSP programs have done:

Of the 467 PAFs received through the Teleforms System, 458 were successfully sent to and accepted by the State via the XML data transfer process. That means 98% of our total PAFs have been successfully submitted! Only nine PAFs still need additional attention (review and clean-up) before being submitted to the State. Of the 2854 KETs received by the Teleforms System to date, 1029 were considered clean and submitted to the State (36%). Some of our KETs were not submitted because the State discovered their system is not able to accept KETs to close or reopen clients to programs when combined with any other key event on the same KET form. (Please remember, when closing or re-opening a client to an FSP program, only the opening or closing event information is to be entered on the KET form; enter all other key events on a separate form.) Although FSP staff completes and submits Quarterlies, we have transferred only 11 Quarterlies to the State to meet certification criteria. DMS/PM is gearing up to clean and report missing Quarterlies to programs.

We still have a ways to go but this is a great start for the coming New Year!

Wishing you and yours a safe and happy holiday season!

DMS/PM Staff

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



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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