

Taking Mental Health Services to the Next Level

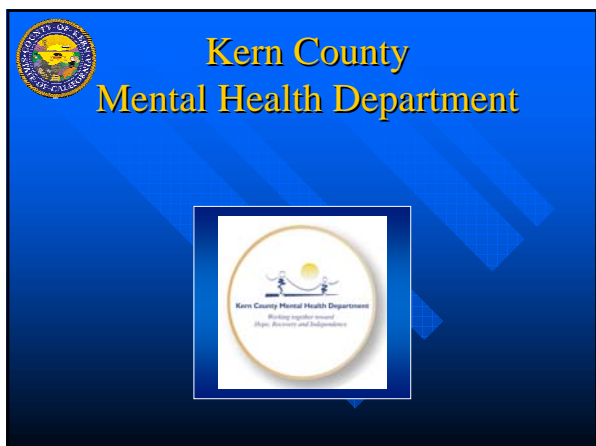
Strategies for System Change
California Mental Health Policy Forum
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Strategies for System Level Change

- Sharing the Vision
- Completing a Comprehensive Needs Assessment
- Establishing Priorities (Where to Begin)?
- Developing an Ongoing Communication Plan
- Attracting and Developing the Workforce
- Tracking and Supporting the Implementation
- Using a System-wide Model for Quality Improvement

Sharing the Vision



<p>Mission Statement Kern County Mental Health Department provides:</p> <ul style="list-style-type: none"> ❖ the most effective, ❖ culturally appropriate, ❖ highest quality <p>Combination of services and support to persons with mental illness, serious emotional disturbance, and/or addiction.</p>	<p>Vision statement Kern County Mental Health Department</p> <ul style="list-style-type: none"> ❖ serves, ❖ empowers, ❖ and assists <p>Individuals affected by mental illness and/or addictions in their recovery process to achieve the highest quality of life.</p>
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Recovery Values Statement

Hope
...supporting hope as the foundation for empowerment for everyone, those who have lost hope for themselves or others.

Empowerment
...supporting individuals being powerful in personal decision making and in relationships with others.

Choices
...supporting individuals' right to make informed choices from a wide array of options.

Relationships
...promoting environments in which individuals thrive in relationships that foster respect and acceptance.

Learning and Problem Solving
...providing education and support that help individuals find opportunities and solve problems that are fundamental to growth.

Physical & Emotional Health
...supporting individuals' right to make informed choices from a wide array of options.

Sharing Places
...supporting every individual's right to be included in his/her community; to work, learn, and contribute in meaningful ways.

Feeling Safe
...supporting the emotional and physical safety of all individuals.

Cultural Competence
...reducing bias and increasing opportunities for everyone to feel welcome and participate in the Mental Health System of Care and our community.

Video

Purpose of the Mental Health Services Act

- Define serious mental illness as a condition deserving priority attention.
- Reduce long-term adverse impact from untreated serious mental illness.
- Expand successful, innovative service programs.
- Provide funding to adequately meet the needs.
- Ensure that funds are expended in a cost effective manner and that services are provided consistent with best practices

MHSA Community Services and Supports Plan Objectives

Reduce

- Hospitalization/out of home placement
- Homelessness
- Incarceration

Increase

- Safe/adequate housing
- Meaningful engagement of individuals in community, social, recreational or educational activities
- Access to services

Specific outcomes for individuals served by the Kern County MHSA Community Services and Supports Plan

1. Meaningful use of time and capabilities (employment, education/vocational training, community/social activities)
2. Safe/adequate housing (includes, safe living environment for children, families, youth, in homelessness)
3. Network of supportive relationships
4. Timely access to needed help, example – crisis services
5. Reductions in incarceration (jails/juvenile halls)
6. Reductions in involuntary services (hospitalizations/institutionalizations, out of home placements)

Completing a Comprehensive Needs Assessment

Summary of the KCMH Department's Community information gathering process:

710 adult consumers, 144 child consumers and 75 parents of child consumers completed a special MHSA survey.

44 focus groups were conducted by MHSA staff throughout Kern County. Two of the groups in outlying areas of Kern County were conducted in Spanish.

1640 intercept surveys, in both Spanish and English languages were conducted.

75 surveys for providers of mental health services were completed by KCMH employees and contract providers.

15 specialized surveys were conducted with local leaders including the Kern County Board of Supervisors, community advocates, department heads of county agencies, mental health advocates and a superior court judge.

<http://www.co.kern.ca.us/kcmh/mhsa/Needs Assessment.asp>

Establishing Priorities (Where to Begin)?

MHSA Community Services and Supports Plan Priorities

Priority 1:
Increase Services to the Uninsured, Underinsured and Un-served

Priority 2:
Increase the capacity of the mental health system and expand the number of mental health professionals co-located in community partner agencies so that individuals with mental illness or severe emotional disturbance can be identified and treated in a timely and effective manner.

Priority 3:
Develop an "after-care" and/or transitional services program to support individuals moving from more intense services to successful integration into a chosen community.

Priority 4:
Develop and implement a comprehensive community education and information plan that targets those who may need mental health services, individuals and families currently receiving services, other health and human services providers, elected and appointed officials and community leaders, the media and the general public.

Priority 5:
Develop a range of treatment strategies to meet the needs of Kern County's high-risk youth (youth involved with the juvenile justice system, those in high level group homes, those in foster care or aging out of foster care, and those concurrently served by the Probation Department). Treatment options and the youth being treated should not be limited to those covered by Medi-Cal.

Kern County Mental Health Community Services and Support Plan Summary Proposed Programs

Full Service Partnerships

Assertive Community Treatment (ACT) Program
(Full Service Partnership-Transition-Aged Youth, Adults & Older Adults)
Timeline for Implementation: January 2006

High-Risk Transitioning Adults
(Full Service Partnership- Transition-Aged Youth, Adults & Older Adults)
Timeline: Staff Recruitment and Implementation - January 2006

Transition-Age Youth Program
(Full Service Partnership- Transition-Age Youth)
Timeline: Development and Recruitment - July 2006

Children and Youth Multi-Agency Integrated Services Team (MIST)
(Full Service Partnership-Children & Youth)
Timeline: Development and Recruitment - January 2006

Mobile Geriatric Assessment, Services and Support Team (MGASST)
(Full Service Partnership-Older Adults)
Timeline: Recruitment and Development - July 2006

**Kern County Mental Health
Community Services and Support Plan
Summary Proposed Programs Continued**

System Development

Mobile Services to Uninsured and Underserved

(System Development- Transition-Aged Youth, Adults & Older Adults)
Timeline: Recruitment and Implementation – January 2006

Recovery Supports Administration

(System Development-All Ages)
Timeline: January 2006

Non-Profit Housing Development Corporation

(System Development-All Ages)
Timeline: January 2006

Children and Youth Wraparound Intensive Team

(System Development-Children & Youth)
Timeline: Recruitment and Implementation – July 2006

**Kern County Mental Health
Community Services and Support Plan
Summary Proposed Programs Continued**

System Development

Adult Wraparound Team

(System Development-Adults, Older Adults & Transition-Age Youth)
Timeline: Recruitment and Implementation – July 2006

Office of Program Development and Implementation

(System Development-All Ages)
Timeline: Recruitment and Implementation – January 2006

Expansion of the Kern County Mental Health Department Access to Care

(System Development-All Ages)
Timeline: Recruitment and Implementation – January 2006

Comprehensive Continuous Integrated System of Care

(System Development-All Ages)
Timeline: Recruitment and Implementation – January 2006

**Kern County Mental Health
Community Services and Support Plan
Summary Proposed Programs Continued**

Outreach and Engagement

Outreach and Education Plan

(Outreach and Engagement-All Ages)
Timeline: Recruitment and Implementation - January 2006

One Time Expenditures

One Time Community Services and Supports Plan

(One Time Expenditures-All Ages)
Timeline: Enhanced System Capacity – January 2006

Developing an Ongoing Communication Plan

Communication Plan

The proposed communication plan will build upon the positive work that is being carried out throughout the mental health system. The plan will include a range of communication methods and activities recognizing that information tools should be focused on particular projects, educational areas or target markets and will require that unique strategies or objectives be designed to suit the situation. The overarching purpose of all communication strategies will be to ensure the consistency of messages and to strengthen agreement on the shared vision, mission and values of Kern County Mental Health system as well as to reinforce our core messages.

The KCMH Internal Communication and Education Committee has identified seven specific stakeholder groups to be addressed in the communication plan:

1. Individuals served by KCMH
2. Family members of those served by KCMH
3. Employees of KCMH
4. Contract providers for KCMH
5. Those in need of mental health services and not currently served
6. Community leaders and elected officials
7. The general public

Focus Areas for Communication Strategies:

- Sharing the Vision
- Recovery principles, practices and stories
- Education and Outreach to those who may need mental health services and currently are not receiving services
- Cultural competence in services and supports
- Technology as a tool to increase quality services and supports
- Commitment to and implementation of services to individuals with co-occurring mental health and substance abuse disorders
- Creation and maintenance of welcoming therapeutic environments
- Education on mental illnesses – signs, symptoms and treatment
- Anti-stigma campaign

Responsibility for Communications Plan

Responsibility for refining the communication plan and for developing roll out steps and tracking methods will be shared by the staff of the Community Outreach and Education Office and by the Internal Communication and Education Committee. The KCMH Director and Management Team will review and approve the plan's action steps and communication tools. The Community Outreach and Education Committee will provide oversight for plan implementation. Annually, a representative of the Community Outreach and Education Committee will report on the KCMH communication plan as a component of its report on the larger Community Outreach and Education Plan. The communication plan will be included in the KCMH Continuous Planning Process and as such will be reviewed and amended each year in the continuous planning review.

Information updates will be published about every two weeks and will focus on progress and the things we are learning together. The updates will provide information on opportunities for stakeholder input or participation as well as facts about each initiative. Update information will also be available on the KCMH public website www.co.kern.ca.us/KCMH/ and MH Net, the KCMH intranet site. If you have any questions or would like more information, please call Judy Newman at 661-868-6605.

Attracting and Developing the Workforce



Mental Health Services Act EXPO

The Kern County Mental Health Department invites you to learn about the programs and employment opportunities that will transform mental health services.

New programs, services and support designed to assist:	Information on new employment opportunities:
<ul style="list-style-type: none">● Children & Youth● Transition-Aged Youth● Adults● Older Adults	<ul style="list-style-type: none">● MFT - LCSW● RN - LVN● Psychiatric Technician● Entry level mental health positions● Internship placements● Paraprofessional entry level positions

Friday, March 31st - 1:00 - 4:30 P.M.
3300 Truxtun Ave.
For more information call 868-6611



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Employment Opportunities

There are three ways to get information about current recruitments.

1. **BROWSE** our Web site listings and view bulletins.
<http://www.co.kern.ca.us/percom/kern.asp>
2. **CALL** our 24-hour toll-free at (661) 868-3481.
3. **VISIT** our office at 1115 Truxtun Avenue, Bakersfield, California.
a. [Visit Map.](#)

Employment applications may be obtained at our office from 8 am to 5 pm Monday thru Friday. If you live outside the metropolitan Bakersfield area, you may request that application materials be mailed. We cannot accept applications prior to the scheduled opening date.

We are now accepting online applications for some jobs. Look for the "Apply Online" message in the Employment Listings. Applicants who live outside of the United States must still request application materials from the Personnel Department. If you have questions or problems with the online application, please [e-mail Personnel](#).

[How to Apply for a Job with the County of Kern](#)

Information in this website is subject to change without notice. If you have questions about an employment listing, please [e-mail Personnel](#).

MHSA Community Services and Supports Plan Timeline

<p>FEBRUARY 2005</p> <ul style="list-style-type: none"> Develop contracts Recruit consumer/family members Recruit CSUB Interns. Visit BHB committees Provide training on Recovery Vision Approve data collection instruments. 	<p>MARCH 2005</p> <ul style="list-style-type: none"> Train MHSA Workforce. Convene MHSA Work Group. Media alert to inform community of the process 	<p>APRIL 2005</p> <ul style="list-style-type: none"> Begin to conduct Focus Groups. Begin receiving public comments via public website
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MHSA Community Services and Supports Plan Timeline Continued

<p>MAY 2005</p> <ul style="list-style-type: none"> Conduct Community education/open house events in conjunction with National Mental Health Awareness Month. Conduct intercept surveys at 17 sites throughout Kern County 	<p>AUGUST 2005</p> <ul style="list-style-type: none"> Complete data gathering Develop needs assessment and report of findings Report findings to Behavioral Health Board, Kern County Management team and Kern County MHSA Work Group
<p>JUNE/JULY 2005</p> <ul style="list-style-type: none"> Conduct key informant surveys Conduct provider surveys Conduct Evidence Based Practice workshop Begin to code, enter and analyze data 	<p>NOVEMBER 2005</p> <ul style="list-style-type: none"> Conduct Public Hearing Present CSS Plan to the Board of Supervisors Submit CSS Plan to State DMH

MHSA Community Services and Supports Plan Timeline Continued

<p>FEBRUARY/MARCH 2006</p> <ul style="list-style-type: none"> DMH notification of Plan approval 	<p>MAY/JUNE 2006</p> <ul style="list-style-type: none"> Continue year one implementation Perform implementation planning for year two programs Complete quarterly report to State DMH on MHSA activities
<p>MARCH/APRIL 2006</p> <ul style="list-style-type: none"> Obtain Board of Supervisor's approval for funding and new positions Secure facilities Initiate recruitment Identify and outreach to populations to be served Begin new program services for year one workplans Submit quarterly report to State DMH on MHSA activities 	<p>SEPTEMBER 2006</p> <ul style="list-style-type: none"> Provide progress reports to Board of Supervisors, Behavioral Health Board and communities

History

- More than 20 separate KCMH co-occurring efforts since 1991
- 2003 Strategic Plan – recognized that a system can improve
 1. Homelessness
 2. Legal problems
 3. Health problems
 4. Recovery outcomes (integration, meaningful activity, social support, etc.)
 5. Overall efficiency – cost effective & efficient services

Co-occurring Disorders are common (>50%)

- 1999 Surgeon General's Report
- 2003 President's New Freedom Commission Report
- 2003 SAMHSA Integrated Treatment for Dual Disorders Toolkit

KCMH Data

- 2004 KCMH MHSA Community Needs Assessment
- 2006 – More than 70% of persons assessed for a MH or SA disorder at primary access sites also had a co-occurring disorder

2005 KCMH MHSa Proposal

- System Development plan to transform system in 2 – 3 years.
- Guided by Drs. Cline and Minkoff.
- Began consultation in December, 2005

System Goals

- A comprehensive system of care that utilizes EBP's and/or expert consensus approaches
 - Department offered services
 - Contractor offered services
 - Accessible to all geographic areas
- “The goal is not that all providers become the same, but rather that each program develops the capacity to provide or link to (and coordinate with) properly matched services to its own complex populations.”

System Characteristics

- Co-occurring disorder capability at all service sites
 - Recovery Oriented
 - Culturally Competent
 - Age Relevant
- Both disorders are considered “primary”
- Use of Clinical Consensus Best Practices (e.g. Pharmacotherapy, Motivational Interviewing)
- Treatment is matched with phase of recovery and stage of change
- Welcoming
- CCISC Values Infuse all Department Projects

Scope of Project

- Charter Document
- Training in Clinical Practices
- Integrated and Coordinated Services
- New Quality Standards and Monitoring
- Policy Development

Current Progress

- Final Draft Charter
- Nearly all staff CCISC trained
- All provider agencies have expressed support for CCICS model
- SA assessment at MH Gate
- MH assessment at SA Gate

Next Steps

- All providers in the system will complete a baseline self- assessment.
- Baseline Results will be used to steer and sequence transformational steps.
- “Organizational Change Agents” will be trained in October to serve as internal leaders throughout the project.