

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

MHSA NEWSLETTER

Volume 2, Issue 3
March 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.

“What do Capital Facilities & Technology Needs have to do with Transformation?”

OR

Hey, Techie-folk, your time has come!

By Karen Hurley, MHSA Coordinator

Mental Health Services Act provides funds that address unmet mental health needs in communities and an intent to improve access to mental health services that are culturally competent, client and family member-driven, that promote wellness, recovery, and resiliency, that provide an integrated service experience and lead to measurable, values-driven outcomes. The Capital Facilities and Technology Needs component of MHSA has a very important role in this mission. It is meant to address the development of long-term infrastructure for public mental health. Development and sustainability of infrastructure is necessary if services are to improve and expand consistent with the intent of MHSA. These are two very different types of infrastructure: Capital Facilities refers to buildings (does not include housing). Technology Needs refers to information systems (medical records, client information, and service data, etc). Interestingly, the two are funded within one component, yet each is unique and requires a separate Plan.

The next two issues of this newsletter will feature the Capital Facilities/IT component. In this article, we take a look at Technology Needs. If you are techno-challenged (as I am) you may find this difficult to understand. Hang in there, I've found that it can make sense eventually. What is easy to understand is that technology is absolutely critical to sustaining service delivery. No technology, no billing, no services. If we make that connection, we have a bridge to understanding.

Two goals have been established by California Department of Mental Health for the Technology Needs component: 1) Modernize and transform information systems; 2) consumer and family empowerment. Modernizing and transforming information systems refers, in part, to the development of a standards-based integrated information systems infrastructure, the foundation of which is the Electronic Health Record, commonly referred to as “The EHR”. EHR technology ensures a secure, ‘real-time’ information source for service providers. Consumer and Family Empowerment refers to the development of infrastructure that increases easy access for service recipients to the use of a computer (resources) and their own health information. Having access to such information is empowering because it enables consumers, and family members when appropriate, to be informed and make sensible choices in their own, or their children’s, treatment. The touchstone for consumer and family access to health information is the Personal Health Record commonly referred to as “The PHR”. (PHR is often a feature of an EHR system.) Electronic Health Record as well as other technology projects, such as telemedicine and computer labs may be funded with MHSA dollars.

As with all components of the Mental Health Services Act, the County Plan must clearly show how the proposed use of funds reflects stakeholder input and how it produces long-term impacts with lasting benefits that move the mental health system forward while continuously addressing the essential elements of MHSA. A 30-day review and comment period concluding with a public hearing conducted by the Mental Health Board must occur prior to submission of a Plan. BHRS is currently in the process of assessing our information systems’ readiness to implement “The EHR”. Planning requirements were posted on March 18 on the State Department of Mental Health website. Local planning will begin this year.

Techie-folk, it's your time! We will all learn to use words such as “roadmap”, “interconnectivity”, “core capability” and “functional requirements” in new ways.

Next Month: Capital Facilities and Technology Needs: THE SEQUEL

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).

THE SENIOR ACCESS RESOURCE TEAM

Submitted by Demi Laughlin, Coordinator

The Mental Health Services Act allowed for the birth of an intensive level of service within the Older Adult System of Care. Thus, was born the "Senior Access Resource Team." SART is considered a Full Service Partnership serving its members 24 hours a day, 7 days a week. The focus is on psychiatric and medical care as well as independent living, employment, and housing. This program is aimed at the underserved as well as the un-served seniors of Stanislaus County. Service is available to the transitional age group of seniors aged 55-59, as well as all persons over 60 years of age.

The six-person SART team serves clients who have a persistent serious mental illness, who may be at risk of homelessness or are homeless, those with co-occurring substance abuse disorders, those who are functionally impaired, and those who may have frequent hospitalizations. The team provides a "whatever it takes" approach to care for and support these clients. The team is made up of two nurses, two clinicians, two Behavioral Health Specialists and a Geriatric Psychiatrist. Among the services provided are case management, medication support and education, as well as individual therapy.

The Senior Access Resource Team currently serves 43 clients. The program's target capacity is 50 clients.

Restoring a client's level of functionality by way of case management, medication support, and management of health issues and therapy are the focal points of service. This is accomplished through the intense level of service provided by the Senior Access Resource Team. Having the ability to be available to serve clients 24 hours a day, 7 days a week has proven successful in allowing clients to move from the street to a board and care, to move from hostile and abusive living situations to safe and sober housing.

Alcohol and drug prevention is an ongoing concern and is addressed through group as well as individual sessions. Peer support services are available, as well as bilingual support and educational groups.

Referrals for the program come from many sources. Partnering agencies such as El Concilio, Stanislaus Elder Abuse Prevention Alliance, Catholic Charities, Adult Protective Services, local churches, and family members and friends.

Team Priorities:

- To continue to make cultural diversity a priority
- To build a strong peer support network within the program and utilize our clients' skills in leadership roles for an ongoing peer support group;
- To model our services with the strength-based approach in mind;
- To work toward the graduation of clients to a lower level of care as well as back into the community in independent living; and
- To continue to use the Milestones in Recovery as a guide and focus for programming.

Team Challenges:

- To establish a consistent transportation system to facilitate our consumers' ability to participate in all activities; and
- To establish mobile support to facilitate reaching the Spanish-speaking community



Sponsored by Stanislaus County Board of Supervisors

www.DB101.org

A GREAT WEBSITE! TAKE A LOOK!!

Concept suggested by Robert Angell;
article compiled by Carol Jo Hargreaves

Disability Benefits 101 (<http://www.DB101.org>) is a website designed to help people understand connections between work and various types of benefits. On this site you will find rules for a variety of health coverages like Medi-Cal, Medicare and private insurance, as well as benefit and employment programs that people with disabilities use (SDI, Social Security, CalWORKS, IHSS and others). If you're on disability benefits now, there are cool Benefit Calculators that will show you how your benefits might change if you take a job. This is a great way to experiment with strategies and see how they might work before you decide what to do. The information is written in plain language that's easy to understand.

The idea for DB 101 came from the disability community itself. In 2001 the California Work Group on Work Incentives and Health Care conducted a needs assessment of people with disabilities. From the study they concluded that not enough people knew about laws, program rules, and services that support employment. DB101 helps people understand the connections between work and disability, including when work can benefit people with disabilities. DB101 has been on-line and available to the public since 2004. It is currently funded by the California Endowment, the California Health Incentives Improvement Project, and the Social Security Administration.

If you can't figure something out, you may e-mail your specific question in and a DB101 expert will respond. Or you can join an open forum/discussion on a topic that interests you. There's a section with current news articles and information and a directory of Benefits Planners around the state who work with the individual goals of those seeking benefit program information.

Go to www.DB101.org and check it out!

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