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Evaluation of Mono County MHSA Three Year Expenditure Plan

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The following identifies issues for potential oversight by the Commission, specific questions regarding Mono County CSS plans to be addressed by the County or the Department of Mental Health, and comments intended to inform the continued work of the Commission, County and the Department of Mental Health.

Overview

Overall, the County developed a strategic plan that meets both the county's needs and the voters' intention creating the Mental Health Services Act. This is a personal plan that displays an encouraging level of intimacy with the client population and their needs. This is a humane plan that overcame many obstacles in planning and services resulting in accomplishing two commendable feats, both providing transitional housing and bringing consumers placed out-of-county "back home," as is often referenced.

Consumer and Family Involvement

The county has a consumer population of less than 100 individuals.

There was solid inclusion of consumers and family during the planning process through both inreach and outreach, including personal phone calls to consumers informing them of various community meetings where the county offered cash incentives, transportation, food, and childcare. Consumers and family members represented 45% of the members of the Steering Committee. We are encouraged by the County' plan to hire consumers as county staff.

Additionally, the CSS Committee would like to commend the county on its comprehensive and consistent efforts to reach out to every corner of the County, including very practical strategies such as door-to-door canvassing and radio ads. Also commendable is addressing the limitation of a county with very few population centers by conducting a telephone survey.

OAC Concerns:

- The Committee found it curious that while the polling tools found an audience that represented or overrepresented different ethnic populations within the county there was no clear connection between the Latino and Native Americans who participated in the stakeholder process and this plans. A public meeting in Chaftan on September 26 indicates that five people showed, three were Native Americans. No specific outcomes of the meeting were recorded. Additionally, another meeting in September had twelve participants, only one was a community member with no formal professional title but was vocal about the need to better serve the Latino community (pg. 128). The committee is not clear that the input of these consumer and family stakeholders made a significant impact on the objectives identified in the plan.
- We encourage the county to keep the consumers and family who participated on the Steering Committee involved in ongoing implementation of this plan over the following years.
- We encourage the County to increase ethnic and cultural diversity among those accessing services and utilizing what the county states as "unused capacity" for Latino consumers in the staff's caseloads.

Fully Served, Underserved/Inappropriately Served, Unserved

The County offers a compelling case in taking available prevalence data and other data sources and comparing it to their knowledge of the county in concluding that Latino youth are the most unserved population.

OAC Concerns:

- Need better working definitions for all age groups for Fully Served, Underserved/Inappropriately Served, and Unserved.
- There is no analysis of demographics of unserved or underserved children and TAY in Chart A.

Wellness/Recovery/Resilience

The County states its familiarity with the concept of recovery by describing the coordinated efforts currently being made between mental health and alcohol and drug services. The County projects increased success with the inclusion of the Socialization/Wellness Centers. With respect to resilience, they perceived treating consumers as many of them "having lost hope in themselves for many years." The plan is certain that a Wellness Center and Transitional Housing with supporting services will assist consumers in viewing their lives in a more positive and hopeful manner.

In meeting with the County it became clearer than is expressed in the plan how the services in the plan will focus on consumer strengths and work to include consumers in their own recovery as both the Transitional Housing and Socialization/Wellness Center will have self-actualization and independent living as touchstones.

OAC Concerns:

- While the County expects the Socialization/Wellness Center to serve TAY there is no distinction of how these centers will meet the particular needs of this population over the adult clients who will also be using the center.
- The plan references hiring a Spanish-speaking consumer for the Socialization/Wellness Center. While we commend the County in attempting to increase the number of those on staff who speak Spanish we also encourage the County to begin exploring the ways cultural competency is more than matching language.

Education and Training and Workforce Development

Training is mentioned throughout the plan but makes no reference to either one-time expenditures or other means of accomplishing this.

Collaboration

The MHSA requirement for including a plan for broad collaboration is not a concern for the County as their current and historical practices have been based on collaboration, though mostly within the county system.

OAC Concerns:

- We recommend the County build upon the relationships that began during the planning process by consultants who conducted paper-and-pencil surveys in diverse settings, including communities hundreds of miles apart, the U.S. Marine Corp Base, the Native American reservation in Benton, and the Bridgeport Indian Colony.

Identify Programs of Statewide Interest

This plan accomplishes much with very little.

The significance of the County placing its priority on first returning those residents in out-of-county placements cannot be overstated.

Polling the county by phone is an excellent way to overcome a county's challenges in creating a meaningful stakeholder process in an area with low population density.

Including the Latino community in the planning process through hiring a door-to-door canvasser is commendable.

Review of Workplans

The County's two workplans, Supported/Transition Housing and Socialization/Wellness Centers, are grouped together.

The Supported/Transition Housing plan embodies a the true definition of a Full Service Partnership by embracing the philosophy of "whatever it takes." This plan also does a

good job of leveraging MHSA dollars with SSI board and care revenue and MediCal revenue for the Housing plan.

OAC Concerns:

- The County states that it will provide 127 FSPs, 146% of the current number served, over the three years. We wonder if this is an overly ambitious number especially in terms of serving FSPs out of the Wellness Centers, which may have more of an OE component than is initially intended.

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.