

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

MHSA NEWSLETTER

Volume 2, Issue 2
February 2008

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...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.

Mental Health Services Act – Full Service Partnership Program at Juvenile Justice BHRs - Stanislaus County

By Carrie Becker, Mental Health Clinician, JJ-TPS

The MHSA program at Juvenile Justice is a Full Service Partnership with the motto "what ever it takes," and is an MHSA Community Services and Supports program. The Juvenile Justice CSS Work Plan was written in order to secure funds from Proposition 63 to provide mental health services to an underserved population. The Work Plan stipulates that the program enroll not more than 25 young people, ages 13 to 19, culturally diverse, most of whom are Hispanic. Of the enrolled Hispanic young people, the majority must have monolingual Spanish speaking parents. In addition, the youth must be on probation, have a history of violent behavior, and must enter the program voluntarily.

Juvenile Justice chose to use Teaching Pro-Social Skills (TPS) as its evidence-based practice to measure success. We chose TPS because of the consistent and documented positive results that have been recorded. TPS uses the Aggression Replacement Training (ART) curriculum, which teaches anger control, skill streaming and moral reasoning in a group setting over a period of 10 weeks. Pre-test and post-test questionnaires are administered to measure changes in attitude about aggressive behavior, the use of appropriate social skills, and thought patterns about moral issues.

Our MHSA program utilizes an after hours crisis telephone line which provides our youth and their families access to services 24 hours a day, 365 days a year. The "on call" person's responsibility is to meet the current crisis need as effectively as possible. We have two bilingual Behavioral Health Specialists and one Clinician during regular hours, though other Juvenile Justice staff helps with "on call" after hours programming.

Our young people are typically quite difficult to engage due to a variety of reasons, so a great deal of staff time is spent developing a therapeutic relationship with the youths and their families. The program has three unofficial phases. Phase one is spent engaging the youth and family, using counseling and intensive case management to stabilize any crisis issues that may be present, and starting individual and/or family counseling. The next phase is to get the youth into the TPS group counseling which lasts for 10 weeks, with two groups per week. The case management and counseling may continue over this phase as well. Transportation may be provided to and from group in order to help the youth be successful. The third phase is to continue to reinforce the changes the youth has made, to continue to stabilize the family, and to begin the termination process.

Currently, the clients who volunteer to come into the MHSA program are referred by the Probation Department and must be on formal or informal probation. The program is strength-based, client- and family-driven, uses integrative services with community collaboration, and focuses on resilience, wellness, and cultural competence. Our program has been quite successful in both reducing the mental health symptoms that our youth have upon being enrolled, and helping the youth to be more successful in school and to be dismissed from probation. If you would like more information about our program, please feel free to call (209) 525-5401.

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).

Mental Health Services Act (MHSA) CalHFA Housing Program

By Karen Hurley, MHSA Coordinator

For the past year or so California Mental Health Director's Association (CMHDA) has been working collaboratively with the California Housing Finance Agency (CalHFA) and the State Department of Mental Health (DMH) to develop an MHSA Housing Program that fulfills our shared goal of developing a significant increase in supportive housing for our communities. As a result of this unique partnership, CalHFA will administer the MSHA Housing Program on a state-wide basis. Planning estimates will be transferred by DMH on behalf of the County to CalHFA. Counties will execute an Assignment Letter agreeing to the transfer of the funds on their behalf. CalHFA will hold the funds and invest the funds. The County may access the funds through submission and approval of an MHSA Housing Program Application. DMH and CalHFA have joint approval of all projects.

MHSA Housing Program applications are considered updates to a county's Community Services and Supports (CSS) Three-Year Program and Expenditure Plan. Housing Program Projects must be designed with the goal of establishing and/or strengthening partnerships that result in development of housing that reflects local priorities, and expands safe, affordable housing options for individuals with serious mental illness or youth with serious emotional disturbance and their families. Each supported housing project must have a Supportive Services Plan that describes the approach to providing ongoing supportive services to the occupants of the housing.

Stanislaus County Behavioral Health and Recovery Services has an established history of collaboration with key community partners in the development of supported housing since 1997 when Garvey House was established. Discussions are ongoing with local partners to continuously investigate opportunities for funding and suitable properties for development into supported housing sites. This history of collaboration combined with stakeholder input, obtained during initial CSS Community Planning Process that addressed unmet housing need for all age groups, will be utilized in developing permanent supportive housing through the MHSA Housing Program.

Public review and comment of proposed supported housing projects will take place prior to submission of the MHSA Housing application to DMH and CalHFA. No public hearing is required. Two different project ideas are in preliminary development and hopefully will result in submission of applications in 2008. To complete a project, funds will need to be leveraged with other forms of financing, the total amount of the MHSA Housing planning estimate for Stanislaus County is \$4.8 million.

Watch for announcement of the 30-day public review and comment period for the Assignment Letter and subsequently the MHSA Housing Program Application. There will be a presentation of this important and unique part of MHSA-CSS at the monthly Mental Health Board Meeting on February 28 at 5:00 p.m. Everyone is welcome to attend.



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PM Update



LET'S ASK PM: Changing Point Person in FSP Programs

We received a very good question from Donna Payne and Mary Aquirre at the Health/Mental Health Team. The two were wondering, when shuffling caseloads around, is it a MHSA recordable event? If so, how do they track it?

Each client is assigned a "Point Person" at the time of program enrollment. This Point Person (Clinician or Case Manager, depending upon how the program was set up), is the one responsible for completing the PAF, Quarterlies, and KETs. The Point Person's Staff ID# should be on all MHSA FSP Teleform documents submitted to Performance Measurement. Here is an example where the Clinician is the "Point Person": The Clinician (Point Person) must move a few cases to other staff members for various reasons. The Clinician (Point Person) must complete a KET assigning the client to another staff member. From that point forward, the new "Point Person" will be responsible for completing Quarterlies and KETs.

Another scenario is when the Case Manager must be changed but s/he is not the Point Person for the client. In this case, a KET is not done. If your program has assigned the Case Manager as the "Point Person" and the Case Manager for a client has been re-assigned, then a KET reporting the personnel change must be completed. This is done by putting the new "Point Person's" Staff ID# in the "New Partnership Service Coordinator ID" section (located on the first page of the KET) and the effective date of the change in the "Date of Partnership Service Coordinator Change" section. The *former* "Point Person's" Staff ID# is entered, for the last time, in the upper section of the KET, titled "Partnership Service Coordinator ID."

Good question Donna & Mary. Thank you!

Correction

In our January edition of the MHSA Newsletter, the front-page story entitled, "Garden Gate Respite" should have been credited to June Newman, Program Director. We regret the error.

*If you have questions or suggestions regarding MHSA, please forward them by I.D. mail or email to:
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