



**Health & Human Services
Agency
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

KUYLER CROCKER
District One

PETE VANDER POEL
District Two

AMY SHUKLIAN
District Three

J. STEVEN WORTHLEY
District Four

MIKE ENNIS
District Five

AGENDA DATE: September 25, 2018 REVISED

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

CONTACT PERSON: Michele Cruz PHONE: 624-8000

SUBJECT: Submission of the Tulare County Health and Human Services Agency, Mental Health Branch Spending Plan for Funding Subject to Assembly Bill 114

REQUEST(S):
That the Board of Supervisors:

1. Authorize the approval for submission of the Tulare County Health and Human Services Agency, Mental Health Branch Spending Plan for Funding Subject to Assembly Bill 114 reversion; and
2. Authorize the Tulare County Health and Human Services Agency, Director of Mental Health and the County Auditor Controller to sign the County Certification and submit the Tulare County Mental Health Branch Spending Plan for Funding Subject to Assembly Bill 114 reversion to the Department of Health Care Services and Mental Health Services Oversight and Accountability Commission.

SUMMARY:
Assembly Bill (AB) 114 (Chapter 38, Statutes of 2017) became effective July 10, 2017. This bill amended portions of the Mental Health Services Fund (Welfare and Institutions Code Section 5890 etseq.) relating to the reversion of Mental Health Services Act (MHSA) funds, and implemented provisions concerning those funds subject to reversion as of July 1, 2017. Funds subject to reversion as of July 1, 2017, were originally distributed to counties from Fiscal Year (FY) 2005-06 through FY 2014-15, and were deemed to have been reverted and reallocated to the county

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of origin for the purposes for which they were originally allocated [WIC Section 5892.1 (a)].

The Department of Health Care Services (DHCS) issued Information Notice 17-059 which informed counties of the requirement to submit a plan to expend the reverted funds by July 1, 2020. The attached plan indicates Tulare County's intent to expend the funds subject to reversion. The DHCS requires that within 90 days counties submit this plan after review by the local Mental Health Board, and then subsequent review and approval by the Board of Supervisors. The plan was publicly posted on July 6, 2018. The Mental Health Board held a Public Hearing on August 7, 2018 and it was approved to move the plan forward to the Board of Supervisors.

While the plan lists seven (7) programs, the purpose of the plan is solely to illustrate the intent to spend. Each program would still need to complete the MHSA process (i.e., 30-day public posting, Public Hearing, include Mental Health Board review, Board of Supervisors approval, and Mental Health Services Oversight and Accountability Commission) before implementation.

FISCAL IMPACT/FINANCING:

The Board of Supervisors approved the acceptance of these MHSA Innovation component funds through the adoption of Mental Health Branch budgets for each fiscal year shown within the Spending Plan. There is no 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 MHSA Innovation programs contribute to that initiative by providing mental health services to underserved and unserved individuals in Tulare County.

ADMINISTRATIVE SIGN-OFF:



Timothy Dujick, Psy.D.
Director of Mental Health

cc: County Administrative Office

Attachment A - Tulare County Mental Health Branch Spending Plan for Funding Subject to Assembly Bill 114
Attachment B - Tulare County Reversion Certification

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

IN THE MATTER OF SUBMISSION OF THE)
TULARE COUNTY HEALTH AND HUMAN) Resolution No. _____
SERVICES AGENCY, MENTAL HEALTH)
BRANCH SPENDING PLAN FOR FUNDING) Agreement No. _____
SUBJECT TO ASSEMBLY BILL 114)

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

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

BY: _____
Deputy Clerk

* * * * *

1. Authorized the approval for submission of the Tulare County Health and Human Services Agency, Mental Health Branch Spending Plan for Funding Subject to Assembly Bill 114 reversion; and
2. Authorized the Tulare County Health and Human Services Agency, Director of Mental Health and the County Auditor Controller to sign the County Certification and submit the Tulare County Mental Health Branch Spending Plan for Funding Subject to Assembly Bill 114 reversion to the Department of Health Care Services and Mental Health Services Oversight and Accountability Commission.

Tulare County Mental Health Branch

Spending Plan for Funding subject to AB 114

What is AB 114?

Assembly Bill (AB) 114 (Chapter 38, Statutes of 2017) became effective July 10, 2017. The bill amended certain Welfare and Institutions Code (WIC) Sections related to the reversion of MHSA funds. AB 114 implemented provisions concerning funds subject to reversion as of July 1, 2017. Funds subject to reversion as of July 1, 2017, were deemed to have been reverted and reallocated to the county of origin for the purposes for which they were originally allocated (WIC Section 5892.1 (a)). Funds that could be subject to reversion as of July 1, 2017, were distributed to counties from Fiscal Year (FY) 2005-06 through FY 2014-15. The following is a plan to spend these funds by June 30, 2020.

Amount subject to reversion by year

	CSS	PEI	INN	Total
FY 2005-06	\$ -			\$ -
FY 2006-07	\$ -			\$ -
FY 2007-08	\$ -	\$ -		\$ -
FY 2008-09	\$ -	\$ -	\$ -	\$ -
FY 2009-10	\$ -	\$ -	\$ -	\$ -
FY 2010-11	\$ -	\$ -	\$2,162,091	\$2,162,091
FY 2011-12	\$ -	\$ -	\$686,506	\$686,506
FY 2012-13	\$ -	\$ -	\$300,307	\$300,307
FY 2013-14	\$ -	\$ -	\$198,614	\$198,614
FY 2014-15				
Total	\$ -	\$ -	\$3,347,518	\$3,347,518

Spending Innovation Plan

While projects continue to be in various stages of development and vetting for initial qualification as an Innovation project, Tulare County Mental Health Branch would like to seek broader public input on the following potential Innovation projects that seek to advance public mental health services throughout the county.

1. Connectedness 2 Community (C2C)

Project Description: Connectedness 2 Community (C2C) will explore an innovative approach to foster a partnership between the mental health providers and community leaders and cultural brokers throughout Tulare County. Tulare County seeks to educate mental health professionals, cultural brokers and staff on the importance of incorporating consumer cultural traditions and practices into traditional mental health treatment services for a diverse, multi-ethnic population.

The community has expressed via the Community Planning Process feedback that while they feel mental health providers are representative of the various ethnicities within Tulare County, they desire to work with providers who are sensitive to their specific culture while also understanding the cultural traditions and manners that impact them. Additionally, this will lead to stigma and discrimination reduction by providing an opportunity for community leaders and cultural brokers to become better informed about mental health, diagnoses, and wellness and recovery.

Primary Purpose: Education and collaboration among and between cultural brokers and community leaders and TCMH to provide quality services that effectively reach Tulare County unserved, underserved, and inappropriately served populations.

Qualifies as an Innovative Project: Introduces a new application to the mental health system of a promising community-driven/approach or a practice/approach that has been successful in a non-mental health contexts or settings.

Population to be targeted: Current and future mental health consumers, family members and caregivers, Tulare County Mental Health staff and community providers,

Goals or objectives of project: The collaboration with community leaders and cultural brokers to expand cultural knowledge and sensitivity among providers will bridge a pathway for unserved, underserved, and inappropriately served mental health consumers to increase their participation and seek treatment.

Estimated Project Length: Proposed as a five (5) year project

Estimated Annual Budget: Years 1 & 2, \$1,320,000

Total Estimated Budget: Over 5 years-MHSA INN only: \$3,809,175

2. College On-Campus Kiosk PEI Outreach, Trauma Prevention and FEP Intervention

Project Description: While students are embarking on the first step of the rest of their lives, this is also the first time they are faced with anxiety and stress and many display unexplained depression. The pressures of college life can be overwhelming to college students who were not prepared for the new expectations and standards. Some young adults have made the decision to attend college as a way succeed beyond their childhood trauma, but many have not been provided with the proper tools to effectively address this personal trauma. Research has shown that young adults will experience their first episode psychosis by age 25.

College on-campus kiosk program will allow students to participate in a simple non-disclosing survey to determine if they are experiencing an early onset of mental illness and symptoms. Additional locations such as vocational schools, adult schools and other institutions of higher learning will be explored.

Primary Purpose: To provide college students with a simple, voluntary way to recognize and

determine if they are experiencing mental health symptoms or are struggling with ways to cope in a higher education environment

Qualifies as an Innovative Project: Introduces a new application to the mental health system of a promising community-driven/approach or a practice/approach that has been successful in a non-mental health contexts or settings.

Population to be targeted: TAY youth, college students, up to age 25.

Goals or objectives of project: The goals and objectives of the program are to: reduce mental health stigma so individuals are more willing/receptive to accessing services, reduce the number of untreated cases of depression or other mental health disorders/problems or reduce symptoms experienced, to increase peer to peer support opportunities, increase availability of resources related to suicide, drug/alcohol abuse, depression, increase opportunities for self-regulation regarding stressors, increase awareness/access to depression screening, increase knowledge of suicide warning signs and referral points, enhance communication and intervention skills and increase the use of technology, social media to support at risk students.

Estimated Project Length: Proposed as a five (5) year project

Estimated Annual Budget: Years 1 & 2, \$595,000,

Total Estimated Budget: Over 5 years-MHSA INN only: \$1,630,000

3. Community Housing Mental Health Screening

Project Description: Tulare County is largely a rural area, with many small isolated communities being disconnected from basic mental health services due to lack of public or private transportation. The community housing mental health screening program is designed to reach those hard-to-reach locations through outreach and engagement, and providing general mental health screening and education. The project will provide not only mental health resources but will address basic needs with the "whole person" approach. Through our collaborative partnerships with community-based organizations, this program will prove to be a grassroots outreach education opportunity to provide mental health screenings and resources in those isolated communities where residents can easily assess services.

Primary Purpose: To conduct on-site mental health screening in rural and hard to reach community areas, where constituents do not have reasonable access to transportation to participate in mental health services.

Qualifies as an Innovative Project: Introduces a new application to the mental health system of a promising community-driven/approach or a practice/approach that has been successful in a non-mental health contexts or settings.

Population to be targeted: All county constituents, specifically those located in rural, hard to

reach areas

Goals or objectives of project: The goal of this program is to engage residents to participate in mental health screenings during a health fair outreach events, incorporating on the focus of “whole person” wellness care.

Estimated Project Length: Proposed as a five (5) year project

Estimated Annual Budget: Years 1 & 2, \$800,000

Total Estimated Budget: Over 5 years-MHSA INN only: \$1,679,860

4. A Parent Early Intervention Training Program

Project Description: Over 143,000 children live within Tulare County. Many of these children’s lives have been affected by life altering events like poverty, addictions, homelessness, abuse, and crime. These incidences can stunt the social and emotional development of young children and leave them without the familial support they need. It is not uncommon for children who are afflicted by traumatic events to have parents, and even grandparents, that have had similar experiences, thus making it a generational trauma. Parents play the most important role in their child’s development.

Social and emotional deficiencies in young children are directly linked to problematic behaviors that can evolve and intensify well into adolescence and adulthood. Parent training has been evaluated as a treatment of children's behavior problems in numerous studies. Most of these studies have been conducted with families of children between three and twelve years of age. Children in these families showed a variety of conduct problems, including failure to obey their parents, temper tantrums, stealing, lying, and fighting. Studies have consistently shown parent training to be effective for reducing these behavior problems.

Additionally, these reductions in conduct problems have been shown to last years after treatment has ended. Some studies have also shown parent training to be valuable for the treatment of Attention-Deficit/Hyperactivity Disorder, Anxiety, Depression, Developmental and Intellectual Disabilities, and Autism (Association for Behavioral and Cognitive Therapies, 2016).

Parent training, or family-based interventions, are gaining momentum as a way to counteract maladaptive behaviors in young children while providing lasting tools for parents to use with their children.

Primary Purpose: The goal of the Parent Early Intervention Training Program is to increase our parent involvement from the start of their child’s education journey with early intervention tools and support. The Parent Early Intervention Training Program will: increase resiliency in families while providing realistic applicable parent training, increase consistency in both the child’s home and school environment, increase awareness and/or access to community resources and increase positive communication as parents grow their families.

Qualifies as an Innovative Project: Introduces a new application to the mental health system of a promising community-driven/approach or a practice/approach that has been successful in a non-mental health contexts or settings.

Population to be targeted: Adults, parents and care givers of school aged youth

Goals or objectives of project: To provide a training program that teaches parents and adult care givers multiple strategies to increase their child's social skill development, increase their participation in their child's school program, and reduce their child's maladaptive behaviors.

Estimated Project Length: Proposed as a five (5) year project

Estimated Annual Budget: Years 1 & 2, \$720,000,

Total Estimated Budget: Over 5 years-MHSA INN only: \$1,800,000

5. Metabolic Syndrome Project

Project Description: The Metabolic Syndrome Project will target Visalia Adult Integrated Clinic's mental health consumers with the highest risk, those on injectable medication, and integrate a physical health element to their treatment. After their medication appointments, consumers will be screened for behavioral risk factors and medical conditions associated with metabolic syndrome. VAIC medical staff and the consumer's primary care provider will develop a collaborative treatment plan. A community health educator will also provide intervention and ongoing assessments related to modifiable health behaviors associated with metabolic syndrome, such as nutrition, physical activity, tobacco use, etc. This innovation project seeks to decrease negative health factors and increase life expectancy in the target population, thus improving overall mental health. The integration between Mental Health and Public Health model will foster collaboration between the two systems and increase education across disciplines.

Primary Purpose: The goal of the program is to identify individuals with risk factors associated with metabolic syndrome, and provide medical and behavioral interventions to improve long-term outcomes such as decreased morbidity, negative health factors, and increased life expectancy in these individuals.

Qualifies as an Innovative Project: Introduces a new application to the mental health system of a promising community-driven/approach or a practice/approach that has been successful in a non-mental health contexts or settings.

Population to be targeted: Current mental health clients who are enrolled at Visalia Adult Integrated Clinic.

Goals or objectives of project: This innovation project seeks to decrease negative health factors and increase life expectancy in the target population, thus improving overall mental health. The

integration between Mental Health and Public Health model will foster collaboration between the two systems and increase education across disciplines.

Estimated Project Length: Proposed as a five (5) year project

Estimated Annual Budget: Years 1 & 2, \$567,556

Total Estimated Budget: Over 5 years-MHSA INN only: \$1,382,734

5. Foster Youth Transition to Adulthood Program

Project Description: Youth who are transitioning to adulthood need to have well developed self-esteem and self-efficacy skills that equip them to manage relationships in multiple contexts, including education and employment settings, as well as with friends and family members.¹ Often, youth in the foster care system have lived through multiple traumas and disruptive events by the time they begin their transition to adulthood. This can include abuse and/or neglect, multiple foster home placements, lack of continuity in education, and an array of losses of relationships (e.g., friends, family, and/or siblings). Their life experiences can create additional problems resulting in mental illness, substance abuse problems, and a lack of confidence. These challenges impact the emotional and social development of foster care youth as they transition into adulthood.

Research on the developing brains of adolescents and young adults points to the importance of understanding the “vulnerability of teens, and the significance of this stage” (National Institute of Mental Health 2011) and highlights the importance of positive, supportive relationships in the context of the continuing development of the adolescent brain. Ideally, foster youth should have a place to call home upon emancipation from the child welfare system, with connections to caring adults who can provide support, including helping them access necessary resources and services. But with youth aging out opting out of transition services, or returning to their families where they experienced dysfunction, many fall through the safety nets that were in place to support their healthy transition, and find themselves homeless without access to care within 18 months.

Primary Purpose: To address risk factors that contribute to the mental health of foster youth and align efforts to promote positive mental health and prevent or minimize mental health problems as they become adults.

Qualifies as an Innovative Project: Introduces a new application to the mental health system of a promising community-driven/approach or a practice/approach that has been successful in a non-mental health contexts or settings.

Population to be targeted: TAY youth and young adults up to age 25.

Goals or objectives of project: This innovation project seeks to instill tools that youth can use, despite the challenges of currently being in the foster care system and possibly experiencing mental health distress. Youth can successfully navigate the challenges that they experience with treatment, peer and professional supports and services, and social support network.

Estimated Project Length: Proposed as a five (5) year project

Estimated Annual Budget: Years 1 & 2, \$900,000

Total Estimated Budget: Over 5 years-MHSA INN only: \$ 2,250,000

Expenditure Item	Years To Be Spent	Individual Project Amount
<i>Connectedness 2 Community (C2C)</i>	FY 2018-2019 & FY 2019-2020	\$1,320,000
<i>College On-Campus Kiosk</i>	FY 2018-2019 & FY 2019-2020	\$595,000
<i>Community Housing Mental Health Screening</i>	FY 2018-2019 & FY 2019-2020	\$800,000
<i>Parent Early Intervention Training Program</i>	FY 2018-2019 & FY 2019-2020	\$720,000
<i>Metabolic Syndrome</i>	FY 2018-2019 & FY 2019-2020	\$567,556
<i>Foster Youth Program</i>	FY 2018-2019 & FY 2019-2020	\$900,000
Total		\$ 4,902,556

MHSA COUNTY REVERSION CERTIFICATION

County/City: Tulare FY: 2018/2019

Local Mental Health Director Name: Timothy Durick, Psy. D. Telephone Number: 559-624-8000 E-mail: TDurick@tularehhsa.org	County Auditor-Controller / City Financial Officer Name: Cass Cook Telephone Number: 559-636-5200 E-mail: CCook1@co.tulare.ca.us
Local Mental Health Mailing Address: Tulare County Health & Human Services Agency 5957 South Mooney Boulevard Visalia, CA 93277	

I hereby certify that the Adjustments Worksheet is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached Appeal Worksheets are true and correct to the best of my knowledge.

Local Mental Health Director (PRINT)

Signature

Date

I hereby certify that for the fiscal year ended June 30, 2018, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 20, 2017 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

County Auditor Controller / City Financial Officer (PRINT)

Signature

Date