

Placer County

Campaign for Community Wellness
Steering Committee

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Focus of this conversation

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- ▶ Explore some aspects of the current reality facing human service systems in Placer County and beyond
- ▶ Explore a different story for how to address these larger patterns
- ▶ Explore the implications of this story for the Campaign for Community Wellness

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Aspects of the current reality

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- ▶ Budget dilemmas: not going away
 - ▶ Escalating costs + flat or declining revenues we don't control
 - ▶ Little public understanding or ownership of our financial and programmatic realities.
- ▶ Conclusion: We cannot manage our way out (do more with less, more efficiency + effectiveness)

Aspects of the current reality

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- ▶ **Unmet need: not declining. Example:**
 - ▶ 19,000+ people with significant mental health issues
 - ▶ Currently serving (all ASOC/CSOC programs): 7000+
- ▶ **Conclusion: Cannot satisfy unmet need through current structures of services and supports.**

The hypothesis

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- ▶ **Conclusion: We cannot manage our way out of the budget dilemma.**
- ▶ **Conclusion: We cannot satisfy unmet need through our current structures of services and supports.**
- ▶ **Hypothesis: we need to shift the role of human services systems.**

Changing our story

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- ▶ **Facts: verified or verifiable**
- ▶ **Stories: the meaning we make of facts**
 - ▶ Alternative language: movement and story

A story we are exploring

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- ▶ Adaptive dilemma: a challenge for which patterned and habitual responses are no longer sufficient.
- ▶ Another way to frame the hypothesis: Human services systems now face an adaptive dilemma.

Changing our story: an example

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- ▶ Prevalence rates: estimated at 6%
- ▶ Population: 330,000
- ▶ Estimated number of people with significant mental health challenges: 19,800
- ▶ Number of people served by ASOC/CSOC: 7,000+
- ▶ Unmet need: 12,800

Changing our story

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- ▶ What's the story underneath the 12,800 number?
 - ▶ That anyone who is not getting our services is not having their needs met.
 - ▶ Related: that only our services can meet people's needs.

Changing our story

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- ▶ What if we held a different hypothesis: that many people who are not seeking our services are getting their needs met?
- ▶ If true, we might explore how we could help more people get help without coming to us, allowing us to focus on those who have no other options.

An emerging story

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- ▶ A core concept of this story: community
- ▶ Community defined: a group of individuals who know each other well enough that they can imagine acting together and supporting each other

Changing our story

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- ▶ Our focus would then become:
 - ▶ Strengthening communities' capacity to support the health, well-being, recovery and resiliency of their members.
 - ▶ Providing services and supports to those most ill *while* helping them establish or strengthen ties to natural communities that will support them

Changing our story

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▶ Most human services

- ▶ Manage access to care
- ▶ Treat illness instead of promoting health
- ▶ Work with individuals not communities

Questions + reflections

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- ▶ What did you hear?
- ▶ What did you like about what you heard?
- ▶ What questions or concerns do you have now?

Re-visiting our vision

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- ▶ All people, with severe mental illness, have access to high quality services to live independent, quality lives.
- ▶ Consumers, family members of consumers, Latinos, Native Americans and youth are an integral part of improving services.
- ▶ People with mental illness feel included and empowered.
- ▶ The community understands mental illness and views it as their responsibility.
