

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

MHSA NEWSLETTER

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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.

REFLECTIONS ON FY 2007/2008

by Karen Hurley, BHRS MHSA Coordinator

Time to reflect upon the past fiscal year: July 1, 2007 to June 30, 2008. A lot was accomplished in "MHSA World" and many people were involved. In listing these accomplishments, we want to acknowledge that it takes all of us working together to get each project completed. There can be anywhere from 10 to a thousand "unseen" tasks needed to complete a project that becomes a single accomplishment that is "seen" by everyone. Thanks to everyone who did tasks to get projects finished and contribute to the accomplishments. **We are all stakeholders and these accomplishments belong to all of us!**

July 2007–June 2008: In October, February, May and August the Exhibit 6: MHSA-CSS Three-Year Plan Quarterly Progress Goals and Report was submitted to DMH on time. Performance Measurement and Data Management staff work behind the scenes to make certain this can happen consistently and on-time. **GOOD JOB!!**

July: Our Growth Funding Plan was submitted to DMH on July 2, 2007. DMH approved the Plan in August 2007, adding \$1.5 million to our MHSA-CSS funding. This expansion of the original CSS Plan was the culmination of meetings with stakeholders to identify gaps in service.

August-January: Workforce Education and Training (WET) planning began. Following stakeholder meetings and development of a plan reflecting stakeholder input, the WET Plan was posted for 30-day public review and comment on December 26, a public hearing on January 24, 2008 and submission to DMH on January 30. DMH approved the Plan in May 2008 authorizing Stanislaus to use the \$1,198,800. The County Board of Supervisors approved acceptance of the funds in June 2008. HR staff worked in the background to develop the WET Plan and identify a WET Manager so implementation can begin in June. **GOOD JOB!!** WET was featured in July and September 2007 editions of the MHSA Newsletter.

September: Stanislaus County submitted a request for \$294,300 for MHSA Prevention Early Intervention (PEI) Community Program Planning funds. The County Board of Supervisors approved acceptance of the funds in November. Work began on the local PEI component with formation of a small workgroup to establish the local vision for PEI planning. Originally community planning was to begin in FY 07/08 but, due to demands of other processes and budget concerns, PEI planning will begin in August. This component deserves our full attention if we are to fulfill its transformational potential. PEI was featured in the August 2007 MHSA Newsletter.

November-December: Our One-Time Augmentation Funding Plan was submitted to DMH on December 2, 2007. Approved on December 31, 2007, it adds a one-time augmentation of \$3.1 million to MHSA-CSS funding and fills gaps left by the loss of AB-2034. Augmentation was featured in the November 2007 MHSA Newsletter.

January: The MHSA Implementation Study Team made a second state-sponsored site visit on January 9-10 in which 91 people participated. The MHSA Study Team was featured in December 2007 and January 2008 editions of the MHSA Newsletter.

February-June: MHSA CSS Housing component planning began with a presentation to the Mental Health Board on February 28, 2008. Other milestones include: working with the property developer to identify potential properties for projects, an Assignment Letter for Housing funds had a 30-day review in February and received Board of Supervisor approval on April 1. The first MHSA CSS Housing Project Overview and Supportive Services Plan is now posted for 30-day public review and comment until June 26. CSS Housing was featured in October 2007 and February 2008 MHSA Newsletters.

March-May: Our MHSA Performance Agreement with DMH was fully executed in March and a one-year extension was executed in May. An additional modification to include new funds was executed in April. Nice accomplishments for BHRS Fiscal and Contracts staff, who work behind the scenes to keep the funding flowing. **GOOD JOB!!**

May: Work began on local MHSA Information Technology component planning with formation of a small administrative workgroup. The IT workgroup is doing necessary background work that establishes the timeline for active planning in 2009. IT and Capital Facilities were featured in March and April 2008 MHSA Newsletters.

May-June: Implementation Progress Report 2007 was posted for 30-day public review on May 28. A public hearing is set for June 26 at the Mental Health Board. This report gives a brief overview of ongoing implementation of CSS programs. The report is due June 30, 2008 – the last day of this fiscal year!

At this time, MHSA funds are 10% of the overall BHRS budget.

I AM SOMEBODY

by Dawn Vercelli (Adult Drug Court Program Coordinator), Kathleen Paxton (Adult Drug Court BHS II) and "Ginger" (Adult Drug Court Graduate/IFT Client)

The Integrated Forensic Team (IFT) partners with Adult Drug Court to make court-accountable case management services available to consumers with co-occurring disorders. Here is our story.

Ginger (not her real name) is from the Bay Area. She was raised in a family that had the stressors associated with having an alcoholic parent. She is the youngest of 5 siblings. She began experimenting with alcohol at age 12. When Ginger was 15 years old, her sister suffered a violent death and her mother a violent assault, when her sister's enraged boyfriend took her life in the family home. This tragedy affected the entire family system perpetuating a hyper-vigilant state where rules became rigid and emotions were labored with detachment and survival. Ginger began using alcohol like medicine. Under the influence, she would go into the bathroom alone and cry and talk to her deceased sister. At the age of 17 she was self-medicating with PCP and alcohol and in her twenties she began using methamphetamine. By age 26 Ginger (now an addict) had 3 daughters who, due to Ginger's addiction, were raised by her parents. Sporadic attempts to re-connect and to build solid relationships with her daughters were met with failure due to her addictive lifestyle. During this time, Ginger was involved in a volatile domestic violence relationship with the father of her two oldest daughters that left her even more traumatized. Ginger had lost herself.

Ginger entered and completed an outpatient drug/alcohol treatment program in 1996. She was unsuccessful in continuing a life of recovery because of the emotional turmoil caused by issues of depression, domestic violence and grief. Again, she found herself "self-medicating" with alcohol and methamphetamine to relieve her pain.

After being arrested for a felony in 2006, Ginger entered the Women of Wisdom (WOW) in-custody treatment program where she began examining her past and exploring her feelings. After completing WOW in March of 2007, Ginger began the Adult Drug Court Program. Ginger was referred and opened to IFT in late March of 2007. She was diagnosed with Major Depression, Recurrent and she began her long road to recovery. Ginger attended intensive AOD treatment at Adult Drug Court's outpatient program and receives counseling, case management and medication services with IFT. She took a proactive approach to her overall recovery and was willing to gain the insight needed to be successful. She states, "Without IFT medication services and support, I would not have been successful," Further she states, "It is the balance of services that has made the difference." Ginger successfully completed the Adult Drug Court and continues to receive Level II services from IFT. Today Ginger is focused on her own recovery, her family's healing and raising her two youngest children.

"For me to have gone through the changes that I have gone through... anyone can do it! I think about what I have to lose. I love myself today. I used to feel like a 'nobody' but today **I AM SOMEBODY**, a mother, wife and healthy person. I have earned this."

EMERGENCY/CRISIS INTERVENTION CONTACTS:

Are they related to PHYSICAL HEALTH, MENTAL HEALTH or BOTH?

MHSA data collection procedures for Full Service Partnership programs are very complex. If two different types of Emergency/Crisis Intervention (physical health-related and mental health-related) occur on the same day, each must be reported on a separate Key Event Tracking (KET) form. If the contact with both a physical health and mental health facility was related to only one type of emergency intervention (physical health or mental health), only one type of intervention is to be reported on a single KET.

Here are some scenarios to guide you in determining whether to complete one KET or two:

Client # 1 has both a medical and mental health issue for which he was seen by both physical health and mental health facilities on the same day.

Answer: Complete two KETs for the same day - one for the physical health intervention and one for the mental health intervention.

Client #2 presents to mental health for a mental health crisis intervention. Client needs inpatient admission, however before she can be admitted to the inpatient psychiatric facility she must have clearance from a medical facility. This necessitates being seen in a local emergency room to confirm she has no physical health issues. Client is found to be in satisfactory health for admission to the inpatient psychiatric facility.

Answer: Complete only one KET to report the mental health-related intervention.

Client #3 presents to mental health for a mental health crisis intervention. Same as Client #2 but Client #3 also has medical issues that are addressed in the physical health emergency room.

Answer: Since there were both types of interventions necessary, they would be reported separately on two KET forms, using the same date of intervention. One would be marked physical health-related the other mental health-related.

Client #4 is brought into physical health ER but it is determined he is not physically ill. Instead, he is in need of mental health emergency services.

Answer: Report only the mental health emergency intervention as that is the only presenting issue.

PROGRESS - ANOTHER NEWSLETTER!

Among the many significant accomplishments of California Department of Mental Health (DMH) in the daunting task of implementing MHSA is publication of the first issue of their newsletter. "**PROGRESS**" can be accessed through the following link: http://www.dmh.ca.gov/Prop_63/MHSA/Publications/docs/ProgressReports/MHSA_Progress_May2008.pdf

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



Sponsored by Stanislaus County Board of Supervisors

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).