BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA

ACCEPT A REPORT FROM THE TULARE COUNTY MENTAL HEALTH BOARD) **Resolution No. 2018-0526**

UPON MOTION OF SUPERVISOR ENNIS, SECONDED BY SUPERVISOR CROCKER, THE FOLLOWING WAS ADOPTED BY THE BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD JUNE 26, 2018, BY THE FOLLOWING VOTE:

AYES: SUPERVISORS CROCKER, VANDER POEL, SHUKLIAN, WORTHLEY, AND ENNIS
NOES: NONE
ABSTAIN: NONE
ABSENT: NONE

BOARD OF SUPERVISORS TULARE COUNTY, CAL.

ATTEST: MICHAEL C. SPATA
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: Hilary Rorello
Deputy Clerk

* * * * * * * * * * * * * * * * * * * *

Accept the Annual Report from the Mental Health Board (January 2017 through December 2017).

HHSA

HAR
06/26/2018

Health & Human Services Agency
COUNTY OF TULARE
AGENDA ITEM

AGENDA DATE: June 26, 2018 REVISED

Public Hearing Required	Yes ☐	N/A ☒
Scheduled Public Hearing w/Clerk	Yes ☐	N/A ☒
Published Notice Required	Yes ☐	N/A ☒
Advertised Published Notice	Yes ☐	N/A ☒
County Counsel Sign-Off	Yes ☐	N/A ☒
Meet & Confer Required	Yes ☐	N/A ☒
Electronic file(s) has been sent	Yes ☒	N/A ☐
Budget Transfer (Aud 308) attached	Yes ☐	N/A ☒
Personnel Resolution attached	Yes ☐	N/A ☒
Agreements are attached and the signature line for the Chairman is marked with the tab(s)/flag(s)	Yes ☐	N/A ☒

CONTACT PERSON: Michele Cruz PHONE: 559-624-8000

SUBJECT: Accept a report from the Tulare County Mental Health Board

REQUEST(S):

That the Board of Supervisors:

Accept the Annual Report from the Mental Health Board (January 2017 through December 2017).

SUMMARY:

California Welfare and Institutions Code Section 5604 informs counties to establish and describe "Powers and Duties of California Mental Health Boards." These include "submit an annual report to the governing body on the needs and performance of the county's mental health system." The current report, produced by the Tulare County Mental Health Board outlines its focus and accomplishments for the calendar year of 2017 related to the needs and performance of the Tulare County Mental Health Plan.

FISCAL IMPACT/FINANCING:

There is no fiscal impact. This is an information-only item. There is no additional net cost to the County General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's *Five-Year Plan* includes the Quality of Life initiative to promote and encourage the provision of quality supportive services for individuals in Tulare County. The Tulare County Mental Health Board Annual Report enhances the Quality of Life initiative by increasing public awareness about mental health needs

and performance of the County's mental health system.

ADMINISTRATIVE SIGN-OFF:

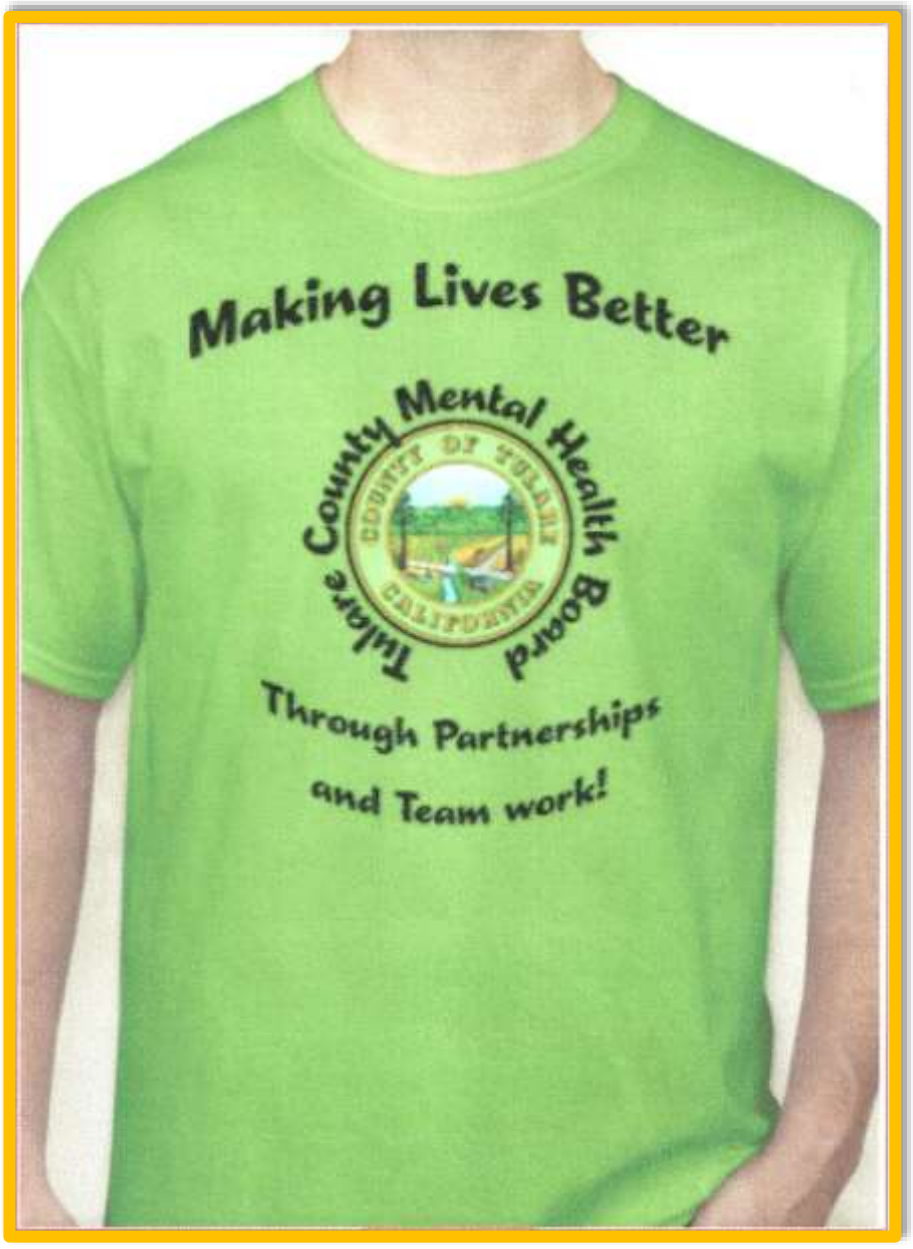
Timothy Durick, Psy.D.
Director of Mental Health

Cc: County Administrative Office

Attachment(s): Annual Report

TULARE COUNTY MENTAL HEALTH BOARD

ANNUAL REPORT - 2017



WELLNESS • RECOVERY • RESILIENCE

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INTRODUCTION

Rationale

California Welfare and Institutions Code Section 5604 establishes and describe "Powers and Duties of California Mental Health Boards." These include "submit an annual report to the governing body on the needs and performance of the county's mental health system." The current report is a summary of Mental Health Board activities for calendar year 2017. This summarizes collaboration with the Tulare County Mental Health Branch (TCMHB) for Fiscal Year 2016-2017 and activities to date for Fiscal Year 2017-2018 through December 2017.

Information Sources

Information for this report is obtained from minutes of the Mental Health Board Executive Committee and general Mental Health Board meetings (January through December 2017). The Tulare County Mental Health Board was supplied summaries of the Tulare County Mental Health Branch's organization, committees, budget and state reporting mandates from the Tulare County Mental Health Branch. Additional documents include recent summaries for EQRO program audit-review and the Tulare County Budget Book for Fiscal Year 2017- 2018. This past year, individual Mental Health Board members also have attended and participated on many working committees. These committees are part of the organizational structure for TCMHB administration and management. This structure allows communication and coordination across an array of contractors, services, and program objectives (e.g., Mental Health Plan). Board Member opinions and summaries are included as available for various committee reports highlighting this year's goals and accomplishments.

Acknowledgments

This collaborative effort received excellent support throughout all levels of Tulare County government.

We wish to acknowledge and appreciate the ongoing support from Board of Supervisors Chairperson Pete Vander Poel (District Two, Tulare County Board of Supervisors) who regularly attended monthly meetings for eight (8) years. He continues to advocate for mental health at many levels. We have welcomed our new liaison, Supervisor Amy Shuklian (District Three, Tulare County Board of Supervisors) this past year.

The Tulare County Mental Health Board would also like to thank the Tulare County Health and Human Services Agency and Mental Health Department. Dr. Cheryl Duerksen, past Director, HHSA, devoted many years and professional energies into the development of programs such as Wellness and Recovery and beginning relationships with the Tule River Tribe of California and the Tule River Tribal Council. We will continue that vision. We look forward to a comparable course and collaboration with the new Director, HHSA, Mr. Jason Britt. Mental Health Administration staff have been great collaborators and resources, including Dr. Timothy Durick, Mental Health Director; Dr. Lester Love, Mental Health Medical Director; Donna Ortiz, Deputy Director HHSA; and Christi Lupkes, Division Manager. Their professional expertise and care has

contributed to noteworthy, consistent gains in amount and quality of consumer services. We also appreciate the professionalism and dedication of line and support staff, especially including Ms. Diane Fisher, Ms. Elodia Burlingame, and Mr. Michael Hart.

Other departments and staff from the Tulare County Health and Human Services Agency (HHSA) have been very collegial and helpful. We appreciate the numerous contract agencies and their staffs who have attended, presented, and contributed to services, providing program information, data, and important reference materials. Contracting agencies including Turning Point of Central California, Tulare Youth Services Bureau, and the Kings View Corporation deserve special mention. We appreciate the interdepartmental collaboration of Tulare County Agencies, including active MHB representation from the Tulare County Sheriff and Public Defender's Office. Tulare County Department of Education also deserves recognition for child and adolescent mental health services in the schools and via additional specialty services.

TULARE COUNTY OVERVIEW

Tulare County encompasses 4,839 square miles in Central California. It is located in the southern region of California's San Joaquin Valley between San Francisco and Los Angeles. The location is a 2.5-hour drive from California's central coast, adjacent to Sequoia and Kings Canyon National Parks, Sequoia National Monument and Forests, and Inyo National Forest. The western half of our valley floor is extensively cultivated and very fertile. Tulare County, in fact, is the leading producer of agricultural commodities in the United States. In addition to substantial agriculture packing/shipping operations, light and medium manufacturing plants are becoming important factors in the County's total economic development. There still is widespread poverty, lower educational attainment, and many small incorporated and unincorporated areas with large minority populations. These demographics require assertive outreach, cultural sensitivity and competency, and multi-lingual services. The majority of mental health services are provided with English or Spanish as primary languages for most consumers.

Tulare County has a total population of 466,993. There is a low population density of 97 persons per square mile of land. Between the 2000 and the projected 2020 Census, the fastest growing segment of the population is "Young Retirees" (65 to 74 years old) with a projected 90% increase. The highest population by segment for each census is the "Working Age" (25-64 years old) segment, accounting for just under half of the population.

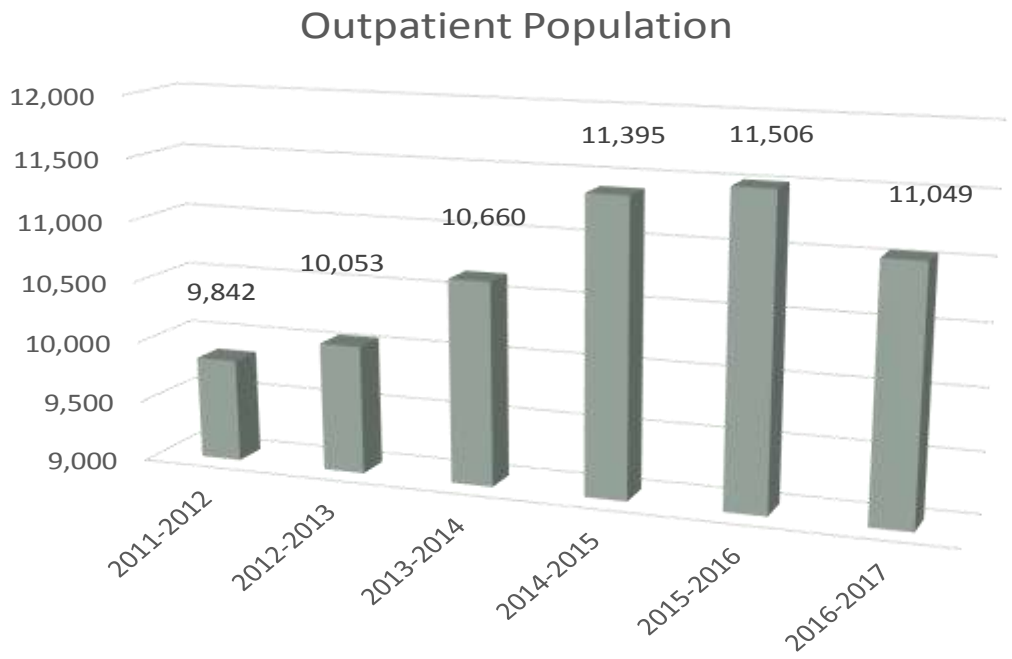
Tulare County population is 50.1% males and 49.9% females. Persons under 5 years of age account for 8.9% of the population. Children and youth under 18 years old represent 31.6% of total population; seniors (persons 65 years old or more) represent 10.4%. Accordingly, nearly half of the population represents special service groups of children, youth, and elderly. Ethnic composition of the county is 63% Hispanic, 30% Caucasian, 4% Asian, 2% African American, and 1% represented as "Other."

The U.S. Census Bureau's most recent data indicate that 27.4% of Tulare County's population is living at or below poverty level. This is a 4.5% increase from the 2010 Census. Contrasted to actual population growth, there has been a 25% increase in the number of individuals living below poverty level in Tulare County. The California State average is 16.4%, reflecting a 2.7% increase from 2010 (1,195,299 persons in California living below poverty level in 2014). Due to the high poverty rate within Tulare County (27.4% contrasted to California's 16.4%), over half - approximately 52% - of our residents receive some form of social support services or program aid such as CalFresh. Tulare County also has a higher unemployment rate of 11% compared to a California state unemployment rate of 6%.

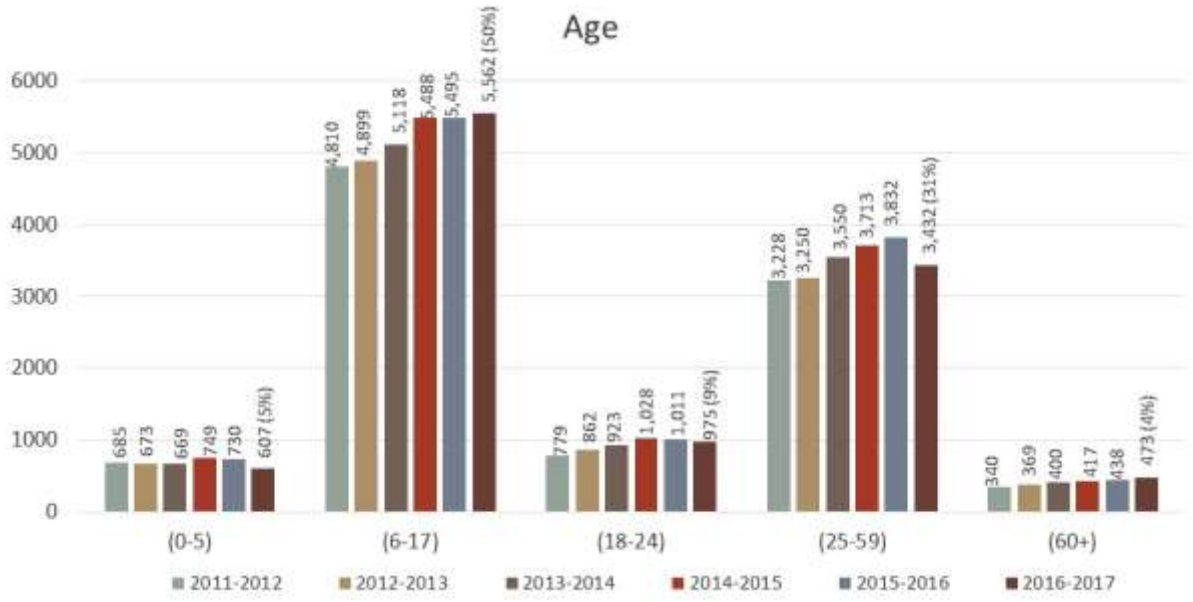
Demographic data for Tulare County Mental Health Branch consumers are summarized on the next two pages.

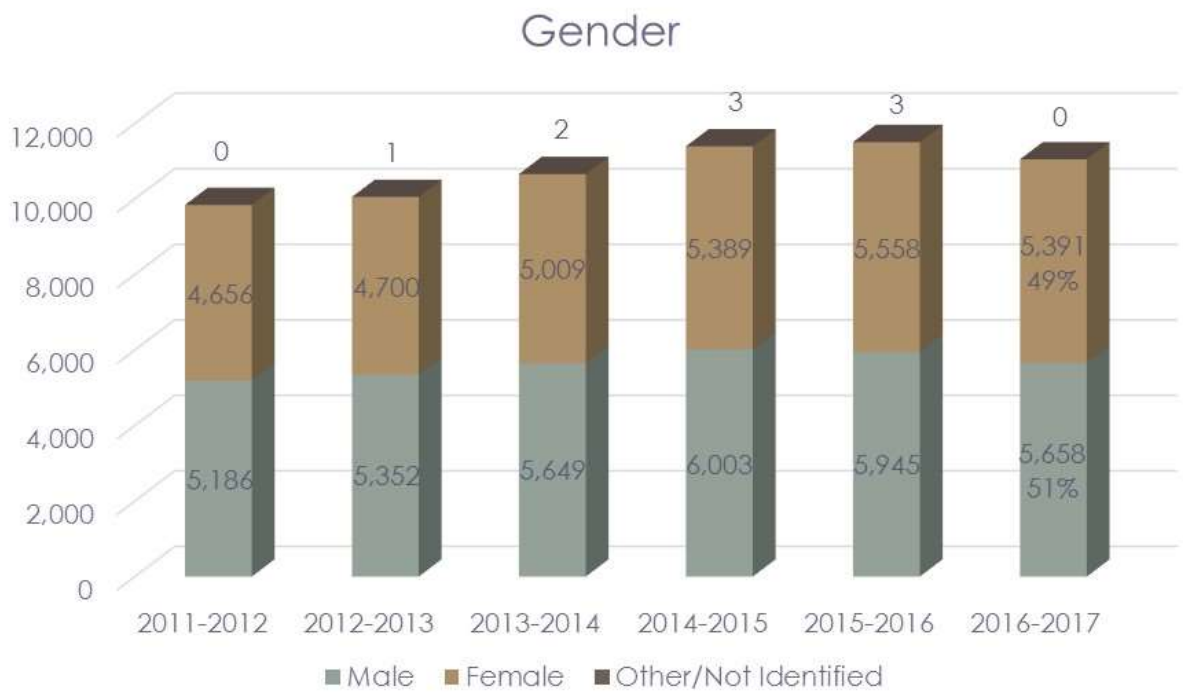
Tulare County Mental Health Plan Demographics (Update with FY 17-18 data?

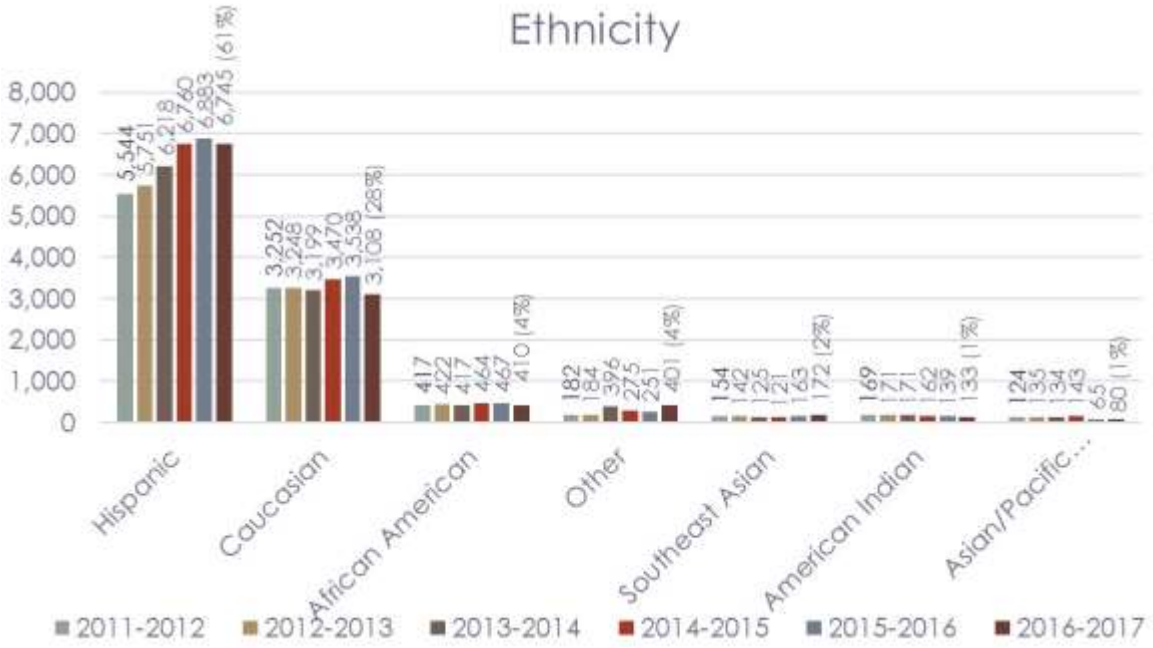
Tulare County Mental Health Plan has seen a steady increase in number of consumers served between fiscal year 2011/12 (9,842 consumers) and fiscal year 2016/17 (11,049 consumers). This is a 12% growth in comparison to the 4% growth realized in the Tulare County overall population of 442,182 in 2010 to 460,437 in 2016, per Census population estimates.



The demographics of those served are similar to that of the population of Tulare County.


Age
6000
5000
4000
3000
2000
1000
0
685
673
669
749
730
607 (5%)
4,810
4,899
5,118
5,488
5,495
5,562 (50%)
779
862
923
1,028
1,011
975 (9%)
3,228
3,250
3,550
3,713
3,832
3,432 (31%)
340
369
400
417
438
473 (4%)
(0-5)
(6-17)
(18-24)
(25-59)
(60+)
2011-2012
2012-2013
2013-2014
2014-2015
2015-2016
2016-2017


Gender
12,000
10,000
8,000
6,000
4,000
2,000
0
0
1
2
3
3
0
4,656
4,700
5,009
5,389
5,558
5,391
49%
5,186
5,352
5,649
6,003
5,945
5,658
51%
2011-2012
2012-2013
2013-2014
2014-2015
2015-2016
2016-2017
Male
Female
Other/Not Identified


Ethnicity
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
5,544
5,751
6,218
6,760
6,883
6,745 (61%)
3,252
3,248
3,199
3,470
3,538
3,108 (28%)
417
422
417
464
467
410 (4%)
182
184
396
275
251
401 (4%)
154
142
125
121
163
172 (2%)
169
171
171
162
139
133 (1%)
124
135
134
143
65
80 (1%)
Hispanic
Caucasian
African American
Other
Southeast Asian
American Indian
Asian/Pacific...
2011-2012
2012-2013
2013-2014
2014-2015
2015-2016
2016-2017

MENTAL HEALTH BOARD

2017 Composition:

Executive Committee: Ralph M. Nelson, M.D. (Chair), David D. Wood, Ph.D. (Vice Chair/Chair), George Allen, B.S. (Secretary), Gail Jones (Member-At-Large)

General Membership: The spreadsheet below lists general membership as it relates to 2017. The letter "R" indicates Resignation in 2017.

Seat	Seat Type	Member Name	Appointed	Current Term	Next Term
1	At-Large	Nathan Terry	12/16/2015	12/31/2018	? -
2	At-Large	Lynne Del Campo	1/29/2013	12/31/2018	?12/31/2021
3 *R	At-Large	Irma Rangel, LCSW	2/7/2006	12/31/2018	Resigned 2017
4	At-Large	Cory Jones	2/23/2016	12/31/2018	?12/31/2021
5	Consumer	Pending	TBD	12/31/2018	12/31/2021
6	At-Large	Erin Brooks, J.D.	9/15/2009	12/31/2016	12/31/2019
7	Consumer	Gail Jones	10/21/2014	12/31/2016	12/31/2019
8	Family Member	George T. Allen	10/21/2014	12/31/2016	12/31/2019
9	At-Large	William Carrillo	6/14/2016	12/31/2016	12/31/2019
10	At-Large	David Wood, Ph.D.	7/8/2014	12/31/2016	12/31/2019
11	Family Member	Kathleen Farrell, R.N.	7/8/2008	12/31/2017	Expired Term
12*R	Family Member	Ralph Nelson, Jr., M.D.	2/7/2006	12/31/2017	Resigned 2017
13*R	Family Member	Mary Mederos	12/18/2012	12/31/2017	Resigned 2017
14	Consumer	Pending	TBD	12/31/2017	12/31/2020
15 *R	At-Large	Felix Mata	4/19/2016	12/31/2017	12/31/2020
16	Family Member	Darlene Prettyman, R.N.	9/1/2015	12/31/2017	12/31/2020
Ex-Officio	Board of Supervisors Rep.	Amy Shuklian	N/A	N/A	N/A

Special Board Activities

The Mental Health Board held a retreat February 7, 2017, 8:30AM-2:30 PM to become better acquainted with each other, the Mental Health Services Act (MHSA), and the structure and organization of Tulare County Mental Health Branch (TCMH). The Branch provided training on California Statute including Brown Act meeting requirements, the Mental Health Services Act, and how TCMH program components are related to the MHSA. Department budgeting, task priorities and responsibilities, and service model were reviewed as well. Board Members have been participating more actively with various Department Committees. The Mental Health Board also plans to annualize a retreat for refresher training and to help new members learn the complexity of the TCMH system (Next Retreat 4/9/18). We might consider arranging a "Board Buddy" for more seasoned members to serve as mentors to newer members, while emphasizing Brown Act requirements for transparency and avoiding any lobbying of issues or voting preference(s).

Mental Health Board members have visited a proposed Wellness and Recovery Center site in Visalia. A MHB meeting was held at the newly opened Porterville Wellness and Recovery Center. Additional on-site MHB meetings occurred at the Tulare Youth Services Bureau in Tulare. After visiting the Woodlake Family Resource Center, the MHB held its meeting in Woodlake at the Woodlake School District Offices. The goal will be to hold MHB meetings at least once quarterly at diverse community locales where the Mental Health Department or its contractors provide direct consumer services.

Mental Health Board Meeting Agendas 2017

Monthly meetings provide Mental Health Board members with contractor and Department presentations to allow better understanding of the mental health plan (MHP) and system of care. Meeting agendas for the past year are summarized below and on the next page as well as highlights of the MHP.

MONTH (2017)	AGENDIZED ITEMS (THESE REQUIRE 2017 UPDATING
January	Presentation on Aging Services
MHB Business:	Bylaws
	2016 MHB Annual Report
	Mental Health Board Retreat (February 7, 2017)
February	Consider Mental Health Board (MHB) Retreat
	No Presentation
MHB Business:	Mental Health Board Retreat Debriefing
	2016 DHCS Data Notebook
	2016 Mental Health Board Annual Report
March	No Presentation
MHB Business:	DHCS Data Notebook (Workgroup Formation)
	Mental Health Board Annual Report
	Committees List and Reporting Template
April	Approve forwarding of the 2016 MHB Annual Report to BOS
	Approved forwarding of the 2016 Tulare County Data Notebook to CMHPC
	Presentation on Mental Health Awareness Month (MHAM) activities

MONTH (2017)	AGENDIZED ITEMS (THESE REQUIRE 2017 UPDATING
MHB Business:	Accessing Legislation - CBHDA
May	Nomination of 2017 Executive Committee Vice Chair
	Approve transferring CSS monies to MHSA Prudent Reserve
	Presentation on Peer Support Specialist Success
MHB Business:	General discussion of MHB member workload and process
	Review Membership
June	Election of Erin Brooks as 2017 Executive Committee Vice Chair
	Presentation on MHAM Debrief
MHB Business:	Provide Annual Report Update to BOS
July	Election of 2017 MHB Vice Chair, Erin Brooks
	Consider application for membership from Dale Asman
	Presentation on Continuum of Care: Post-Hospitalization, Post-IMD, and Post-Incarceration
MHB Business:	MHSA Three Year Planning Process Update
August	Election of 2017 MHB Vice Chair, Erin Brooks
	Consider application for membership from Dale Asman
	Presentation on Continuum of Care: Housing: Support for Operators and Consumers
September	Presentation on Performance Improvement Projects: Children's Assessment Needs and Strengths, Urgent Conditions, Documentation, Metabolic Syndrome
MHB Business:	Future Presentations
October	Approve for 30 day post and public hearing MHSA Plan FY 16/20
	Consider application for continued membership from Darlene Prettyman
	Nominations for 2018 MHB Executive Committee
	Presentation on MHSA Plan FY 16/20
MHB Business:	2017 Tulare County Data Notebook
November	Public Hearing and Approval of MHSA Plan FY 17/20 to Board of Supervisors for consideration of approval
	Approve Innovation Plan: Connectedness 2 Community for 30 Day public post
	MHB Election of Officers
MHB Business:	2017 Tulare County Data Notebook
	2017 Tulare County Mental Health Board Annual Report
December	Approve Innovation Plan: Connectedness 2 Community for 30 day public post
	Approve Innovation Plan: Addressing Metabolic Syndrome Pilot Project for 30 day public post
	Consider application for membership from Carolyn J. McGregor-Long
	Member Recognition: Kathy Farrell
	Presentation on Corizon

Over the last four fiscal years (13/14 through 16/17), the system of care for the Tulare County MHP, as a whole, has experienced a 4% growth in total served from 10,660 in FY 13/14 to 11,049 in FY 16/17. During the same fiscal years, the number of consumers hospitalized decreased by 18% (1,262 hospitalized in FY 13/14 to 1,041 in FY 16/17). The number of consumers re-hospitalized has also decreased by 47% (266 re-hospitalized in FY 13/14 to 142 in FY 16/17). Furthermore, length of stay at the hospital has reduced 33%. The average length of stay was 10.5 days in FY 13/14, more recently 7.0 in FY 16/17. The total days of all hospitalizations has decreased by 44% (12,903 days hospitalized in FY 13/14 to 7,242 in FY 16/17).

These improvements occurred despite a continuous growth in consumer services without additional resources becoming available. Rather, resources were reorganized to ensure staff could customize services to consumer needs. Services such as the ACT Team (Assertive Community Services), FSP Program (Full Services Program), etc. are more well-rounded and coordinated with the integrated health program, supported employment opportunities, and the like. Staff have worked diligently to serve consumers.

Perhaps even more impressive is the challenge confronted by our target population, the severely mentally ill. Positive consumer outcomes and a fiscally viable system of care can be appreciated from these results.

ACUTE PSYCHIATRIC HOSPITALIZATIONS ALL AGES

	Total Served	Total Hospitalizations	Average Length of Stay (Days)	Total Days	Readmissions
FY 13/14	9,561	1262 (13.2%)	10.5	12,903	266 (21%)
FY 14/15	11,395	1,093 (9.5%)	9.0	9,856	153 (14%)
FY 15/16	11,506	1,075 (9.3%)	7.4	8,349	108 (10%)
FY 16/17	11,049	1,041 (9.4%)	7.0	7,242	142 (14%)

FY 16/17 CHILDREN (AGES 0-17) HOSPITALIZATIONS

Total Hospitalizations		Total Served	% of Caseload	Average Length of Stay (Days)	Total Days
FY 13/14	196	5,604	3.5%	10.2	1,304
FY 14/15	109	6,237	1.7%	6.8	699
FY 15/16	67	6,225	1.1%	7.7	460
FY 16/17	77	6,777	1.2%	6.0	465

FY 16/17 CHILDREN (AGES 0-17) HOSPITALIZATIONS – READMISSIONS

Hospital Re-admissions (within 30 days)	FY 13/14 (n=196)	FY 14/15 (n=109)	FY 15/16 (n=67)	FY 16/17 (n=77)
Children (Ages 0-17)	**47 (27%)**	**21 (19%)**	**2 (3%)**	**5 (6%)**

FY 16/17 ADULT (AGES 18+) HOSPITALIZATIONS

Total Hospitalizations		Total Served	% of Caseload	Average Length of Stay (Days)	Total Days
FY 13/14	1,066	3,957	27%	11.2	11,986
FY 14/15	984	5,158	19%	9.3	9,157
FY 15/16	1,008	5,281	19%	9.6	5,842
FY 16/17	964	4,880	20%	7.0	6,777

FY 16/17 ADULT (AGES 18+) HOSPITALIZATIONS – READMISSIONS

Hospital Re-admissions (within 30 days)	FY 13/14 (n=1,066)	FY 14/15 (n=984)	FY 15/16 (n=1,008)	FY 16/17 (n=1,008)
Adults (Ages 18+)	219 (21%)	132 (13%)	108 (11%)	137 (14%)

Timeliness for access to services also has improved. Across the MHP, timeliness to first clinical appointment has improved to access mostly within first day. In FY 16/17, 94% of clients were seen within the goal of 0 to 3 days. Timeliness to first psychiatric appointment improved to a FY 16/17 average of 21 days. Most (74%) of consumers were seen within the goal of 0 to 30 days. Timeliness for follow-up appointment after psychiatric hospital discharge in FY 16/17 averaged less than a week (6 days). A majority of post-hospitalization consumers were seen within the HEIDIS standard of 0 to 7 days.

CHILDREN (AGES 0-17) TIMELY ACCESS

1st request to 1st appt	FY 13/14	FY 14/15	FY 15/16	FY 16/17
MHP Goal: NMT 3 days	2 days	2 days	1 day	1 day
1st contact to 1st psychiatry appt	FY 13/14	FY 14/15	FY 15/16	FY 16/17
MHP Goal: NMT 30 days	40 days	39 days	21 days	27 days
Follow-up after Hospitalization	FY 13/14	FY 14/15	FY 15/16	FY 16/17
MHP Goal: NMT 7 days	4 days	3 days	2 days	4 days

ADULT (AGES 18+) TIMELY ACCESS

1st request to 1st appt	FY 13/14	FY 14/15	FY 15/16	FY 16/17
MHP Goal: NMT 3 days	3 days	3 days	1 day	1 day
1st contact to 1st psychiatry appt	FY 13/14	FY 14/15	FY 15/16	FY 16/17
MHP Goal: NMT 30 days	44 days	36 days	21 days	17 days
Follow-up after Hospitalization	FY 13/14	FY 14/15	FY 15/16	FY 16/17
MHP Goal: NMT 7 days	10 days	6 days	4 days	6 days

The County solicits consumer satisfaction surveys twice a year via the State-required Consumer Perception Survey. The Consumer Perception Survey (CPS) provides rating opportunities for consumers to evaluate 1) Satisfaction, 2) Access, 3) Cultural Competency, and 4) Well-Being (effectiveness). A 5-point Likert-type rating scale is used: a score of '1' is "least satisfied" and '5' is 'most satisfied or in agreement." Tulare County Mental Health typically receives scores of 4's and 5's. There has been a modest upward (improving) trend in these ratings from 2013 to 2017, in particular among older adult program participants.

- Aug 2013: 4.05
- May 2014: 4.14
- Nov 2014: 4.16
- May 2015: 4.16
- Nov 2015: 4.17
- May 2016: 4.16
- Nov 2016: 4.17
- May 2017: 4.15

CHILDREN (AGES 0-17)
CONSUMER PERCEPTION SURVEY

Satisfaction	Aug 2013	May 2014	Nov 2014	May 2015	Nov 2015	May 2016	Nov 2016	May 2017
Families (0-12)	4.33	4.40	4.33	4.35	4.30	4.32	**4.34**	**4.33**
Youth (13-17)	4.07	4.06	4.04	4.11	4.10	4.10	**4.09**	**4.12**
Access	**Aug 2013**	**May 2014**	**Nov 2014**	**May 2015**	**Nov 2015**	**May 2016**	**Nov 2016**	**May 2017**
Families (0-12)	4.36	4.47	4.39	4.40	4.37	4.42	**4.36**	**4.39**
Youth (13-17)	4.13	4.12	4.13	4.16	4.18	4.16	**4.13**	**4.13**
Cultural Comp.	**Aug 2013**	**May 2014**	**Nov 2014**	**May 2015**	**Nov 2015**	**May 2016**	**Nov 2016**	**May 2017**
Families (0-12)	4.47	4.59	4.52	4.56	4.52	4.50	**4.50**	**4.52**
Youth (13-17)	4.47	4.59	4.52	4.56	4.52	4.50	**4.50**	**4.52**
Well-Being	**Aug 2013**	**May 2014**	**Nov 2014**	**May 2015**	**Nov 2015**	**May 2016**	**Nov 2016**	**May 2017**
Families (0-12)	3.98	4.02	3.97	4.03	4.00	3.95	**4.04**	**3.99**
Youth (13-17)	3.95	3.97	3.90	3.83	3.91	3.89	**3.93**	**3.88**

ADULT (AGES 18+)
CONSUMER PERCEPTION SURVEY

Satisfaction	Aug 2013	May 2014	Nov 2014	May 2015	Nov 2015	May 2016	**Nov 2016**	**May 2017**
Adults (18-59)	4.31	4.35	4.33	4.32	4.31	4.28	**4.31**	**4.34**
Older Adults	4.06	4.08	4.41	4.20	4.30	4.30	**4.36**	**4.31**
Access	Aug 2013	May 2014	Nov 2014	May 2015	Nov 2015	May 2016	**Nov 2016**	**May 2017**
Adults (18-59)	4.14	4.22	4.25	4.25	4.19	4.17	**4.24**	**4.24**
Older Adults	4.13	4.11	4.19	4.05	4.2	4.23	**4.26**	**4.20**
Cultural Comp.	Aug 2013	May 2014	Nov 2014	May 2015	Nov 2015	May 2016	**Nov 2016**	**May 2017**
Adults (18-59)	4.28	4.29	4.28	4.31	4.25	4.23	**4.14**	**4.24**
Older Adults	3.40	4.11	4.40	4.21	4.28	4.41	**4.38**	**4.33**
Well-Being	Aug 2013	May 2014	Nov 2014	May 2015	Nov 2015	May 2016	**Nov 2016**	**May 2017**
Adults (18-59)	3.64	3.69	3.57	3.65	3.74	3.54	**3.65**	**3.58**
Older Adults	3.36	3.46	3.64	3.75	3.72	3.71	**3.74**	**3.48**

The Mental Health Board also requested service experiences which are summarized over the next few pages as Wellness and Recovery Champion Reports. This is a qualitative review.

WELLNESS AND RECOVERY CHAMPIONS

(Stories were only edited to omit names for privacy purposes, as it is important to preserve the value of each writer's expression)

Wellness and Recovery Story #1

I stand before you today with a humble heart and an attitude of gratitude after having reflected upon my journey to recovery starting back in 2012. I was diagnosed with Bi-Polar at the age of 23, after my first hospitalization lasting 30 days in San Diego. I struggled with stability, medication and therapy until moving to the valley and getting connected with Tulare County Mental Health.

My first case manager made me feel supported, worth-while and reminded me that I wasn't alone. He helped me find my first room and board and I did well until I decided to try to control my medications and diagnosis as I saw fit. I hated the thought of having to take medication on a regular basis and having to admit the fact that I have a mental illness. My reluctance to accept the help so freely made available to me started a downward spiral of 11 hospitalizations, 6 of which were in 2016, and trying meth for the first time, resulting in active addiction for a year straight.

My last hospitalization in October of 2016 blessed me with the life changing opportunity of placement at the County-operated Board and Care, TLC (Transitional Living Center). TLC offered the structure, stability, and support crucial for my mental health and recovery. Here, I was able to finally get stable on the right medications after years of different concoctions from different doctors. I found unconditional care and support from staff, especially one who I felt I could relate to and understood me the most. TLC got me back on track with my therapy appointments, psychiatrists visits, doctor's and dentist's appointments and provided me with a place of healing after the hell I had put myself through.

Wellness and Recovery Story #2

On 11/2/17, as Family Advocate Manager, I received an email from a family member referred by the Tulare County TulareWorks Division. The family member shared that her adult brother has been living with her, and he previously received medication services from his primary care provider in Porterville who had moved out of the area recently. The brother had difficulties becoming comfortable with a new doctor. She further explained that since that time, the brother had attempted suicide and been hospitalized. Now at home, the brother was not actively suicidal but was continuing to struggle. The family member reported that her brother needed counseling along with medication support, but she could not get him to go to the Porterville Adult Mental Health Clinic as he felt the assessment process was an overwhelming idea.

On behalf of the family member, I contacted the Clinic Manager, to see what options were available in order to assist with engagement into services. The Clinic Manager provided the

name of his Outreach & Engagement (O&E) specialist as the contact for the family member to coordinate assistance with entry into services. Upon approval of the family, the O&E specialist Peer Support Specialist conducted a home visit to speak to the brother, share about services available as well as the peer support sharing their lived experience with mental illness and services, begin some of the intake paperwork, and provide hope that wellness and recovery are possible. Following this home visit the brother has agreed to services.

TULARE COUNTY MENTAL HEALTH BRANCH

2017 Independent Evaluation:

While the preceding Wellness & Recovery Champion stories are qualitative reviews by consumers, Tulare County Mental Health Plan (MHP) also sustains external, quantitative review via an annual site visit. This "External Quality Review (EQR)" is conducted by an independent contracted entity, Behavioral Health Concepts (BHC), via a contract with the State Department of Health Care Services (DHCS). This year's site visit occurred September 13 and 14, 2017. The outcome report received from this site visit was very favorable, and is best highlighted through an email from BHC after the review:

> *"Prior to the review, our lead reviewer for Tulare MHP…had shared with me your QI Matrix. I wanted to acknowledge that I found it very informative, and in particular the fact that Tulare MHP is either already tracking or developing measures to track performance on wellness, recovery, supported employment, and primary care/MH integration.*
>
> *We look forward to seeing further development of these matrix items next year, and with your permission, perhaps share on our website as a solid example of comprehensive approach to QI."*

Some of the Tulare County Mental Health Plan highlighted accomplishments by BHC during the EQR include:

- The MHP is targeting collaborative care between physical health and mental health providers for seamless referral between systems.
- The MHP continues to track demographic information and service delivery by location/clinic site for the purpose of ensuring types of services, language and culture competencies, to meet the consumers' needs.
- Consumers report involvement in their treatment planning and assessments of progress during treatment.
- A Family Stakeholder Group was developed by the Mental Health Family Advocate Manager to assist in expanding family inclusion within the system of care. The MHP has

a goal to integrate family in the wellness and recovery process as much as possible and appropriate for the individual consumer.

Tulare County Mental Health Plan

The Tulare County Mental Health Plan (MHP) is summarized in a "Wellness and Recovery Guide to Mental Health Services" published by the Tulare County HHSA. Services are for Tulare County residents experiencing symptoms of mental illness. County-operated clinics in Porterville and Visalia are supplemented by a newly opened Wellness and Recovery Center in Porterville and another targeted for Visalia with a recently acquired actual site to be remodeled.

The current range of MHP services includes a 24/7 Psychiatric Emergency Team (PET), mental health services for those incarcerated in county jail facilities, and adult and youth mental health services for the treatment of mental disorders in children, adolescents, adults, and seniors. The array of services includes mental health assessments, individual and group therapy, psychiatric and related medication services, crisis intervention, case management for access to medical social, educational and community services, and therapeutic behavioral services for those age 21 years old or younger. This brochure provides listings for program locations, their names, phone numbers, and type of service, including two (2) "mobile mental health units" which have travelled directly to more rural and underserved areas.

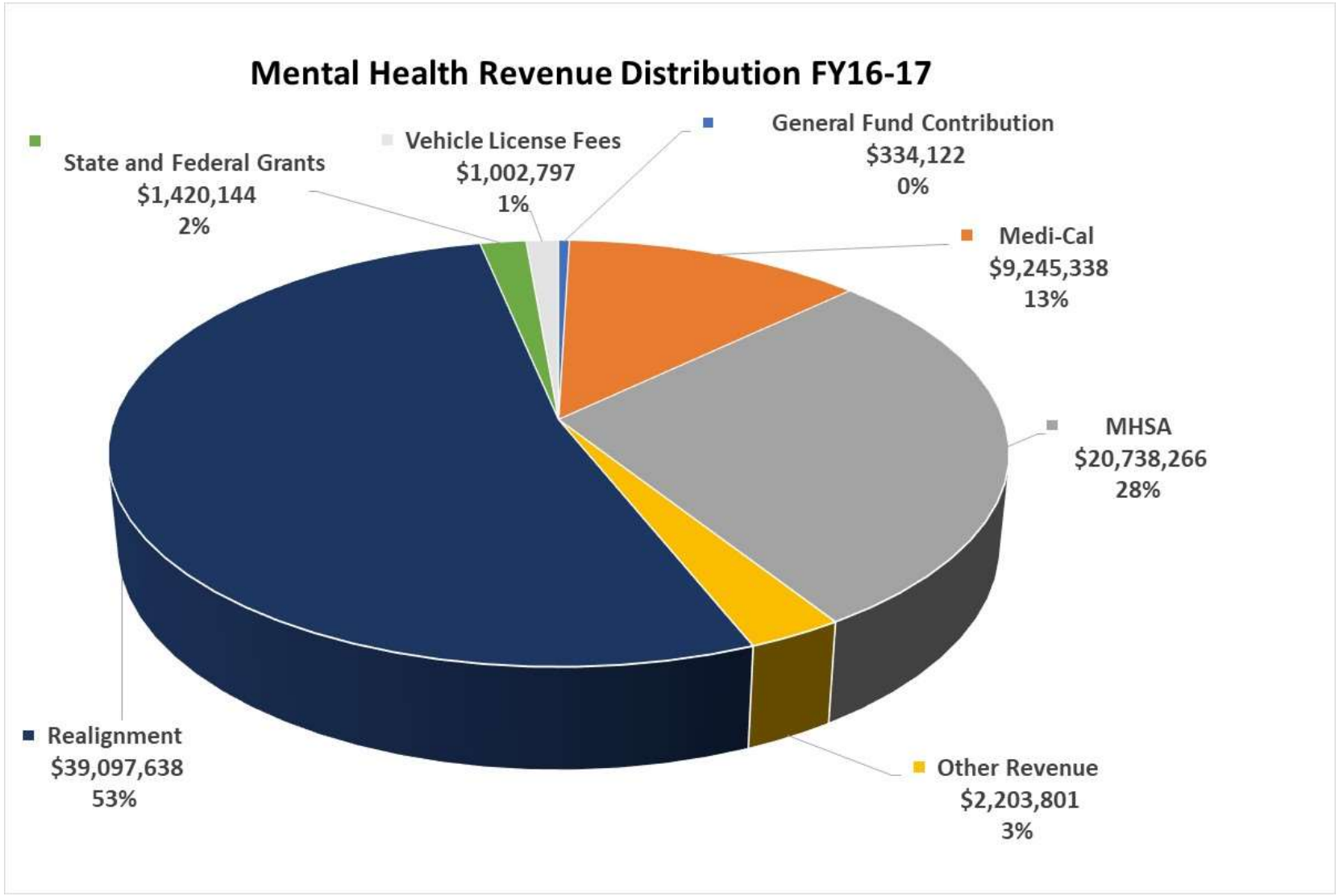
PROGRAM	SERVICES	LOCATION	OPERATION
Alcohol and Other Drug Prevention, Treatment, & Recovery (AOD)	Substance Use and Co-occurring Disorder Placement Services	942 South Santa Fe Avenue, Visalia, CA 93292	Delivers assessment, evidence based treatment, prevention and placement services aimed at improving lives
Adult Services			
Visalia Adult Integrated Clinic (VAIC)	Adult Mental Health	520 East Tulare Avenue, Visalia, CA 93292	Monday-Friday 8 a.m. to 6 p.m.
Porterville Adult Clinic (PAC)	Adult Mental Health	1055 West Henderson Avenue, Porterville, CA 93368	Monday-Friday 8 a.m. to 6 p.m.
North Tulare County, Mobile Services	Mental Health, All Ages	201 North Court Street, Visalia, CA 93291	Monday-Friday 9 a.m. to 5 p.m.
South Tulare County, Mobile Services	Mental Health, All Ages	201 North K Street, Tulare, CA 93274	Monday-Friday 8 a.m. to 5 p.m. Saturday (MD only) 8 a.m. to 4 p.m.
Transitional Age Youth (TAY) Services			
North Tulare County, One Stop	Transitional-Age Youth Mental Health	201 North Court Street, Visalia, CA 93291	Monday-Friday 9 a.m. to 5 p.m.

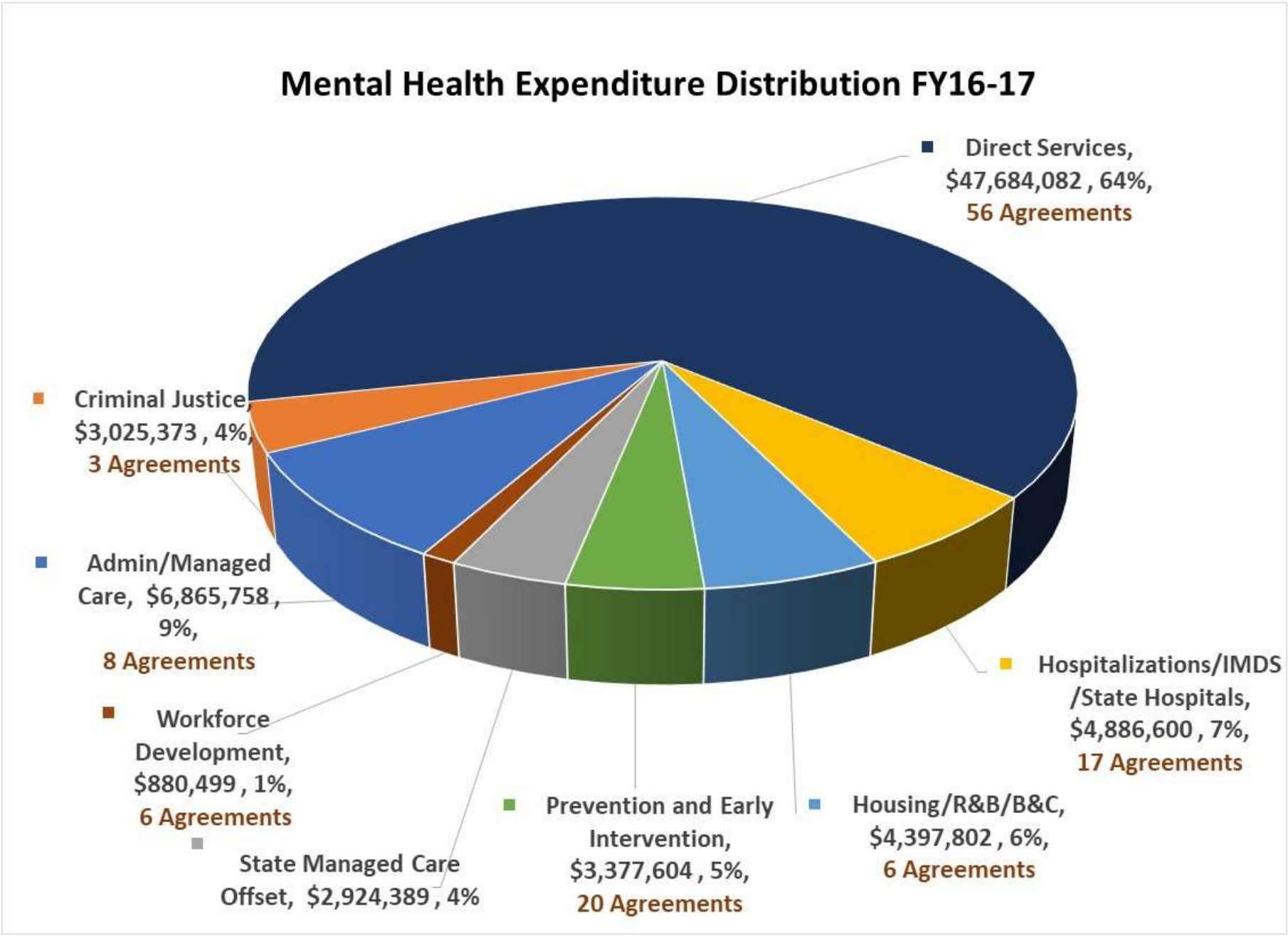
PROGRAM	SERVICES	LOCATION	OPERATION
Central Tulare County, One Stop	Transitional-Age Youth Mental Health	113 South M Street, Tulare, CA 93274	Monday, Wednesday, Friday 8 a.m. to 5 p.m.
South Tulare County, One Stop	Transitional-Age Youth Mental Health	409 North Main Street, Porterville, CA 93257	Monday-Friday 7 a.m. to 6 p.m.
Child/Youth Services			
Dinuba Youth Services (DYS)	Children's Mental Health	144 South L Street, Dinuba, CA 93615	Monday-Friday 8 a.m. to 5 p.m.
Porterville Youth Services (PYS)	Children's Mental Health	1055 West Henderson Avenue, Porterville, CA 93257	Monday, Wednesday, Friday 8 a.m. to 6 p.m.
Sequoia Youth Services (SYS)	Children's Mental Health	514 North Kaweah Avenue, Exeter, CA 93221	Monday-Friday 8 a.m. to 5 p.m.
Tulare Youth Services Bureau (TYSB)	Children's Mental Health	327 South K Street, Tulare, CA 93274	Monday-Friday 8 a.m. to 5 p.m.
Visalia Youth Services (VYS)	Children's Mental Health	711 North Court Street, Visalia, CA 93291	Monday-Friday 8 a.m. to 5 p.m.
Residential Programs			
Transitional Living Center (TLC)	Transitional Supportive Housing	Adult (18+) Augmented Board & Care	53 beds
Community Living Center (CLC)	Transitional Supportive Housing	Adult (18+) Supported Independent/ Transitional	18 beds
Crossroads	Transitional Supportive Housing	Transitional Age Youth (18-24) Supported Transitional Living	Porterville – 10 beds Visalia – 10 beds
East Tulare Avenue Cottages (ETAC)	Permanent Supportive Housing	Adult (18+) Permanent Supportive Housing	11 shared apartments (22 beds)
Porterville Lotus Project *(in development)*	Permanent Supportive Housing	Adult (18+) Permanent Supportive Housing	Estimated 8 shared apartments (16 beds)
Tulare Inyo Project *(in development)*	Permanent Supportive Housing	Adult (18+) Permanent Supportive Housing	Estimated 10 shared apartments (20 beds)
Casa de Robles	Permanent Supportive Housing	Transitional Age Youth (18-24) Permanent Supportive Housing	6 beds

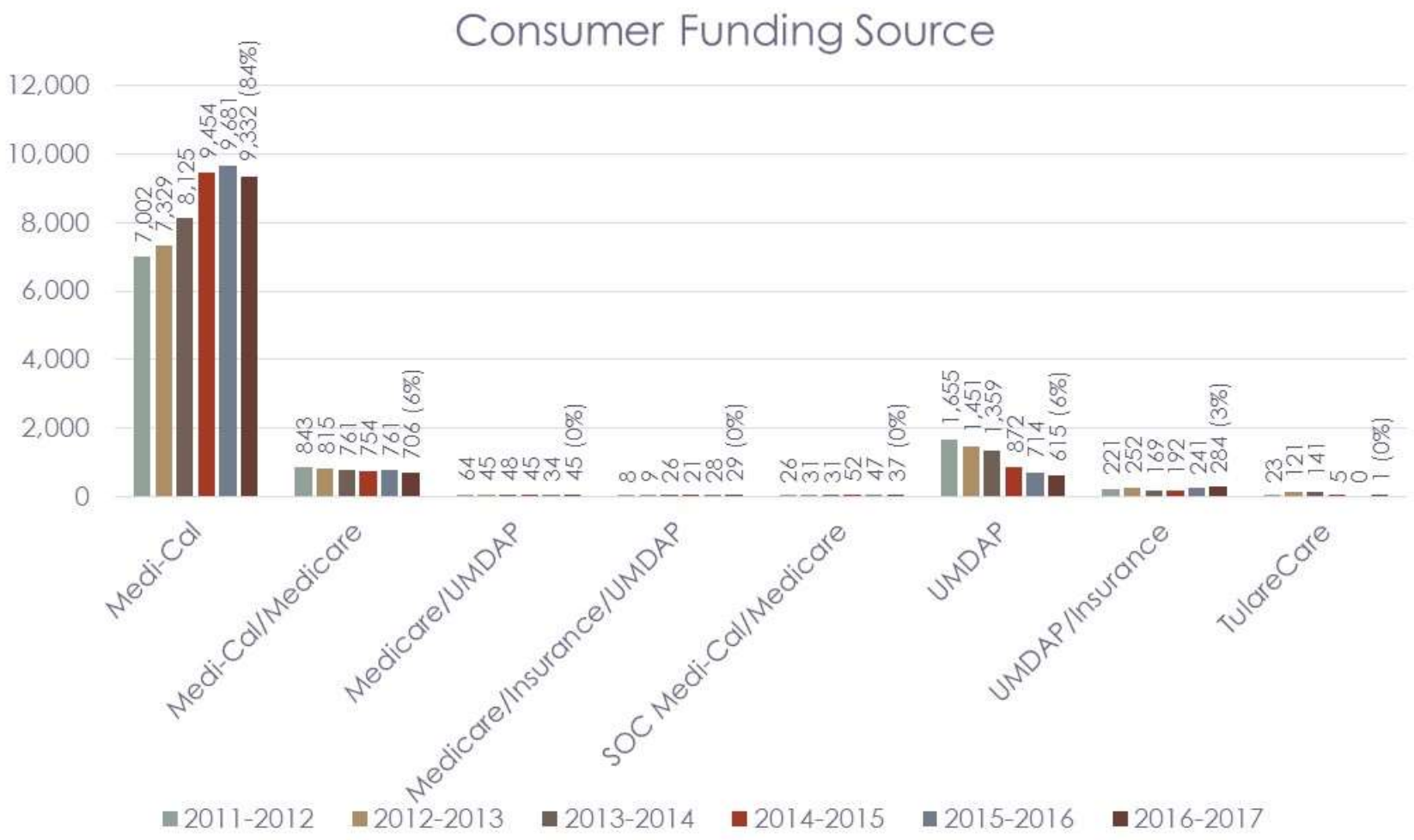
PROGRAM	SERVICES	LOCATION	OPERATION
Wellness Centers			
Porterville Wellness & Recovery Center	Wellness Center	333 West Henderson Avenue, Porterville, CA 93257	Mon-Fri 9am-7pm, Sat-Sun 11am-3pm
Visalia Wellness & Recovery Center *(in development)*	Wellness Center	1223 S. Lovers Lane Visalia, CA 93292	*TBD*

This list of services does not reflect additional programming such as an array of prevention and early intervention programs. However, it gives a robust picture of significant direct services provided. These services have associated costs. The general budgetary breakdown for Tulare County Mental Health Plan is presented on the next page.

Tulare County Mental Health Plan Revenue, Expenditures, and Consumer Funding Source

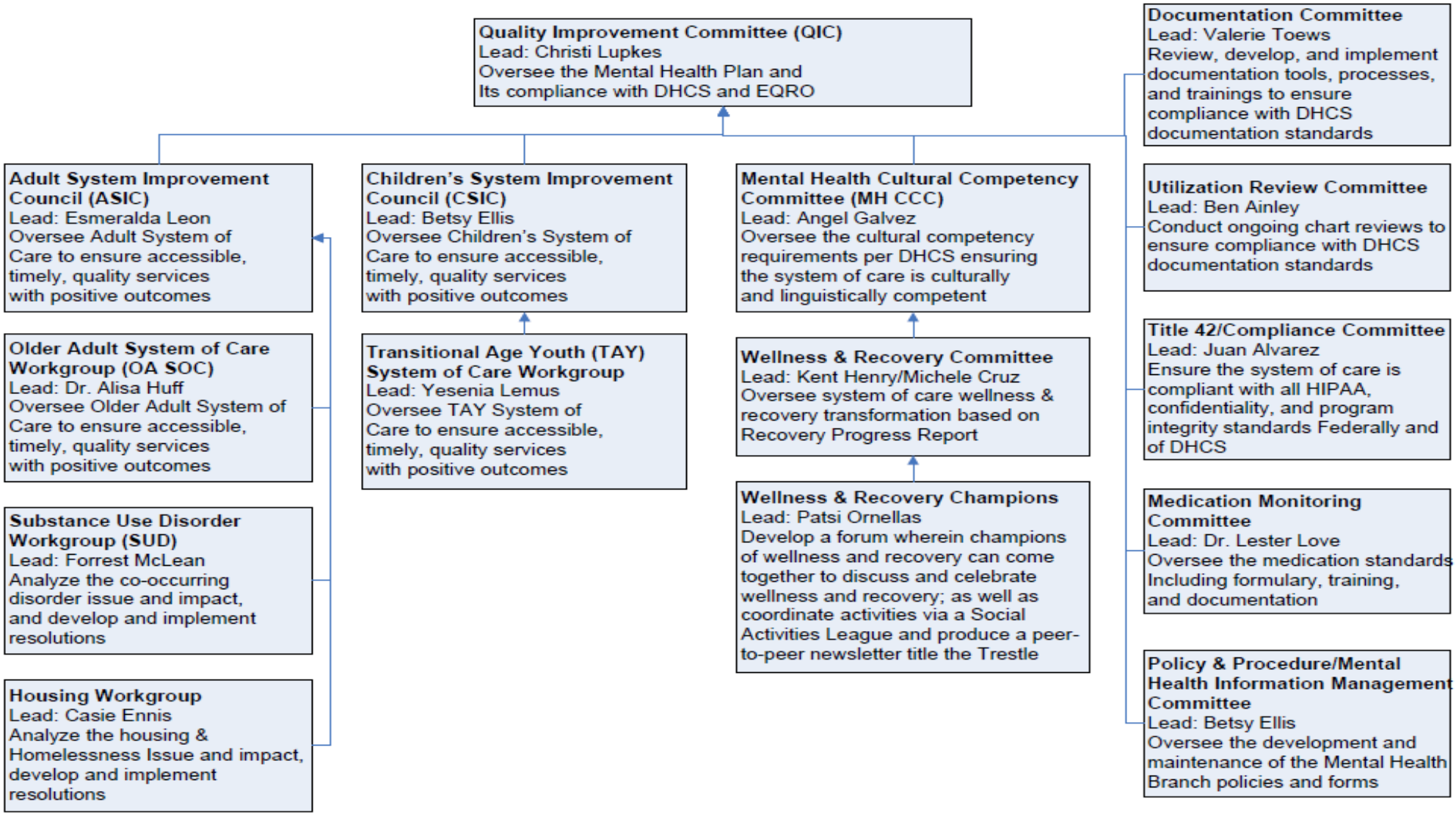



Mental Health Expenditure Distribution FY16-17
Direct Services, $47,684,082 , 64%, 56 Agreements
Criminal Justice, $3,025,373 , 4%, 3 Agreements
Admin/Managed Care, $6,865,758 , 9%, 8 Agreements
Workforce Development, $880,499 , 1%, 6 Agreements
State Managed Care Offset, $2,924,389 , 4%
Prevention and Early Intervention, $3,377,604 , 5%, 20 Agreements
Housing/R&B/B&C, $4,397,802 , 6%, 6 Agreements
Hospitalizations/IMDS /State Hospitals, $4,886,600 , 7%, 17 Agreements


Consumer Funding Source
12,000
10,000
8,000
6,000
4,000
2,000
0
7,002
7,329
8,125
9,454
9,681
9,332 (84%)
843
815
761
754
761
706 (6%)
64
45
48
45
34
45 (0%)
8
9
26
21
28
29 (0%)
26
31
31
52
47
37 (0%)
1,655
1,451
1,359
872
714
615 (6%)
221
252
169
192
241
284 (3%)
23
121
141
5
0
1 (0%)
Medi-Cal
Medi-Cal/Medicare
Medicare/UMDAP
Medicare/Insurance/UMDAP
SOC Medi-Cal/Medicare
UMDAP
UMDAP/Insurance
TulareCare
2011-2012
2012-2013
2013-2014
2014-2015
2015-2016
2016-2017

Tulare County Mental Health Plan Committees and Mental Health Board Participant Reports

The committee structure of the Tulare County Mental Health Plan is presented below.



Committee/Workgroup Name:	**Quality Improvement Committee (QIC)**
Facilitator:	Christi Lupkes, Division Manager, Managed Care
Time Period Reporting:	2017
Committee/Workgroup Purpose/Goal:	To oversee the Mental Health Plan (MHP) and its compliance with the Department of Healthcare Services (DHCS) and the External Quality Review Organization (EQRO).

Objectives developed and worked on during this time period

1. Monitor and action related to the Quality Improvement Workplan and Matrix

2. Discuss and develop necessary actions to meet the review measures of the External Quality Review

Accomplishments for this time period

Objectives Completed	Date Completed	Result
1.	September 2017	The 2016/2017 QI Evaluation and Matrix was completed and disseminated at QIC, and the 2017/2018 QI Workplan and Matrix were reviewed and revised by the QI Workgroup of MHP QI representatives and disseminated at QIC
2.	Ongoing	Behavioral Health Concepts (BHC) conducted EQRO on September 13th and 14th. The final report was favorable, with the report and summary memo disseminated to QIC during the Dec 2017 meeting

Committee Name:	**Adult System Improvement Council (ASIC)**
Facilitator:	Esmeralda Leon, Visalia Adult Integrated Clinic Manager
Time Period Reporting:	2017
Committee Purpose/Goal:	Oversee Adult System of Care to ensure accessible, timely, quality services with positive outcomes.

Objectives developed and worked on during this time period

1. Identify and address unique needs of the older adult population due to significant growth in coming years *(to be done through the Older Adult System of Care workgroup chaired by Dr. Huff and reported out at ASIC for feedback and direction)*
2. Create a better way to identify and serve those with Co-occurring Disorder *(to be done through the Substance Use Disorder Workgroup chaired by Forrest McLean and reported out at ASIC for feedback and direction)*
3. Discuss ways to enhance consumer housing at local Room & Boards and Board & Cares *(to be done through the Housing Workgroup co-chaired by Jamie Sharma and Casie Ennis)*
4. Review consumer transitions into the system, exiting the system, and between providers to ensure a seamless transition for consumers *(to be done through the Post-MH Mgr Mtg meeting lead by Dr. Lewis, and through the MHP/MCP MOU meeting lead by Ben Ainley)*

Accomplishments for this time period

Objectives Completed	Date Completed	Result
1.	Ongoing	The subcommittee continues to identify unique needs of the older adult population through experience, State reports, and various community resource presentations. We have begun to develop specific strategies for addressing the identified needs and will be meeting with community partners to discuss and plan implementation of the proposed strategies.
2.	July 2017	It was established that a consumer within the MHP will be deemed to have COD when the following are identified; however, this is a guideline and does not preclude other determinants as clinically indicated: The consumer currently meets one of the substance use disorder diagnosis found within the DSM and/or a consumer will be deemed to have a COD even though they haven't used a substance within the last 12 months if they report to experience cravings or are in imminent threat to relapse (despite the DSM 5 which considers an issue in remission if no use within the last 12 months)
3.	Ongoing	The Workgroup continues to plan and sponsor quarterly R&B operator luncheons to further develop relationships with the operators and to provide trainings and information about consumers and mental health. The workgroup has worked this year to develop relationship with community organizations to enhance collaboration. New organizations participating in the work group are: Kings/Tulare Homeless Alliance, PATH, and Visalia Rescue Mission. We continue to discuss methods of organizing services within the housing sites. Also, the idea of scheduling peer support specialists to provide some services at local housing has been discussed

4.	Ongoing July 2017	Exiting the system- Case manager has been assigned to assist consumers who are being referred out to outside resources. Case Manager ascertains that the consumer is connected to new provider. If consumer needs assistance Case Manger goes with the consumer to the appointment. Transition between Providers-Staff were identified in each cite in order to make a smooth transition between providers. The identified staff requests appointment for the consumer wanting to transfer. After the consumer follows up with new provider the referring provider discharges case on their end.
MHB Committee Participant(s) Comments: The ASIC Committee has faltered some with membership attendance and leadership direction. This can be traced in part to the new job opportunity pursued out-of-county by the VAIC Clinic director and interim guidance by staff. The Mental Health Department continues active recruiting for a replacement fulltime Clinic Director for the Visalia Adult Integrated Clinic (VAIC), which could help.		

Committee/Workgroup Name:	**Older Adult System of Care (OA SOC) Sub-Committee of ASIC**
Facilitator:	Alisa Huff, Psy.D.
Time Period Reporting:	2017
Committee/Workgroup Purpose/Goal:	To develop, promote, and support a system of care that can meet the unique needs of the older adult population.

Objectives developed and worked on during this time period

1) Identify 1 or 2 unique needs of the older adult population in Tulare County.

2) Propose solutions to the 1 or 2 identified unique needs.

Accomplishments for this time period

Objectives Completed	Date Completed	Result
1	April 2017	Two primary needs continue to be identified, transportation and volunteers. An additional need identified was the need for one point of contact for seniors to be able to access a list of resources that are senior specific.
2	June 2017	The subcommittee proposed the solution that Tulare County 211 update their website and app to include a specific section devoted to resources for seniors.

MHB Sub-Committee Participant(s) Comments: This committee has good interagency representation and functions well under the direction of TCMH Lead Psychologist Dr. Huff. There is good cross-fertilization with Kings/Tulare Area Agency on Aging with administration and Advisory Council representstion from K/T AAA also welcomed and participating in the Mental Health Older Adult subcommittee.

Committee/Workgroup Name:	**Housing Workgroup of ASIC**
Facilitator:	Casie Ennis, LMFT
Time Period Reporting:	2017
Committee/Workgroup Purpose/Goal:	Building and strengthening partnerships through meetings and training with community Room & Board and Board & Care owners and operators working with our consumers, and encourage expansion of safe and affordable housing options for individuals with mental illness

Objectives developed and worked on during this time period

1. Continue to build and develop relationships with local room and board operators. Facilitate quarterly R&B luncheons and maintain comprehensive housing list
2. Develop relationships with community organizations that would be helpful resources for consumers in local R&Bs.
   -Will invite to workgroup United Way (Veronica White), Tulare Kings Homeless Alliance (Michelle), Shelters
   -Presentations for workgroup to be requested (housing authority, code enforcement, local shelters, SPCA)
3. Invite and organize more services and resources into housing

Accomplishments for this time period

Objectives Completed	Date Completed	Result
Ongoing	N/A	Quarterly luncheons continue to be scheduled for housing providers. Currently the group is tackling ideas to boost attendance from operators. A comprehensive housing list has been created and will be updated quarterly. Presentations and trainings provided to the Housing operators during calendar year 2017 have included the following: • Project Homeless Connect: Services and Resources Available (Jan, 2017) • Psychiatric Emergency Team: Crisis Team's Roles and Responsibilities (Apr, 2017) • Suicide Prevention Task Force: Community Awareness and Prevention of Suicide (July, 2017) • Hepatitis A Prevention (Information provided by Dr. Minnick with Tulare County Public Health, planned for Nov 2017)
Ongoing	N/A	PATH, Tulare Kings Homeless Alliance, and Visalia Rescue Mission now participate in the workgroup. BART recently presented on methadone treatments. As a result, the group was able to discuss methods to address 5 consumers recently being barred from housing options/programs due to BART services. The BART director has agreed to oversee the completion of forms that PATH needs to complete housing plans for an individual. The BART director also shared with the VRM director current drug testing options which can differentiate between methadone and opiates. This would allow VRM to house individuals receiving methadone treatments.

		Presentations to Workgroup include: • PATH Services • CSET Resources and Services • BART: Methadone Treatment • Hepatitis A and Homelessness (Information provided by Dr. Minnick from Tulare County Public Health)
Ongoing	N/A	Autumn Oaks, B&C in Porterville, is provided with the following services: • Weekly group therapy onsite • Weekly rehabilitation groups onsite • Weekly individual therapy as needed onsite • Weekly individual rehabilitation sessions as needed onsite • B&C staff consultations (including medication questions concerns) weekly • Nurse Practitioner, from the Exeter clinic, provides consultations onsite biweekly • Clinical staff attend Halloween and Holiday celebrations onsite PAC staff will be sharing best practices with the Housing Workgroup regarding how to effectively offer and schedule services at a B&C. Planned services for other housing sites throughout Tulare County will be modeled after the collaboration of PAC and Autumn Oaks. As new case managers and peer support specialists are hired and fulfill the staffing needs to accomplish these collaborative services, plans will move forward at housing sites in Visalia.
MHB Sub-Committee Participant(s) Comments: Ms. Ennis was specifically mentioned for high praise by an attending MHB member. She recently accepted an out-of-county position just as a promising interagency collaborative education-communication approach had been initiated. Ideally her replacement can continue the general direction of increased education and joint problem-solving approaches.		

Committee/Workgroup Name:	**Substance Use Disorder (SUD) Workgroup of ASIC**
Facilitator:	Forrest Mc Lean, EJD and Omar De Leon – HHSA AOD
Time Period Reporting:	2017
Committee/Workgroup Purpose/Goal:	To discuss strategies and implementations plans on ways to mitigate the harm caused to programs by consumers suffering from active substance use disorders and to improve outcomes.

Objectives developed and worked on during this time period

1. The develop a standardized definition of what qualifies a consumer as experiencing a Co-Occurring Disorder (COD).
2. To improve the identification and tracking of COD consumers within the MHP's electronic health records system.
3. To increase the number of mental health consumers identified as experiencing a co-occurring disorder to AOD for SUD treatment over the last fiscal year.

Accomplishments for this time period

Objectives Completed	Date Completed	Result
The develop a standardized definition of what qualifies a consumer as experiencing a Co-Occurring Disorder (COD).	July, 2017	It was determined that a consumer will be identified as having a co-occurring disorder when meeting the criteria found within any of the substance use disorder criteria outlined within the DSM 5. There is one exception to this determination. Even if a consumer has not used in over 12 months (which the DSM considers to be in remission) but the consumer experiences craving or is in fear of relapse, the consumer will qualify for COD services.
Objectives 2 and 3 described above in progress.		

MHB Sub-Committee Participant(s) Comments: This group has worked diligently toward a reconfigured, combined substance abuse-mental health collaborative approach. New medical records protocols for a different billing and treatment collaboration approach likely will be ongoing.

Committee Name:	**Children's System Improvement Council (CSIC)**
Facilitator:	Betsy Ellis Unit Manager, Managed Care
Time Period Reporting:	2017
Committee Purpose/Goal:	Oversee Children's System of Care to ensure accessible, timely, quality services with positive outcomes.

Objectives developed and worked on during this time period

1. Review tools and reports to identify or develop one's that demonstrate a good and accurate clinical picture of the Children's System of Care
2. Identify and discuss issues within the children system of care

Accomplishments for this time period

Objectives Completed	Date Completed	Result
1.	6/2017 and ongoing	A dashboard was completed and is distributed to CSIC members monthly for review and feedback. Finalization of the dashboard is ongoing as we monitor outcomes for children's services. CSIC will continue to review the outcome tool (CANS) for future monitoring of program integrity.
2.	Ongoing	Various presentations were hosted to discuss topics and resources related to the children system of care: Feb 2017 – The Source, Mr. Poth March 2017 – Discussion of CSIC planning, Christi Lupkes May 2017 – CANS presentation, Ivan Rodrigues VYS, Fire Starter Prevention June 2017- Resource on Immigration Status, Michelle Cruz Sept 2017 – Children's Full Service Partnership Program (referral process), by April Dodd, County-Wide Trauma Informed Care Community Assessment, Betsy Ellis Oct 2017 – Identifying Bi-Polar in youth, Dr. Love & Crown Valley Ranch, Aaron Ernst

MHB Sub-Committee Participant(s) Comments: A foster parent MHB representative has attended these meetings, marveling at the collaborative, interdisciplinary resources, but also lamenting the needs (in particular of foster care children and youth) contrasted to current resources.

Committee/Workgroup Name:	**Transition Age Youth System of Care (TAY SOC) Sub-committee of CSIC**
Facilitator:	Yesenia Lemus & Juan Alvarez
Time Period Reporting:	2017
Committee/Workgroup Purpose/Goal:	To develop, promote and support a system of care that meets the unique needs of the Transitional Age Youth population.

Objectives developed and worked on during this time period

1. Preparing TAY for transition to life as an adult, including life skills and soft skills groups/classes.
2. Share knowledge of resources and services available to TAY
3. Increase number of TAY participants in WRAP

Accomplishments for this time period

Objectives Completed	Date Completed	Result
1. **Action for Objective 1**	In progress / Continuous	TAY subcommittee in collaboration with Wellness and Recovery Committee, CSET and TAY crossroads have initiated a group named PARTY-Peer Actively Reaching TAY Youth. This group of staff, volunteers, and stakeholders will collaborate with CSET to provide soft skill learning experience for TAY at TAY housing. The soft skills learning would include but not limited to, budgeting, cooking, laundry, basic car maintenance, job search etc. The first activity planning has begun; the planning will consist in developing a shopping list for dinner preparation at TAY housing. The cooking activity will show TAY shopping skills, using coupons, budgeting, cooking, cleaning.
2. **Action for Objective 2**	July 2017/ Continuous	Tino Lucero has presented to the TAY Committee on TAY resources housing programs and held a meeting at the Visalia Location in July. The presentation by Tino and open house tour in July provided TAY committee members (CWS, Stakeholder, Contractors) knowledge of TAY services that can be shared among other departments. CWS requested a TAY presentation be made at their location to inform a larger population of CWS staff. The TAY presentation at CWS is in the works.
3. **Action for Objective 3**	In progress	Working with Contract providers that have WRAP facilitators to reach out to TAY for WRAP groups. Also have been discussing with Mike Gates on possibility of partnering up with TP to have a WRAP facilitator training.

MHB Sub-Committee Participant(s) Comments: There has been worthwhile education on HIV/AIDS, “safe sex” and STD’s. Transitional Age Youth have had classes and instruction with cooking healthy meals, exercising (including home workout videos), seeking employment and applying to the local community college to complete GED. Staff-consumer trust is an issue with these younger adults. Committee decided upon quarterly meetings, cooperates well together, and full housing at available space as well as additional (supportive) housing are targeted.

Committee Name:	**Wellness and Recovery Committee**
Facilitator:	Kent Henry, Wellness & Recovery Manager; and Michele Cruz, Mental Health Services Act Manager
Time Period Reporting:	2017
Committee Purpose/Goal:	Oversee efforts to include wellness & recovery principles throughout system of care.

Objectives developed and worked on during this time period

1. Family Inclusion – Casie Ennis as lead
2. Peer Mentorship – Peer Support Specialists as lead
3. Community Education – Yesenia Lemus as lead

Accomplishments for this time period

Objectives	Activity	Date Completed	Result
1. Family Inclusion	Develop training information/tools	In progress	Casie Ennis, working with the Family Stakeholders Steering Committee, created the "Lunch and Learn" series, with the first session occurring in October 2017. The Family Handbook will be updated in 2018.
	Identify forms or tools for providers to track family/support system	In progress	Each mental health site will have someone designated as a family broker, to assist with identification of gaps for family information, and identify ways to improve services.
	Plan a Transitional Age Youth family event at Crossroads Housing Program	July 2017	The staff at Crossroads Housing hosted a July 4th barbeque, inviting family and support persons of the residents. The Crossroads staff intend to host another family and support person(s) event.
2. Peer Mentorship	Form a support group for working peers	In progress	The purpose of this group is to assist working peers with topics that impact them, such as handling work stress, and, if, when and how to self-disclose to an employer, etc. A group name was developed (Working Wise), and a location was being finalized, with time of day to be determined.
	Form a mentoring/support group for peers and Transitional Age Youth	In progress	The purpose of this group is to share experiences of mature peers and Transitional Age Youth peers, learning and teaching soft skills, as well as mentoring each other. A group name was developed (Peers Are Reaching TAY Youth, aka PARTY), and the CSET and Crossroads staff were working together to identify potential "mentors".

3. Community Awareness	Kaweah Delta Community Event	May 2017	Mental Health staff and programs participated via informational booths at the Kaweah Delta event.
	Kaweah Delta Staff Education Event	June 2017	The No Stigma Speakers Bureau presented to 15 Kaweah Delta staff as part of this initial event to bring awareness of mental health challenges and resources available to staff and consumers. There will be another presentation for Kaweah Delta staff in November 2017.
	Develop two to three new community outreach efforts to address	In process	Discussion and brainstorming took place at the September 2017 meeting among the entire committee. Several ideas were presented and the work group has been tasked to choose two to three to work on and implement for the coming year.
MHB Committee Participant(s) Comments:			

Mental Health Board Members do not attend or participate regularly on the Documentation Committee, Utilization Review Committee, Title 42/Compliance Committee, Medication Monitoring Committee or Policy and Procedure/Mental Health Management Committee. However, community members and interested MHB members participate on another notable group funded through Tulare County Mental Health Services Act, the Tulare/Kings Suicide Prevention Task Force (SPTF). A program synopsis is offered below by attending MHB member Kathy Farrell RN, whose MHB term ended 12/31/17 after eight years of dedicated service.

Tulare & Kings Counties Suicide Prevention Task Force: In 2007, public health officials noticed an increase in suicides in Tulare County and began an effort to establish a public/private partnership to study the issue of suicide and consider ways to educate the public and work toward suicide prevention. The passage of Proposition 63, the Mental Health Services Act, led to the possibility of funding for suicide prevention efforts at the local level. In 2009, the Tulare County Mental Health Services Act Prevention and Early Intervention (PEI) Plan was established with significant funding for the Tulare County Suicide Prevention Task Force (SPTF). Through regional collaboration, Kings County later joined in the effort. While the initial level of PEI funding has decreased over time, the SPTF budget for fiscal year 2016/17 is currently $335,000 Tulare County PEI and $150,000 Kings County PEI.

The Task Force meets four times a year in Tulare County and twice a year in Kings County. Members include representative from both counties involved in health, mental health, education, law enforcement, and community service providers.

In 2015/16 The SPTF engaged a facilitator to develop a strategic plan. From that plan several subcommittees were established: Medical Screening, Data Review, Community Engagement and Involvement and Intervention Oversight.

Meetings Ms. Farrell has attended "included brief presentations, review of budget, committee reports and discussion about LOSS team and attendance at conferences in other states. The presentations were about Understanding and Supporting Older LGBT Adults by an SPTF member and LGBT Cultural Sensitivity Training by Equality California. The Medical Screening Committee has been inactive. The Data Review Committee reported 29 suicides in Tulare County and 9 in Kings County January to September of 2016. The Community Engagement and Intervention Committee disseminated national guidelines for media reporting of suicide. The Intervention Oversight Committee reported on AB2246 suicide prevention policies being developed in schools.

A fundraising subcommittee was established in July. SPTF can receive designated donations through Friends of Tulare County, a 501(c)3 non-profit organization.

The goals of the Suicide Prevention Task Force are:

1. Promote public awareness that suicide is a preventable public health problem
2. Improve and expand surveillance systems
3. Promote effective clinical and professional practices
4. Develop and implement suicide prevention programs

Mental Health Board Procedural Changes/Evolving Relationships

The working relationship between the Mental Health Branch and the Mental Health Board by very nature must evolve. Employees are fulltime participants in the daily management and provision of direct services. Advisory board members "sample" a small fraction of all this by attending a limited number of committees and receiving summary overviews at monthly meetings. Staff typically may be long-term experts. Advisory board members might have lived experience, have family members with lived experience, be allied healthcare professionals themselves, or well-meaning and well-intentioned and interested, but potentially naïve community members. The differences between our two groups occur most notably with terminology, abbreviations and acronyms, and basic assumptions. The past year has seen several procedural changes and relationship gains.

1. Board members received helpful training on programs, acronyms, budget considerations, and pending legislative challenges at a first-ever annual Retreat. This was continued in 2017 and is scheduled yet again in 2018.
2. Board members are increasing sophistication and collaboration by regularly attending Branch committees, sub-committees, and workgroups, in addition to representation at the annual External Quality Review. This will continue with participation summaries provided by member at the Mental Health Board meetings for a more regular overview of Branch activities.
3. Mental Health Board presenters are challenged to convey complex information quickly and succinctly. The Mental Health Board now uses 3x5 index cards to note questions and allow uninterrupted presentations with more detailed answers and follow-up from presenters, when necessary.
4. Audience and Mental Health Board members have had communication challenges such as adequately hearing the exchange of Board business and presentations. This is now improved by the acquisition of a microphone and speaker system.
5. Collegiality is improved with Mental Health Board members representing Tulare County at California state levels, including sharing Tulare County "Best Practices" and resources such as the Tulare County Mental Health Board member manual. This has been augmented by actual site visits and supportive testimony before the Tulare County Board of Supervisors, the governing body of the Tulare County Mental Health Board.
6. The complicated business of the Branch requires ongoing presentations to and action by the Board of Supervisors, especially on fiscal matters. Some of the more "business-minded" members of the Mental Health Board have wished to be more knowledgeable about budgeting, expenditures, and fiscal activities of the Mental Health Branch. Staff now provide the weekly courtesy of forwarding action items agendas for the Board of Supervisors meetings, highlighting any Mental Health Branch considerations.
7. The Board intends to continue anlocally-developed Annual Report in order to continue to consult, confer, review, and plan together. Last year's eport also was forwarded to the CA Association of Local Behavioral Health Boards and Commissions

Respectfully submitted, 2016-2017, 2017-2018 Mental Health Board members, Spring 2018.

RESOURCES

NAMI: (800) 950-6264;
www.namitularecounty.org

Public Guardian/Conservator:
(559) 623-0650; (877) 657-3092

Family Advocate: (559) 624-7449;

Patient Advocate: (559) 624-7440;
(800) 905-5597

Grievances/Appeals: (800) 500-4465

Legal Aid: (559) 733-8770

Adult Protective Services: (559) 623-0651

Family Court Services:
(559) 730-5000 x 1300

My Voice Media Center: (559) 802-3266

Teen Line: (800) TLC-TEEN (858-8336)

Gay & Questioning Youth: (800) 712-3000;
thesourcelgbt.org (559)429-4277

Tulare County Warmline: 1-877-306-2413

Tulare County Crisis Hotline:
(800) 320-1616

2-1-1 Tulare County: dial 2-1-1

PATH Projects for Assistance in Transition from Homelessness: (559) 687-0920

Suicide Lifeline: (800) 273-TALK (8255) – Veterans press "1"

Homeless Veterans: (877) 424-3838, press "1"