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Evaluation of Tuolumne County MHSOAC Three Year Expenditure Plan

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Committee members: Sheri Whitt, Tricia Wynne, Sue Mayer

Initial Allocation: \$2,115,852

Overall it was clear to the Commission Tuolumne County engaged in a thoughtful process as it developed its Community Services and Supports Three Year Plan. The Commission was especially impressed by the effort the County made to solicit input from its stakeholders. The creation of planning Sub-Committees, tasked with writing position papers, made it clear to the Commission that Tuolumne County was committed to approaching the change process informed and with a clear vision of what was being asked for by those invested in the outcome of this change process. The use of community consultants and a “community conversation” format, along with taking advantage of looking at the change process from an intergenerational perspective again demonstrated remarkable insight by this County.

Positives

The Commission made note of the use of community consultants as described initially on page 3 of the County’s plan, and noted again at several other points throughout the plan. This opportunity for the direct involvement of community members was seen as a positive and as a way of building ownership for the outcome of the planning process. The Commission was also pleased with the way Tuolumne County spoke repeatedly about its desire to serve the entire family (pg 4). Meeting people at their convenience and on their terms was in keeping with the spirit of the MHSOAC (pg 6) and Tuolumne County can be proud of the fact that they ultimately had the involvement of 77 individuals on their sub-committees (pg 8). The use of Saturday morning forums was seen as positive in the planning process, as well as the use of small group conversations. The Commission also wants to recognize and commend Tuolumne County for identifying “couch surfing” children as a needy population (pg 51). In addition, the history Tuolumne County has with integrated mental health and substance abuse services, as described on page 84 of the plan indicate the County has rich experience to draw from in integrating its services in other ways. Two more positive provisions in this plan was the use of “common threads” which drew on the similar issues plaguing all four age groups which could be addressed in a coordinated way. The venues approach of offering services to all age

groups at appropriate venues illustrated Tuolumne County's willingness to bring services to the clients where they are.

Consumer and Family Involvement

Consumers and family members participated in the planning and there seemed to be some outreach to non-traditional participants. The impact of this participation is evident in the plan and especially evident in the position paper prepared by the Client and Family Sub-Committee. How clients and family members would be involved in an on-going way is not as clear, though many of the things requested in the position paper (pg 15) seemed very achievable and it makes intuitive sense that Tuolumne County would continue to partner with its clients and family members to see these things accomplished. **The Commission will be looking to see evidence of the continued involvement of clients and family members as described in the annual update and future plans from Tuolumne County.**

Fully Served, Underserved/Inappropriately Served, Un-served:

The County assumes no person is fully served (pg 59), which seems like an accurate assessment based on the current definition of fully served. The County also acknowledges that its Older Adults are the least served of any population (pg 62). Of particular concern to the Commission is the description provided regarding Tuolumne County's crisis services. There is clearly a severe shortage of crisis services and with the hospital closing the Commission felt uncomfortable with the lack of a comprehensively described plan for how the County will continue to fulfill its obligations in this area (pg 87, 91, 110). **The Commission will be looking for a more detailed explanation of how the County intends to provide more comprehensive crisis services as described in the Annual Update and future plans.** It was also noted by the Commission that the County failed to adequately describe the needs of the LGBTQ population and how they will be served in its proposed program. **The Commission will be looking for a more detailed description of how services will be provided to LGBTQ persons of all ages in the County's Annual Update and future plans.** The Commission also noted Latino births now constitute 13% of the county's total births. Clearly an emphasis on how to genuinely and effectively serve these families must be taken to be properly prepared to meet the needs of future clients and family members. **The Commission will be looking for additional details regarding how services will be provided to Latino clients and family members in the County's Annual Update and future plans. One final note; as Tuolumne identifies its unserved and underserved populations the Commission hopes it will take advantage of advice offered by one of its sub-committees regarding working with counties who are geographically linked to them in developing shared capacity for meeting the needs of these clients and family members.**

Cultural Competency

It was very difficult to tell if cultural competency was an integral part of plans for developing wellness, recovery and resiliency models in Tuolumne County. It was equally difficult to tell if cultural competency issues were considered when the County was planning for education and training and workforce development. Finally, there was nothing to particularly indicate the County is looking at collaboration as a way of

increasing cultural competency. Perhaps as more details are provided about which community based agencies the County will be working with as it partners to provide Full Service Partnerships it will become clearer if improvement in access and quality of culturally competent services is being enhanced by these partnerships. There is some understanding demonstrated by the County of its need to increase capacity to serve Spanish speaking clients/families (hire bilingual staff, for example) and the use of terms such as the “culture of poverty” indicates the County is understanding how broad the definition of culture can truly be. **Additionally, the county showed an understanding for the need for training and retraining on cultural competency—which is positive, however, the Commission will be looking for more language specific to cultural competency issues when it reviews Tuolumne County’s Annual Update and future plans.**

Wellness/Recovery/Resilience:

The County states it is committed to integrating a wellness/recovery/resilience approach to its work. Tuolumne’s plan, however, does not adequately describe FSP’s in a way that makes it possible to evaluate how this integration will happen in practical terms. The Commission will have to make its assessment about whether or not Tuolumne County has stayed faithful to wellness/recovery/resilience principles when the County provides more detailed information about its FSP’s in the near future. On a positive note, the County does seem to be committed to developing a Wraparound program. In addition, the system development projects do seem to be moving the entire system towards wellness in terms of improvements in the areas of access, delivery of services, and integrating the entire family into its treatment models. Its stated intent to help individuals find their “place” in their communities is also consistent with wellness/recovery/resilience principles.

Education and Training and Workforce Development

There is no stated plan for training that is immediately evident in this Plan. The Cultural Competence Position Paper (pg 146, 147) identifies the need for outreach in Spanish and for training about cultural competency issues, in general. This position paper also makes the recommendation that the County convene a Peer/Cultural Competence board (pg 149) and it was unclear in the Plan if Tuolumne County intends to embrace this recommendation. Overall, planning in this area didn’t seem to be very far-sighted. Will the Community Based Organizations the County contracts with be required to properly train staff to cultural competence, wellness/recovery/resilience principles? Will staff hired be representative of diversity in the community? Will the County tap into other training resources such as cross-training opportunities with community partners or offering televised training? **The Commission will be looking for more detailed information about what activities the County is engaged in regarding education, training and workforce development in its upcoming Annual Update and future plans.**

Collaboration

There appears to be evidence on the part of the County that it has an interest in collaborating with community based agencies and other governmental agencies. As has

been typical of many small counties, the Commission was impressed with the degree to which a collaborative approach is being embraced by Tuolumne County, at least in part due to the recognition that in areas of limited resources it is even more important that everyone pull together to meet the need. It is not as clear if the County is taking advantage of possible leveraging opportunities with these community partners. The one concern the committee noted here is that there is not a clear indication of who the partners are—a better description of which partners are collaborating on which project would be helpful. **The Commission expects that as Tuolumne County presents more detailed information regarding its FSP's it will become easier to understand how collaboration with its community partners fits into the big picture.**

Programs: FSPs

Tuolumne County intends to develop an Integrated Program of Outreach and Engagement and System Development. Community based programs will hire their own staff to provide functions of advocacy, navigation, and case management using a mobile rural health model and mobile crisis management to provide after-hours crisis evaluation and street intervention with law enforcement. The Outreach teams will use the venues of schools, etc. and contact will occur with the unserved/underserved populations where they feel safe and where the entire family can be enhanced (pg 101). A peer run system, housing development, transportation development, benefits development, mental health promotion activities, wraparound approach (pg 103), clinical case management, , ombudsman access, and system navigator services (pg 104) are all proposed. A full description of what will be available in the FSP's will be forthcoming, per Tuolumne County's decision to postpone providing a fuller description (an option made available to smaller counties) until they've had an opportunity to further refine their proposal.

System Development

Outreach and Engagement programs

CONCLUSION

Question: The overarching question for the Oversight and Accountability Commission is: "How will the three-year CSS plan move your county system forward to meet the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?" **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned

by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.