



County of Tulare
Health & Human Services Agency
Mental Health Services Act



Implementation Progress Report for the Initial Three-
Year Program and Plan for Community Services and
Supports (CSS)

August 2, 2007

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I. Program/Services Implementation

a) *Briefly report by each service category (i.e., Full Service Partnership, General Systems Development and Outreach and Engagement) on how the implementation of the approved programs/services is proceeding.*

Full Service Partnership (FSP)

Tulare County's Mental Health Services Act (MHSA) Community Services and Supports (CSS) 3-year Expenditure Plan was approved by the State Department of Mental Health in April 2006. In June, Tulare County implemented five of the six programs detailed in the CSS Plan – each of which maintained a Full Service Partnership (FSP) service program. These programs and locations are:

North County One Stop Center Program – Visalia, CA

South County One Stop Center Program – Lindsay, Visalia, CA

North County Mobile Unit Program – Dinuba, CA

South County Mobile Unit Program – Tulare, CA

Transitional Age Youth (TAY) Transitional Housing Program – Visalia, CA

Implementation of each of these programs has progressed adequately, though not all components of the FSP service delivery program have been implemented. In order to offer a more detailed progress report on FSP service categories, each program will be listed separately - listing each of the components implemented and components that are currently still in development.

One-Stop Center Programs

Located in the City of Visalia, the One Stop Center was designed to provide children and youth (12-17) and transitional age youth (16-24) with a site that offered mental health services, while also including services that focused on supports such as employment services, anger management, life skills training, educational/vocational training and referral and co-occurring disorder services. Over the past 11 months, the One Stop Centers have established mental health service delivery programs on site which include individual, group and family based therapeutic services, psychiatric and tele-psychiatric services, 24/7 case management services, medication monitoring, transportation services and homeless outreach.

The One Stop Program has encountered several barriers towards full implementation of all programmatic elements. Specifically, contracts and/or memoranda of understanding between the One Stop contractors and employment service and placement agencies have not been implemented. Similarly, while case management to FSP consumers has included employment and educational services, it has been performed through referral to such agencies as Proteus, Inc., the Workforce Investment Department and Community Services Employment Training (CSET). Currently there is no "in-house" liaison in the One Stop to perform these duties as originally conceived in the CSS plan.

Similarly, components of the program such as consumer employment and peer-to-peer mentorship have also not been implemented across all MHSA providers. However, as we approach the one year anniversary of program start-up and implementation, each of these programmatic components will be implemented by the 2007-2008 fiscal year.

Mobile Unit Programs

The Mobile Unit programs, operated in North and South Tulare County – began service in June 2006. As each of the contractors worked with a vendor to supply the actual Mobile Unit, the respective staff's of each program – including the individual program directors, clinicians and case managers – performed mental health and case management services through home visitation.

Significant challenges have been present throughout program implementation, most notably, the absence of the actual Mobile Units. The delay in production of each unit is the result of the lasting effects of Hurricane Katrina and the dearth of RV chassis and shells for the unit itself. The lack of engine parts in order to conform to California emission standards and manufacturing delays has resulted in a late July or early August arrival date for both Mobile Units.

Perhaps the most rewarding aspect of the FSP programs implemented by the Mobile Unit teams is the rapport built between the consumer and the Mobile Unit teams. As these teams have worked with the consumer and his/her family they have performed assessments, provided home visit therapy and case management, connecting consumers to medical services and transported to psychiatric and medication appointments. The use of telepsychiatry will also assist consumers who are not in close proximity to a mental health clinic, access psychiatric services.

Transitional Age Youth (TAY) Transitional Housing Program

Also implemented in June 2006, the TAY Housing Program offers 10 Full Service Partnership consumers with a transitional and supportive housing environment. The site, located in the City of Visalia, maintains five single two-bedroom apartments. The master-lease, single site, multi-unit model was selected in order for case management services, oversight, follow-up and monitoring of participants to be performed in a focused and centralized manner. Program participants are mainly referred from the three One Stop Center programs or from the Mobile Unit programs. Often, however, referrals are made via community based organizations, community service providers or via walk-in.

Each unit is fully furnished with two separate bedrooms, shared bathroom, kitchen and living room area. The rooms are equipped with cleaning supplies, linens, kitchen supplies, television and first aid kit. A sixth unit is occupied by contractor staff throughout the day and houses a group therapy room, four computers and printer for resident usage.

Presently, the TAY Housing Program, which accepts consumers with co-occurring disorders, has been fully implemented and is at capacity. The TAY Housing program has two full-time case managers/housing coordinators and one skills trainer. The housing coordinators work with the FSP participants' Personal Service Coordinators (PSC) to ensure the consumer is meeting treatment and recovery objectives, as well as acts as a liaison for the PSC to observe the consumers in the residential setting. The skills trainer works with consumer PSC's to review educational materials that the consumers participate in. The trainer works with the consumer on grocery shopping and nutrition, checking and savings account creation, resume building, how to apply for employment and assistance with seeking permanent housing.

Lastly, the Housing Program Supervisor, along with the skills trainer, holds weekly case management meetings with the PSC's of the housing participants. This enables housing program staff and the PSC's to coordinate more effectively on treatment, to report on observed behavior, social interactions and offer a more comprehensive approach to recovery.

There were substantial barriers to the implementation of the TAY Housing Program. Most notable was the inability of the contractor to find a suitable location for the program. Prior to program start-up, the contractor visited 52 sites in and around the Visalia area. Only two sites were willing to permit the housing program to be located on their property. The site that was finally selected is located within one mile of a junior college, three miles from the One Stop Center – North County and is located along a major bus route.

General Systems Development

One Stop Center Programs: North, South and Central Counties

For the past 11 months, Tulare County MHSA contractors have ensured that their respective programs maintain efficacy for the consumer through evidence based practices. As a requirement for ensuring the highest level of productivity from each contractor, the Tulare County MHSA Unit requested that each contractor perform research and compose a literature review of evidence based practices supporting their respective program. Each article was reviewed for the evidence based practice examined and was evaluated against the strategy and program initiated. Principally, each program was evaluated to ensure that programs funded under the General Systems Development (SD) category were potentially transformative and offered new approaches to service delivery to consumers that could be applied to the traditional system.

The One Stop Center Programs were designed to deliver mental health services and ancillary services consistent with the consumer's overall well-being by locating these services in one building. Thus, while the traditional mental health delivery system focused on the "just enough" approach, SD program participants in the One Stop Centers are offered new approaches that focus on reducing intermittent contact with mental health services and/or offer services in addition to mental health that foster independent living, wellness and recovery.

Some of the transformative strategies that the One Stop Centers are incorporating include, but are not limited to:

- ✚ Medication education and management – One Stop staff work with the consumer and the family member, educating them on pharmacological application and why they might be necessary and how to administer them.
- ✚ Home visitation – One Stop staff meet the consumer and family member at the consumer's address in order to ensure the comfort of the consumer and reduce feelings of stigma. This approach also incorporates the family into the consumer's treatment plan.
- ✚ Alcohol and drug Counselors – MHSA providers will be further adding an alcohol and drug counselor to their respective staffs. This is based on the number of clients with co-occurring disorders admitted into the program.
- ✚ Co-location of MHSA and Mental Health – over the course of the next five months, Tulare County will co-locate adult mental health with the Mobile Unit – North program located in the City of Dinuba and with the One Stop Center – South program in the City of Tulare.

- ✚ Referral System – upon implementation of MHSA programs, a referral system was created for mental health clinics, contract providers and community based organizations. The system is a 2-page summary of the prospective consumer; whether unserved or underserved; location; diagnosis (if any); housing situation; employment; and any other information that might assist the MHSA Unit in determining eligibility. The referral form has been distributed to the mental health clinic system, community based organizations and Agency service providers while also utilizing a single point of contact for each of these groups to follow-up on the referral made. Whether the referral is accepted or not, the referring agency is contacted regarding the disposition of the referral made.

Outreach and Engagement

One Stop Center Programs

The measure of a program's viability and value to a community is in the ability of the program's staff to engage the consumer through culturally relevant and linguistic competent strategies. In these outreach and engagement efforts, staff must not only discuss a new program to a non-traditional audience, but to convince community members, service providers, consumers and family members that these new programs offer a different approach that can be capable of assisting them in their treatment goals.

Tulare County has, at times, overlooked consumers and family members when there were changes to service delivery and whether actual services were effective for the consumer. Since the submission of the CSS, Mental Health has hired a Family Advocate to assist consumers and family members.

Through the outreach and engagement that has been performed during the past 11 months, MHSA contractors have met individually with consumers and their family members as well as medium and large size groups to listen to their concerns about service delivery and how they can more effectively be incorporated into planning of new and existing mental health programs. Thus, at the outset, the MHSA outreach goals were two-fold:

Re-investment of Outreach into the community to consumers, family members, community based organizations, service providers, faith based community and education.

Engagement and collaborative education of new MHSA programs to consumers, family members, community based organizations, service providers, faith based community and education.

The One-Stop Centers strategies include, but are not limited to:

- ✚ Home visitation
- ✚ Meetings with local pastors and congregations
- ✚ Individualized engagement with youth and transitional age youth at drop in centers, water parks, arcades, movie theaters and high schools
- ✚ Individual meetings with area service providers including County and non-County health and behavioral health providers, pediatricians, school psychologists and homeless shelters

These outreach strategies have been very effective in rural areas of the county where there are large numbers of underserved and unserved populations. While these strategies continue to be effective, there are challenges that continue to be addressed. These include:

- ✚ Proper education of what MHSA is and what the requirements are for services to be initiated
- ✚ The number of case managers and therapists that have language proficiency in Spanish and South East Asian languages
- ✚ Number of referrals from area service providers and community based organizations to One Stop Centers slowing productivity and assessment completion time for consumers.
- ✚ Recruitment and retention of licensed clinical staff

Mobile Unit Programs – North and South Counties

Outreach and engagement is perhaps one of the most important components of the Mobile Unit programs. In order for each program to be successful, the Mobile Unit teams were tasked to employ innovative strategies to facilitate unserved and underserved populations to seek treatment or return to treatment. Mobile Unit staff also worked to collaboratively educate the community on MHSA, the Mobile Unit program model, and how services would be “*coming to them*”.

Since the Mobile Unit programs for the North and South counties are not, as yet, operating the actual Mobile Units, program staff has been performing outreach and engagement via individual cars. While this has been cumbersome to an extent, it has nevertheless afforded staff - psychologists, therapists and case managers – the opportunity to increase their knowledge base of individual communities, cultures, areas of the county and listen to the distinct concerns of each particular community.

Like the One Stop program, the Mobile Unit programs have utilized group and individual meetings for engaging prospective consumers. Mobile Unit programs have utilized home visitation, faith based collaboration, service provider contact, elementary, middle, high schools, community and adult/vocational colleges. Mobile Unit program staff is also engaging older adults in retirement centers and at social events such as bingo games and Veterans meetings.

Outreach and engagement strategies have been primarily focused on the Spanish speaking populations in Tulare County, however, implementation strategies have also focused on the South East Asian population – particularly the older adult or “elder” population. Strategies included education on MHSA services; however, focus was also placed on reducing stigma of mental health that is present in this population. Lastly, specific outreach has targeted the Tule River Tribal Council and Reservation for feedback and collaboration. Services will also be offered on the Tule River Reservation once the Mobile Unit arrives. A monthly schedule has been created that detail the days it will be placed on the reservation.

Transitional Age Youth (TAY) Transitional Housing Program

Consistent with the Tulare County CSS Three-Year Expenditure Plan, the TAY Housing Program does not perform Outreach and Engagement.

b) *Highlight the County’s key transformational activity/activities in any of the five essential elements:*

Community Collaboration

MHSA contractors have worked tirelessly to collaborate with community based organizations, service providers, schools and education and cultural/ethnic based service groups. For the past 11 months, agency-wide efforts to include greater community participation in service delivery in health, mental health and social services have been successful. Specific to Mental Health and MHSA, a Mental Health Services Act Implementation Committee was formed in 2005 by the Tulare County Board of Supervisors to assist in the process of development and implementation of MHSA programs. As development of the CSS Plan was completed, the Committee was disbanded. The Tulare County Mental Health Board is currently evaluating how community oversight can be continued during the development of the next phases of MHSA.

Each MHSA program meets regularly with community groups and service providers to assess performance of the program itself and to assess the performance of the referrals made from that group and/or agency. This has served the MHSA providers particularly well as it has created a mechanism for community measurement of the MHSA program itself and whether it is meeting the needs of the consumer.

Cultural Competence

The MHSA providers routinely participate in activities from the South East Asian, Latino, Native-American and African-American communities. MHSA providers attend monthly South East Asian sewing circle events as a means to encourage older adults into treatment. One Stop and Mobile Unit teams regularly attend Latino service organization meetings as well as interact with farm worker organizations.

MHSA providers have also focused on hiring people that are reflective of the overall population. Program staff language proficiency, age and ethnicity reflect the demographics of Full Service Partnership clients. All MHSA program staff is also receiving training regarding the impact of stigma in ethnic minority populations as well as on gay, lesbian and transgender consumers and their families.

Tulare County Mental Health has also sponsored several trainings on Mexican and Latino Cultural Awareness and for Native American cross cultural trainings. Each of these trainings were mandatory for MHSA providers and mental health clinic staff. These trainings focused on health disparities within each culture, traditional health and healing practices, elder roles in healing, folk medicine or “curanderismo” as well as discussion on avenues for improving health and mental health service delivery to these communities. Tulare County Mental Health sponsored a Farmworker Women’s Conference for the second year. The most recent day-long training focused on the plight of farm worker women in the San Joaquin Valley and their struggles with employment and domestic violence. More events are currently in development and will focus on evidence based practices and approaches for each of these communities.

Wellness, Recovery and Resiliency

Tulare County Mental Health is currently in development of a wellness and recovery model that MHSA will initiate. Although MHSA programs have a wellness and recovery focus, it is a general goal that is difficult to quantify. From implementation forward, MHSA psychiatric and therapeutic focus has been consumer and family driven. The home visitation performed during the past 11 months has given MHSA providers a unique opportunity to incorporate family members (if any) into the recovery process such that they participate in the consumer’s treatment plan from start to completion.

Focus will continue to be placed on the following objectives:

- ✚ System (clinic and MHSA) and staff transformation
- ✚ New approaches to consumer interaction (engagement and treatment) with staff as well as alternative strategies to encourage participation into treatment
- ✚ Create outcome measurements for recovery and quality of life concerns for consumers
- ✚ Create transitional programs for Full Service Partnership and “high users” of mental health services for transition to lower levels of care as they progress in their wellness and recovery.
- ✚ Increase collaboration with other departments within the Agency such as Aging Services, Child Welfare Services, Health and Workforce Investment Department.
- ✚ Create curriculum for support services and skills training for consumers as they transition to lower level of care or transition to independent living

- c) *For the Full Service Partnership Category Only: Please describe the progress that has been made to implement SB 163 Wraparound. Identify any barriers encountered and outline the next steps anticipated.*

The Health and Human Services Agency is currently in the implementation phase of SB 163 Wraparound. For the past 11 months Tulare County has received trainings from the Family Partnership Institute based in San Jose, CA. These trainings invited foster parents, County social services, Mental Health, Probation, Child Welfare Services, and community social services agencies such as Synchrony and Court Appointed Special Advocates (CASA). The most recent training performed was a Wraparound Fiscal Training in April 2007 for County fiscal and administrative staff. The California Department of Social Services has been impressed with the progress Tulare County has made towards the implementation of Wraparound services.

Presently, a Request for Proposal (RFP) was published state-wide on 05/03/07. A bidder's conference was held on 05/24/07 at the Tulare County Board of Supervisors Conference Room for all potential vendors to ask questions regarding RFP requirements and the program and delivery system. The deadline for potential vendors to submit their applications was 06/02/07.

A potential barrier could be the lack of a viable vendor from Tulare County. At the bidders conference only five vendors attended, despite a statewide announcement in over five major newspapers. It should be noted, however, that attendance was not mandatory for the bidder's conference.

After the bid process has concluded, Tulare County will review and score each proposal and make a determination as to who the service provider will be. Training will begin with the service provider as a contract is negotiated. Full implementation is expected to occur in November 2007.

- d) *For the General System Development category only: Describe how the implementation of the General System Development programs has strengthened the County's overall public mental health services system. If implementation has not yet occurred or is in an early stage of development, simply indicate that this is the situation and no other response is needed.*

Systems Development programs have been implemented but have not been completely incorporated into the traditional system. This will occur over the course of the next 6 months.

- e) *If applicable, provide an update on any progress made towards addressing any conditions that may have been specified in your DMH approval letter.*

1. *That your county ensures comprehensive and timely services for children by implementing a wraparound program.*

Please refer to page 10, part C. for a summary of the progress on Tulare County's SB 163 Wraparound implementation.

2. That you apply for Other One-Time funding for Technical Assistance and staff training regarding Wraparound Services.

Tulare County has applied and was approved for Other One-Time funding for technical assistance and staff training on July 7, 2006. Funds in the amount of \$107,501 are currently being used for technical assistance from Family Partnership Institute.

3. That your Agency Director ensure that other county departments within the agency establish collaborative relationships with Tulare County Mental Health to successfully implement your CSS programs.

The Mental Health Director, Dr. Cheryl L. Duerksen, has advocated for the collaboration of other county departments in the implementation of CSS programs. That collaboration has resulted in the creation of the Adult Services Steering Committee and the Children's Services Steering Committee. These committees are represented by the following HHS departments; Probation, Child Welfare Services, Directors of Mental Health, Patient's Rights Advocate, Family Advocate and consumers. These committees offer excellent venues at collaboration and to report on new services and any information that other departments should be privy too. This has increased communication and collaboration between departments and offers Mental Health and MHSA with greater opportunities for collaboration in the future with the release of the next phases of MHSA.

4. That your county develops partnerships with other county departments and community agencies to provide collaborative interagency services in the Mobile Unit programs.

The Mobile Unit programs were designed to offer unprecedented access to unserved and underserved communities. Often these are in the most rural parts of Tulare County which maintain no public transportation service. Moreover, many members of these remote communities also use social services or have past involvement with law enforcement such as the Tulare County Sheriff's Office or Probation Department.

The Mobile Unit program staff works regularly with Probation, Child Welfare Services and the Health Department because of the populations it currently serves. Mobile Unit staff meets with county departments and community organizations in staffing individual cases for review and treatment recommendations. Collaboration has also been an effective tool in educating these departments on the total breadth of services the Mobile Unit can provide. These include (when the Mobile Unit arrives) tele-psychiatry, health and wellness checks via the health component, assessments and therapy.

Thus far, Mobile Unit teams have engaged consumers in the following areas – areas that are not in close proximity to mental health services:

Allensworth	Porterville (outlying rural areas)
Alpaugh	Terra Bella
California Hot Springs	Plainview
Cutler/Orosi	Poplar
Dinuba	Richgrove
Earlimart	Springville
Goshen	Strathmore
Ivanhoe	Traver
Lemon Cove	Tulare (outlying rural areas)
Lindsay	Tule River Reservation
London	Three Rivers
Pixley	Woodlake

II. Efforts to Address Disparities

- a) *Describe your County's current efforts/strategies to address disparities in access and quality of care among the underserved populations targeted in your Plan. Please highlight successes and address any barriers or challenges that you have encountered.*

Tulare County has provided technical assistance to MHPA providers to ensure that disparities among underserved populations are being mitigated. Most notable are the outreach efforts performed to re-engage the consumer and listen to how previous delivery approaches to the consumer's treatment plan did not work. Furthermore, as evidenced by the number of consumers currently in treatment via MHPA programs, disparities are most pervasive among ethnic minority populations – particularly in the older adult South East Asian populations and in Latino and African-American communities.

Strategies for improving access and quality of care include:

- ✚ Transportation to and from appointments via all MHPA programs
- ✚ Transitional programs for high-end users of services including referral to employment agencies, vocational education programs, housing resource specialists and medication management services
- ✚ Home visitation for outreach, engagement and initial assessment of consumer
- ✚ Family member counseling and education on mental illness, treatment and recovery goal setting

- b) *Describe your County's outreach efforts and the progress made to date to involve the underserved populations that are specifically targeted in your Plan. Please be specific in identifying the strategies and approaches employed.*

Perhaps the greatest barriers to treatment for the underserved populations in Tulare County have been access and follow-up. Tulare County is a mix of urban and rural areas that is not supported by accessible public transportation. Similarly, if a consumer accesses services at one of the mental health clinics, treatment follow-up is often difficult to maintain for both staff and the consumer.

One of the strategies that Tulare County proposed in the CSS Plan was to provide transportation to the consumer for appointments, medication pick-up, and case management. Moreover, transportation options to the consumer present an excellent avenue for case management staff to maintain regular contact with the consumer for mental health or other services.

Tulare County's outreach efforts have been focused largely on education of existing services (traditional system) and new services (MHSA) that are available. Secondly, MHSA providers have performed detailed presentations to community groups about their respective programs and how consumers and family members may benefit from them. These presentations have been given to consumers and family members in their homes, to teachers, school administrators and psychologists, community based service providers, senior centers and civic leaders.

Outreach has been targeted to monolingual Spanish and South East Asian language populations. Over the past 11 months, therapists and case managers have made presentations to farmworker labor camps, farmworker service organizations, South East Asian recreational groups and to the Tule River Tribal Council and Reservation. With the exception of the Tule River Tribal Council, presentations to these groups were performed in the language of the population – Spanish, Hmong, Lao or Lahu.

Perhaps most important in presenting to these groups was to demonstrate commitment to the population in terms of offering a level of linguistic and cultural competence to the consumer so that they will either continue or re-start treatment within a culturally sensitive setting and approach. Approaches and strategies include how different cultures view medication, how mental illness is perceived and stigma is addressed and the importance of family support and understanding in the consumer's treatment plan.

- c) *Describe the steps you used towards providing equal opportunities for employment of individuals from underrepresented racial/ethnic and/or cultural communities.*

As it relates to consumer employment within the MHSA provider structure, Tulare County continues to address challenges in employing consumers, particularly from underrepresented populations. Tulare County is working with Human Resources to address the specific issues related to employment of consumers such as privacy,

language in job announcements, qualifications and rating in order to employ consumers within the MHSA provider structure and/or in MHSA administration.

MHSA providers have recruited and hired staff that is reflective of the population they serve. Included in each of their respective staff's are Spanish and South East Asian language proficient speakers, African American, Latino and Native American employees. Tulare County included language in each provider's contract that employees hired must be culturally and linguistically reflective of the population they serve. The MHSA providers continue to recruit staff that is reflective of the communities each serves and works closely with community members to ensure the services and approaches to consumers is consistent with particular cultural norms and values.

d) *Indicate the number of Native American organizations or tribal communities that have been funded to provide services under the MHSA.*

Tulare County Mental Health and MHSA providers are collaborating with Native American organizations to explore service opportunities that will be funded under MHSA in Tulare County. During the Community Planning and Stakeholder process, the Mental Health Director and community leaders met with the Tule River Tribal Council to discuss mental health disparities specific to the Native American population. This meeting also offered an outline upon which further collaboration could be established via funding through MHSA or through a Request for Proposal process for the One Stop South or Mobile South programs. Though the Tule River Tribal Council did not submit a bid for either program, the meeting did foster opportunities for continued dialogue.

Mental Health administration, as well as the MHSA provider for the Mobile Unit – South program, has met with members of the Tule River Tribe and Owens Valley Tribal TANF program to discuss areas where greater collaboration can be established. The One Stop South program has also met several times with the Tule River Tribal Council members within the past year. MHSA Administration has made contact with the Indian Education Program and Tribal TANF in the Northern region of Tulare County.

e) *List any policy or system improvements specific to reducing disparities such as the inclusion of language/cultural competency criteria to procurement documents and/or contracts.*

The inclusion of language in procurement documents and contracts that addresses the qualifications of prospective providers with respect to linguistic and cultural competency is now included in all Mental Health contracts. Moreover, prospective bidders to a contract must demonstrate:

- ✚ Knowledge and experience of the population to be served
- ✚ Knowledge of Tulare County
- ✚ Detail approaches to specific cultural communities and populations
- ✚ Detail how strategies and approaches to ethnic populations have substantial evidence base

- ✚ Detail curriculum on cultural competence which includes what culture is, immigration, language, faith and religion, values, attitudes and behavior

III. Stakeholder Involvement

Provide a summary description of the involvement of clients, family members, and stakeholders including those who are racially/ethnically, linguistically and culturally diverse and from other underserved or unserved communities, in the ongoing planning and implementation of the Initial CSS Three-Year Program and Expenditure Plan.

The MHSA providers have modeled their programs to be consumer driven. That is to say, consumers determine what their recovery goals are, how they are achieved and how they can be maintained. Each MHSA provider holds monthly meetings with consumers to address any problems or issues with service delivery and/or how things may be improved.

Family members are also critical to this process. Through the strategy of home visitation, MHSA providers meet at family residences to educate, inform and make themselves available in order to foster the best possible outcomes for the consumer. This process also allows for feedback on service delivery that is critical to the performance of the provider. Feedback can include how case management is being performed, quality of therapy sessions, medication usage and psychiatric sessions.

Feedback is also received from community based organizations, service providers, and schools. MHSA providers receive referrals from each of these groups. When a referral is made, the MHSA provider meets with the referring agency in order to make an initial determination as to whether the person referred is appropriate. The client is then engaged, assessment is performed and determination made as to qualification for MHSA or referral to the traditional system. Each instance a referral is made, the MHSA provider contacts the referring agency to inform them of the disposition of the referral. This enables the MHSA provider and a referring agency to effectively communicate and move quickly to engage the consumer.

Often, these referring agencies continue to follow-up on consumers they have referred to MHSA. This creates an excellent resource for feedback on how they view the program and how MHSA providers are serving their clients. Feedback from referring agencies is recorded and is an effective tool in the successful operation of MHSA programs.

Yet another avenue upon which consumers, family members and underrepresented populations may participate in the ongoing planning and implementation of CSS programs is in the Tulare County Mental Health Board, Cultural Competence Committee, Quality Improvement Committee, and Adult and Children's Steering Committees. Each of these venues affords MHSA administration, MHSA providers and Mental Health management the opportunity to listen and record feedback from these communities on how service delivery is being performed. Consumers, family members,

ethnic community representatives, law enforcement, and social service agencies each have membership on these committees.

The MHSA Unit gives regular updates to the Tulare County Mental Health Board on FSP, Systems Development and Outreach and Engagement Quarterly Reports, on the programs initiated the number of consumers in each program and the next phases of MHSA. Similarly, the Cultural Competency Committee is given reports on the steps taken by MHSA providers to offer culturally relevant and sensitive service delivery approaches. Committee members routinely offer feedback and this is addressed with the MHSA providers for improvement as necessary.

While these venues are County created, they incorporate a broad cross section of relevant service providers and agencies, consumers and family members and traditionally underrepresented populations. The feedback received can be critical but it is nevertheless constructive as it will facilitate changes within the structure of the program to perform better. Lastly, the Quality Improvement Committee (QIC) and the Authorizations Unit are utilized by MHSA service providers for monitoring and oversight of services and programs, similar to the traditional system. Thus, each of these committees, the referring agencies and the consumers and family members themselves act as a quality assurance mechanism for MHSA and to enable the providers to change service delivery methods and be proactive in their service delivery approaches.

IV. Public Review and Hearing

Provide a brief description of how the County circulated this Implementation Progress Report for a 30-day public comment and review period including the public hearing.

- a) *The dates of the 30-day stakeholder review and comment period, including the date of the public hearing conducted by the local mental health board or commission.*

Tulare County initiated the 30-day stakeholder review and comment period on Monday, August 6, 2007 and will close the review period on Tuesday, September 4, 2007. The public hearing will be held on Tuesday, September 4, 2007 by the Tulare County Mental Health Board.

- b) *The methods that the County used to circulate this progress report and the notification of the public comment period and the public hearing to stakeholder representatives and any other interested parties.*

During the MHSA Community Planning and Stakeholder process, Tulare County received verbal and written comments from hundreds of stakeholders. These stakeholders were often representing constituent organizations, service providers, ethnic and cultural service organizations and community based organizations. Tulare

County maintained a listing of these organizations and the Progress Report was subsequently mailed to these organizations, requesting their input and feedback.

Tulare County also notified associated committees of the review and comment period. These committees included:

- ✚ Tulare County Mental Health Board
- ✚ Quality Improvement Committee
- ✚ MHSA Service Providers
- ✚ Cultural Competence Committee
- ✚ Adult Steering Committee
- ✚ Children's Steering Committee

Tulare County posted Public Hearing notices in three local newspapers – Visalia Times Delta, Tulare Advance-Register and the Porterville Recorder. Lastly, Tulare County posted an electronic copy in Adobe PDF format of the Progress Report on the County website along with a comment box for individuals to post comments electronically.

c) *A summary and analysis of any substantive recommendations or revisions.*

To be summarized upon receipt of recommendations

V. Technical Assistance and Other Support (to be completed)

a) *Identify the technical assistance needs in your County for supporting its continued implementation of the Initial CSS Three-Year Program and Expenditure Plan.*

Technical assistance is needed in the areas of strategic planning for cultural competency in staff development and long range service delivery in traditional system. Additional assistance would be useful in the areas of collaboration with developers for low-cost housing resources, limitations and acceptable uses of FSP Flexible Funding and effective engagement strategies to Native American population.

b) *Identify if there are any issues that need further policy development or program clarification.*

As a means to provide greater clarification of State Department of Mental Health (DMH) goals and objectives, it would greatly assist Tulare County if there was an established implementation schedule for future releases of MHSA phase requirements. Other areas

for future development include how to maintain productivity of staff while undergoing training and any future stakeholder or community planning process.