Health & Human Services Agency
COUNTY OF TULARE
AGENDA ITEM

AGENDA DATE: February 26, 2019

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 ☒
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 signature line for Chairman is marked with tab(s)/flag(s)	Yes ☐	N/A ☒

CONTACT PERSON: Michele Cruz PHONE: 624-8000

SUBJECT: Submission of the Tulare County Mental Health Services Act Annual Update Plan for Fiscal Year 2018/2019

REQUEST(S):

That the Board of Supervisors:

1. Authorize the submittal of the Mental Health Services Act Annual Update Plan for Fiscal Year 2018/2019, retroactively from July 1, 2018, to the Department of Health Care Services and Mental Health Services Oversight and Accountability Commission. It was impracticable for the Board to take action prior to July 1, 2018 due to the time needed to process, prepare, and submit the Annual Update;

2. Find that the Board had authority to enter into the proposed Annual Update Plan as of July 1, 2018 and it was in the County's best interest to enter into this plan on that date; and

3. Authorize the Tulare County Director of Mental Health and Tulare County Auditor-Controller to sign the County's Certification documents.

SUMMARY:

California voters approved Proposition 63, the Mental Health Services Act (MHSA), in November 2004. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the County mental health system.

On February 6, 2018, Resolution No. 2018-0100, the Tulare County Board of Supervisors approved the MHSA Three-Year Integrated Program and Expenditure

Plan for Fiscal Years 2017/2018 through 2019/2020. In addition, Tulare County is required to submit an annual update to this three-year program and expenditure plan for all MHSA components, per the Welfare and Institutions Code section 5487(a). The MHSA Annual Update Plan includes all five components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities and Technology (CFT), and Innovations (INN).

This Annual Update Plan outlines the continued use of programs and collaborations that improve the ability of the Tulare County Department of Mental Health to effectively fulfill the objectives of the existing CSS, PEI, WET, CFT, and INN approved plans. It is estimated that a minimum of 24,732 individuals and families will be served via these programs, including direct mental health services, outreach events, prevention efforts, and early intervention services.

A 30-day public review and comment period was held from December 5, 2018, through January 3, 2019, during which time the Annual Update Plan was available to the public on the Tulare County Health & Human Services Agency website. A public hearing was held on January 8, 2019, and there was one public comment, which has been incorporated into the Plan. The Tulare County Mental Health Board approved the Annual Update Plan with revisions on January 8, 2019 for submission to the Tulare County Board of Supervisors.

FISCAL IMPACT/FINANCING:

There are no fiscal changes being made to the Fiscal Year 2018/2019 adopted budget. There is no additional net cost to the County General Fund.

The Fiscal Year 2018/2019 MHSA Adopted Budget includes all five components:
$25,516,369 - CSS (which includes CSS, WET, and CFT),
$ 4,614,699 - PEI, and
$ 372,521 - INN
$30,503,589 - Total MHSA for Fiscal Year 2018/2019

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 programs contribute to that initiative by providing mental health services to otherwise underserved and unserved individuals in Tulare County.

ADMINISTRATIVE SIGN-OFF:

Timothy Durick, Psy.D.
Director of Mental Health

SUBJECT: Submission of the Tulare County Mental Health Services Act Annual Update Plan for Fiscal Year 2018/2019

DATE: February 26, 2019

Cc: County Administrative Office

Attachment(s) Tulare County Mental Health Branch-Mental Health Services Act Annual Update Fiscal Years 2018/2019

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

IN THE MATTER OF SUBMISSION OF THE TULARE COUNTY MENTAL HEALTH SERVICES ACT ANNUAL UPDATE PLAN FOR FISCAL YEAR 2018/2019) **Resolution No. _____**
) **Agreement No. _____**

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: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

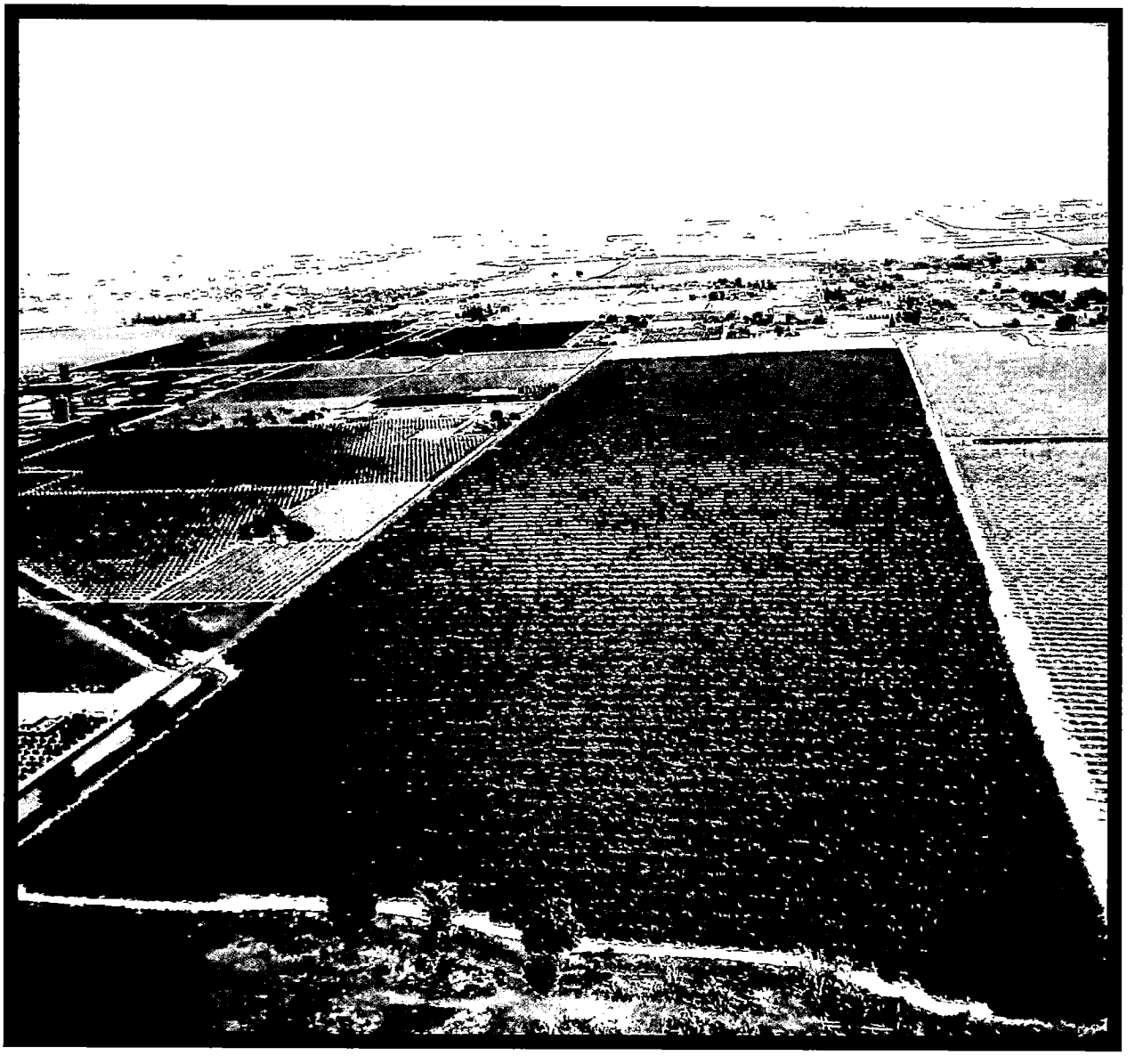
BY: _____
Deputy Clerk

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

1. Authorized the submittal of the Mental Health Services Act Annual Update Plan for Fiscal Year 2018/2019, retroactively from July 1, 2018, to the Department of Health Care Services and Mental Health Services Oversight and Accountability Commission. It was impracticable for the Board to take action prior to July 1, 2018 due to the time needed to process, prepare, and submit the Annual Update;

2. Found that the Board had authority to enter into the proposed Annual Update Plan as of July 1, 2018 and it was in the County's best interest to enter into this plan on that date; and

3. Authorized the Tulare County Director of Mental Health and Tulare County Auditor-Controller to sign the County's Certification documents.



Tulare County Mental Health Branch
Mental Health Services Act
Annual Update
Fiscal Year 2018/2019

HHSA
Mental Health

WELLNESS • RECOVERY • RESILIENCE

TULARE COUNTY MENTAL HEALTH SERVICES ACT FISCAL YEAR 2018/19 ANNUAL UPDATE TO THE THREE-YEAR INTEGRATED PROGRAM AND EXPENDITURE PLAN (CSS, PEI, WET, CFT, INN)

COUNTY COMPLIANCE CERTIFICATION

County: **Tulare**

County Mental Health Director	**Project Lead**
Name: Timothy D. Durick, Psy.D.	Name: Michele Cruz
Telephone Number: 559-624-8000	Telephone Number: 559-624-8000
E-mail: TDurick@tularehhsa.org	E-mail: MCruz2@tularehhsa.org
Mailing Address: Tulare County Health & Human Services Agency 5957 South Mooney Boulevard Visalia, CA 93277	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on January 2019.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant. All documents in the attached annual update are true and correct.

_____ _____

Mental Health Director/Designee (PRINT) Signature Date

County: Tulare

Date: _____

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: **Tulare** Three-Year Program and Expenditure Plan

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

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report 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. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is 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 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 (PRINT) Signature Date

Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

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EXECUTIVE SUMMARY

The Mental Health Services Act

California voters approved Proposition 63, the Mental Health Services Act (MHSA), in November 2004. Through MHSA, the State Department of Health Care Services (DHCS) can provide increased funding, personnel, and other resources to support County mental health programs and monitor progress toward statewide goals for children and youth, adults, older adults, and families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the system.

Tulare County is required to submit an annual plan update for all MHSA Components that have a previously approved three-year program and expenditure plan, per the Welfare and Institutions Code section 5487(a). All five MHSA components were included in the approved Three-Year Integrated Program and Expenditure Plan for Fiscal Years 2017/2018 through 2019/2020. Therefore, this fiscal year's MHSA Plan Update includes information on all five components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities and Technology (CFT), and Innovations (INN). Note that WET and CFT one-time allocation of funding concluded in FY 17/18 therefore, all programs and projects attached to those two are being sustained through alternate, appropriate funding sources as noted within the plan.

Changes to the FY 17/18 – 19/20 Three-Year Plan

This Plan Update includes the continued use of programs and collaborations that improve the ability of the Tulare County Mental Health Branch to effectively fulfill the objectives of the existing CSS, PEI, WET, and CFT approved plans. No significant changes were made to the previously approved plans or plan updates under which the CSS programs operate, however, WET and CFT have expended their 10-year funds as of the end of fiscal year 2016/2017. The programs that fall under WET and CFT now receive funding through the CSS allotment.

The INN component has two proposed programs, Connectedness 2 Community and Metabolic Syndrome Pilot Project, moving through the approval process. The AB 114 Reversion Plan which includes only proposed Innovation program concepts was approved by the Mental Health Board on August 7, 2018, and the Board of Supervisors on September 25, 2018. These proposed concepts for Innovation programs are being developed. The AB 114 Reversion Plan is included within this update under the INN component.

PEI programs have new regulations and state-defined titles for the programs per Welfare and Institutions Code section 5840. Previously, there were three state-defined PEI programs and now there are six (see table below). The PEI programs have not changed, but are now grouped under these new titles within this update. In addition to the new titles and groupings, there are three (3) strategies that also must be addressed within each program. These strategies are listed in the table below.

Previous Program Titles	Current Program Titles	Strategies to Address
Prevention Universal	Prevention	Access to Services for Underserved Populations
Prevention Selective	Early Intervention	Improving Timely Access to Underserved Populations
Early Intervention	Stigma and Discrimination Reduction	Strategies that are Non-Stigmatizing and Non-Discriminatory
	Outreach for Increasing Recognition of Early Signs of Mental Illness	
	Access and Linkage to Treatment	
	Suicide Prevention	

New Regulations

Effective July 1, 2018

Prevention and Early Intervention and Innovation reporting requirements were amended effective July 1, 2018, to revise the due dates as well as to clarify demographic reporting requirements for children or youth under 18 years of age.

The reports due to the state for PEI include an "Annual PEI Report" and a "Three-Year PEI Evaluation Report". The reports due to the state for INN include an "Annual Innovation Project Report" and a "Final Innovation Report". These new regulations allow for the Annual PEI Report, the Three-Year PEI Evaluation Report, and any applicable Annual INN Project Reports to be submitted with either the MHSA Three-Year Program and Expenditure Plan or Annual Update. The first Three-Year PEI Evaluation Report is due to the state on June 30, 2019.

Effective January 1, 2020

In September 2018, Senate Bill 1004 was approved, enacting requirements on PEI programs and priorities effective January 1, 2020. The Mental Health Services Oversight and Accountability Commission (MHSOAC) is required to (1) establish priorities for the use of PEI funds, and (2) develop a statewide strategy for monitoring implementation of PEI services. As part of the bill, Section 5840.7(a) states the MHSOAC shall establish priorities for the use of PEI funds which include, but are not limited to, the following:

1) Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
2) Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
3) Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
4) Culturally competent and linguistically appropriate prevention and intervention.

5) Strategies targeting the mental health needs of older adults.
6) Other programs the commission identifies, with stakeholder participation that are proven effective in achieving, and are reflective of, the goals stated in Section 5840.

Counties may include other priorities as determined through stakeholder process, with a description of why those programs are included and the metrics by which the effectiveness of those programs is to be measured.

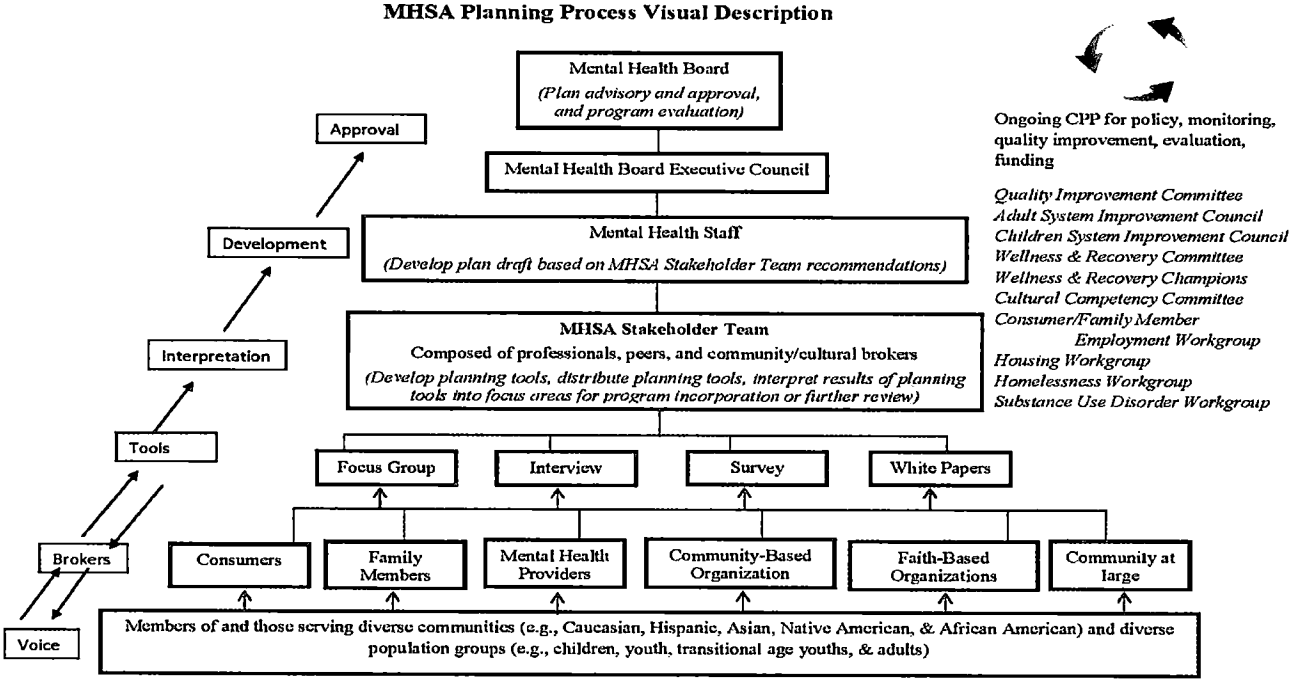
The MHSOAC is also tasked with establishing a strategy for monitoring implementation, providing technical assistance and support, and evaluation.

These state-determined priorities and strategies are forthcoming and will be discussed and developed through the ongoing community planning processes outlined in the figure below.

COMMUNITY PLANNING PROCESS

The Community Planning Process for the Tulare County Mental Health Services Act (MHSA) Fiscal Year 2018-2019 Integrated Plan Update was based on the previous Three-Year Plan (2017-2020) community planning process which is detailed within that plan. The planning process consisted of an inclusive process for consumers, family members, staff, agencies, specialty groups, and general community stakeholders. Feedback opportunities were offered through stakeholder meetings, focus groups, and surveys, as well as through a public hearing.

Additional and ongoing stakeholder feedback is provided during the year at various committees, which includes consumers, family members, providers, staff, etc. Those committees include but are not limited to the Adult System Improvement Committee, the Children's System Improvement Committee, and the Wellness & Recovery Committee.



In alignment with Welfare & Institutions Code § 5858, the MHSA Stakeholder Team consists of representatives from agency partners, consumers of mental health services, family members of consumers of mental health services, mental health providers, faith-based organizations, community-based organizations, and community/cultural brokers. Those invited included, but were not limited to: Division of Alcohol and Other Drugs (AOD); TulareWORKs; Aging and Veterans Services; Psychiatric Emergency Team; Health Services and Public Health Services;

Child Welfare Services; Lindsay Healthy Start; Cutler/Orosi Family Education Center; Family Resource Centers; Visalia Parenting Network; Central California Family Crisis Center (Porterville); Goshen Family Services; consumers of Mental Health Services from the Porterville Adult Clinic, Visalia Adult Integrated Clinic, Mobile Units, Transitional Age Youth Transitional Supportive Housing, and Adult Transitional and Permanent Supportive Housing; Mental Health Board members and Board of Supervisors members; Brooks Chapel (African Methodist Episcopal Church); Southern Baptist Church (Latino and Lahu Worship); Lighthouse Rescue Mission and Visalia Rescue Mission; Owens Valley Career Development Center (Porterville, Visalia, and Tule River Reservation); Visalia Police Department; Tule River Department of Public Safety; Tule River Tribal Council; First 5 Tulare County; Kings/Tulare Continuum of Care; Kaweah Health Care District Bridge Program; The Source LGBT+ Center; Trevor Project; and the Tulare County Office of Education.

Below is a summary of the main findings of the assessment from the MHSA Three-Year Plan, which continue to be focus areas for Tulare County Mental Health.

- The following main themes were derived from the 28 focus groups among 198 community members:
  - Knowledge of resources is improving but does not yet reach the wider community.
    - Spanish-speaking communities were less knowledgeable about available resources.
    - Individuals receiving services and their family members and support systems are more aware of the additional support services available, but not aware of how and where to access them.
    - Education within the schools, to reach parents, teachers and administrators, could assist with prevention and early intervention efforts, as well as stigma and discrimination reduction efforts.
  - Stigma surrounding mental health is slowly changing.
    - There is more understanding and acceptance that mental health is part of physical health and emotional well-being.
    - There seemed to be a shift from thinking that someone could be "cured", to acceptance, with education about the diagnosis, and ways to manage the symptoms.
  - Cultural awareness still presents as a barrier to accessing services.
    - While providers are representative of the various ethnicities within Tulare County, consumers and family members desire to work with providers who truly understand their experience, and are reflective of where they are in life.
  - Support is still necessary.
    - Family support differs between cultures.
    - Additional supports, such as groups, assist consumers with sobriety, parenting skills, and life skills, are valuable, however, participants expressed a desire for a change in tone and focus, offering some lightness and fun to the groups.

- The following were derived from the 884 surveys (756 in English and 128 in Spanish):
  - 52% of respondents or their family member have received mental health services in Tulare County.

- Although 40% of respondents stated there were no barriers in accessing services, appointment availability, lack of transportation, and difficulty finding a mental health professional s/he feels comfortable with were the top 3 noted barriers in accessing mental health services.
- Family Resource Centers, doctor's offices, and their homes were the top 3 places where people will likely access/use mental health programs and services.
- People would be more likely to access mental health programs if they were more aware of mental health programs/services, more educated on mental illness and health, and more engaged in mental health-related activities and programs in the community, per the top 3 selections by respondents.
- The top 3 places where respondents have looked for or received mental health information were the internet, word of mouth, and mental health provider.
- Homelessness and substance abuse were perceived as the top community needs related to mental illness, chosen by more than 50% of respondents for all surveys. Poverty, suicide, and unemployment were chosen by approximately 30% of respondents for all surveys.
- The Spanish survey respondents felt that the lack of resources and/or resource awareness was the greatest community need (38%), followed by substance abuse (32%) and poverty (31%). Overall, lack of resources or resource awareness was chosen by all respondents approximately 28%, along with isolation and untreated medical conditions.

➢ The following focus areas were developed by MHSA Stakeholders during the *Results and Recommendations Meeting* which occurred on September 7, 2017. These focus areas are a synthesis of the findings from the surveys and focus groups, and will be used to guide practice and program over the course of this three-year plan. These focus areas do not address every finding from the surveys and focus groups, rather they were developed as a reflection of main themes that are felt to be most pertinent when considering existing programs and practices within Tulare County Mental Health.

- Collaborating with partners such as Family Resource Centers and Tulare County Office of Education to increase the knowledge of available resources, reaching parents, teachers, and administrators.
- Increasing awareness of mental health programs within the Spanish-speaking community including prevention, early intervention, system of care, and supportive services.
- Continuing efforts toward cultural competence related to traditionally un/underserved cultures/ethnicities such as Native American, South East Asian, African American, and Monolingual Spanish that demonstrates awareness and sensitivity of cultural practices and beliefs to include subcultural differences, and how these practices and beliefs may impact mental health services. Additionally, begin to further efforts of

cultural competence related to staff reflecting the experience(s) of the individual consumer.

- Educational support groups tailored to families, and the traditionally un/underserved cultures/ethnicities such as Native American, South East Asian, African American, and Monolingual Spanish.

Over the last year, some of the efforts made to begin addressing these focus areas include:

- Community Education is an objective for the Wellness and Recovery Committee, and it is working to provide solutions for increasing knowledge of resources throughout the community as well as addressing continued stigma reduction efforts.

- The proposed Innovation project, Connectedness 2 Community, addresses the cultural competency related to traditionally un/underserved cultures and ethnicities through developing partnerships and collaborations with cultural brokers and community leaders.

- With the addition of the Porterville Wellness Center, family support and a wide variety of groups are being encouraged, developed, and implemented. In Fiscal Year 2018/2019, the Visalia Wellness Center renovation will be completed. The Request for Proposal will also have been completed, with the awarded vendor set to open for operations in Spring/Summer 2019.

The draft Tulare County MHSA Fiscal Year 2018-2019 Integrated Plan Update was circulated for 30 days for review and comment, via the County Health & Human Services Agency external website; notices posted in local newspapers; electronic copies emailed to stakeholders; with hard copies distributed upon request. The 30-day stakeholder review and public comment period took place from December 5, 2018 through January 3, 2019. A public hearing was then held during the Mental Health Board meeting on January 8, 2019. There was one (1) public comment received, correcting the number of attendees for the Walk with NAMI Tulare County event, which has been corrected in this document. One Mental Health Board member submitted comments and questions, which have been addressed via an email response. That response is included as Attachment 1.

COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

MHSA Community Services and Supports (CSS) funding is divided into three categories: Full-Service Partnership Funds (FSP), General System Development Funds (GSD), and Outreach and Engagement Funds (O&E).

FSP funding is used to provide intensive and comprehensive programs that provide treatment and supportive services. These services have a client and family centered philosophy geared toward achieving greater independence and living meaningful and productive lives.

GSD funding is used to enhance mental health programs, services, and supports for all clients and families, to change service delivery systems, and to build transformational programs and services.

O&E funding is used to finance activities that reach out to those populations that are currently receiving few or no mental health services.

On the following pages CSS programs will be briefly outlined, including data and outcomes where available.

ONE STOP CENTER

STATUS		New	X	Continuing
EMPHASIS	X	General (Non-FSP)	X	Full Service Partnership (FSP)
AGE GROUP	X	Children (0-15)		Adult (26-59)
	X	Transitional Age Youth (16-25)		Older Adult (60+)

Priority Population: Children/Youth and Transitional Age Youth who are underserved, at risk of out-of-home placement or justice system involvement, and/or diagnosed with a co-occurring disorder.

Program Goal: To deliver culturally competent, client/family-driven mental health services and supports that focus on wellness, support recovery and resilience, and provide an integrated service experience for consumers and families.

Program Description: The One Stop Centers provide an array of comprehensive mental health services for children and transitional age youth with severe and persistent mental illness or serious emotional disturbance, who are underserved, at risk of out-of-home placement, at risk of justice system involvement, or diagnosed with a co-occurring disorder. Services are provided in English and Spanish. The One Stop Centers are strategically located in North, Central, and South Tulare County in an effort to optimize outreach and engagement efforts. The program provides linkages and services consistent with CSS requirements through collaboration with other mental health service providers; health organizations and agencies such as Child Welfare Services and Alcohol and Other Drug Services; community-based organizations; and faith-based organizations. Services follow the MHSA philosophy with a focus on reducing ethnic and cultural disparities by requiring culturally and linguistically diverse program staff to make regular contact with education programs, local community organizations, and local schools to promote mental health and access to services.

Program Data: Fiscal Year 2016-2017 (*Data source: Provider data, Exhibit 6 Annual Summary FY16/17, OLGL Report 16/17*)

Age Group	# of FSP	# of GSD	# of O&E
Children/Youth (0-15)	5	332	1200
TAY (16-25)	73		
Adult (26-59)	3		
Older Adult (60+)	N/A		
TOTAL	**81**	**332**	**1200**
Total Served in Fiscal Year 2016-2017: 413 *(does not include O&E)*			
Total Estimated MHSA Funds = $1,829,606 **Total Cost Per Client = $4,430** *(Average for Total Costs and Total Served, and is not an accurate depiction of actual cost per client, as costs per client varies based on service utilization and FSP client-specific flex funding)*			

Are there any significant changes to program such as population to be served or services to be provided? No

MOBILE SERVICES

STATUS		New	X	Continuing
EMPHASIS	X	General (Non-FSP)	X	Full Service Partnership (FSP)
AGE GROUP	X	Children (0-15)	X	Adult (26-59)
	X	Transitional Age Youth (16-25)	X	Older Adult (60+)

Priority Population: Individuals from rural communities who are currently unserved or underserved and in need of mental health services.

Program Goal: To deliver services that are easily accessible; to focus on recovery, resiliency, and wellness; and to improve consumer quality of life.

Program Description: The Mobile Services program provides an array of comprehensive mental health services for all age groups with severe and persistent mental illness or serious emotional disturbance, who are traditionally un/underserved, are homeless or at risk of homelessness, those with co-occurring disorders, those at risk of criminal justice involvement, and those who are at risk of institutionalization. Mobile Services are characterized for their strategic mobility of services to decrease barriers in access to services seen in rural communities and with lack of transportation. The program provides education, linkages and services consistent with CSS requirements through collaboration with other mental health service providers; health organizations and agencies such as Child Welfare Services and Alcohol and Other Drug Services; community-based organizations; and faith-based organizations.

Services follow the MHSA philosophy with a focus on reducing ethnic and cultural disparities by requiring culturally and linguistically diverse program staff to make regular contact with local community organizations and local schools, and regular visits to local health fairs and community events to promote mental health and access to services.

Program Data: Fiscal Year 2016-2017 (*Data source: Provider data, Exhibit 6 Annual Summary FY16/17, OLGL Report 16/17*)

Age Group	# of FSP	# of GSD	# of O&E
Children/Youth (0-15)	2	359	1,228
TAY (16-25)	0		
Adult (26-59)	54		
Older Adult (60+)	3		
TOTAL	**59**	**359**	**1,228**
Total Served in Fiscal Year 2016-2017: 418 *(does not include O&E)*			
Total Estimated MHSA Funds = $1,686,052 **Total Cost Per Client = $4,033** *(Average for Total Costs and Total Served, and is not an accurate depiction of actual cost per client, as costs per client varies based on service utilization and FSP client-specific flex funding)*			

Are there any significant changes to program such as population to be served or services to be provided? No.

COUNTY FSP PROGRAM

STATUS		New	X	Continuing
EMPHASIS		General (Non-FSP)	X	Full Service Partnership (FSP)
AGE GROUP	X	Children (0-15)	X	Adult (26-59)
	X	Transitional Age Youth (16-25)	X	Older Adult (60+)

Priority Population: Individuals of all age groups served by a County or Contract MHP Provider who would be best served through intensive, frequent mental health services due to acuity and engagement barriers.

Program Goal: To deliver intensive, frequent culturally competent, client/family-driven mental health services and supports that focus on wellness, support recovery and resilience, and provide an integrated service experience for consumers and families.

Program Description: The Tulare County Full Service Partnership (FSP) services are currently provided at the Visalia Adult Integrated Clinic (VAIC) and Porterville Adult Clinic (PAC) for individuals age 18 and older, at Tulare Youth Services Bureau (TYSB) and Porterville Youth Services (PYS) for individuals under 18. Those FSP served through the one-stop centers and mobile units are reflected within those respective program descriptions in this MHSA Plan.

FSP services are for those individuals within the system of care who are identified as needing intensive, frequent mental health services due to acuity and engagement barriers. The County FSP program provides an array of comprehensive mental health services for individuals with serious emotional disturbance (SED) and severe and persistent mental illness (SMI) who are traditionally un/underserved, homeless or at risk of homelessness, experiencing co-occurring disorders, at risk of criminal justice involvement, and/or at risk of institutionalization. Services provided primarily include intensive case management along with individual, family and group therapy, medication services, and peer delivered services. Staff engage consumers in a multi-disciplinary process in order to determine how to best meet the consumers' needs from a broad approach focused on wellness, recovery, and resiliency. In addition, there are specialty FSP programs tailored to best meet the need of consumers who are experiencing unique challenges during their wellness and recovery journey.

Mental Health Court: The Mental Health Court (MHC) program functions as a diversion, in that for some defendants charged with non-violent offenses (and in some cases charged with felonies) the behavior or problem is more a product of mental illness than of criminality. This program provides eligible adult population with judicially supervised, community-based treatment plans, which includes the necessary guidance, encouragement, and treatment to assist the client in becoming healthy and successful. The Mental Health Court provides courts with resources to improve clients' social functioning and links clients to employment, housing, treatment, and support services, emphasizing continuing judicial supervision and the coordinated delivery of services. This includes specialized training of criminal justice personnel to identify and address the unique needs of offenders who were mentally ill, centralized case management, and continuing supervision of treatment plan compliance.

Assertive Community Treatment Team: The Assertive Community Treatment (ACT) Team, commenced January 2014 as an adaptation to the ACT evidence-based model, is an outreach-oriented, service delivery model providing intensive and frequent engagement to consumers who are experiencing extreme difficulty engaging into services. Services include intensive case management; group therapy; medication support services; co-occurring disorder services, provided through a multidisciplinary team; and family education and support services. It is the intent to continue to develop the ACT Team and services to more closely align with the ACT evidence-based model.

Program Data: Fiscal Year 2016-2017 (*Data source: Provider data, Exhibit 6 Annual Summary FY16/17, OLGL Report 16/17*)

Age Group	# of Individuals FSP*	# of Individuals GSD	# of Individuals O&E
Children/Youth (0-15)	101		
TAY (16-25)	168		
Adult (26-59)	514		
Older Adult (60+)	48		
TOTAL	**831**	**N/A**	**N/A**
Total Served in Fiscal Year 2016-2017: 831			
Total Estimated MHSA Funds = $4,670,092 **Total Cost Per Person = $5,620** *(Average for Total Costs and Total Served, and is not an accurate depiction of actual cost per client, as costs per client varies based on service utilization and FSP client-specific flex funding)*			

Are there any significant changes to program such as population to be served or services to be provided? No

SUPPORTIVE HOUSING

STATUS		New	X	Continuing
EMPHASIS		General (Non-FSP)	X	Full Service Partnership (FSP)
AGE GROUP		Children (0-15)	X	Adult (26-59)
	X	Transitional Age Youth (16-25)		Older Adult (60+)

Priority Population: Transitional Age Youth and Adults that are homeless or at risk of being homeless, and have a diagnosed mental illness and/or co-occurring disorder.

Program Goal: To provide supportive housing with integrated mental health and peer-facilitated services that promote independent living, self-sufficiency, and recovery, resiliency, and wellness.

Program Description: The Supportive Housing Program is comprised of three supportive transitional housing programs (TLC, CLC, and TAY Crossroads) and one permanent supportive housing program (ETAC) with the addition of two more permanent supportive housing programs in the city of Porterville and Tulare in 2018/2019. Transitional Supportive Housing programs are Full Service Partnership (FSP) programs.

Transitional Supportive Housing

Transitional Living Center: The Transitional Living Center (TLC) is a 53-bed licensed residential care facility that is operated by Tulare County Mental Health Department. The basic services provided at TLC include food; shelter; basic clothing; medication management; and transportation to psychiatric, medical, and other community services as needed. Augmented services include individual and group therapy, life skill groups in English and Spanish, recovery support meetings, peer support groups, Wellness and Recovery activities (exercise, internet access, art and social activities, Wellness and Recovery Action Planning, and NAMI functions). Additionally, TLC holds a monthly Family Dinner and Family Support Group to engage resident consumer families in the lives of the residents.

Community Living Center: The Community Living Center (CLC) provides a transitional housing option for adults with severe and persistent mental illness and is a more independent living setting for Transitional Living Center (TLC) residents in their movement towards independent living in the community. The CLC program employs the Wellness and Recovery Action Plan (WRAP) model, which teaches participants recovery and self-management skills and strategies that: promote higher levels of wellness, stability and quality of life; decrease the need for costly, invasive therapies; decrease the incidence of serious mental health challenges; decrease traumatic life events; increase understanding of these mental health challenges and decrease stigma; raise participants' level of hope, and encourages actively working toward wellness; and increases participants' sense of personal responsibility and empowerment. Achieving wellness in mental health treatment and everyday living is paramount for residents at CLC. While the consumer may be achieving recovery goals as it relates to mental health treatment such as medication management or substance abuse resolution, it is also important to

focus on the consumer's ability to manage day-to-day activities in personal and inter-personal relationships.

Crossroads Transitional Age Youth Housing Program: The Transitional Age Youth (TAY) Housing program provides transitional supportive housing for TAY with complex mental health needs. To meet the needs of these youth across Tulare County, TAY maintains two separate operating sites, one in Visalia and the other in Porterville. In partnership with the local One Stop Service Centers and other mental health service providers as applicable, the TAY Housing program assists participants in stabilizing from the effects of being at-risk of homelessness or homeless and provides support and assistance with self-sufficiency and independence by offering life skills workshops, employment and education linkages, peer mentorship, and one-on-one coaching sessions around issues and topics fundamental to resiliency and successful independent living.

Permanent Supportive Housing

East Tulare Avenue Cottages: East Tulare Avenue Cottages (ETAC) opened in February 2011, and is a permanent supported residential option for 22 adults. Residents have access to a drop-in center where they can utilize such things as computers and exercise equipment. All services offered to the residents are voluntary and staff ensures that the on-site training maximizes the clients' progress toward attaining their wellness goals.

Permanent Supportive Housing: Two additional permanent supportive housing sites will be added in FY 18/19; one in the city of Porterville which will be approximately eight shared-housing units (16 beds), and one in the city of Tulare which will be approximately 10 shared housing units (20 beds).

Program Data: Fiscal Year 2016-2017 (*Data source: Provider data, Exhibit 6 Annual Summary FY16/17, OLGL Report 16/17*)

Age Group	# of Individuals FSP	# of Individuals GSD	# of Individuals O&E
Children/Youth (0-15)	N/A	N/A	N/A
TAY (16-25)	47		
Adult (26-59)	112		
Older Adult (60+)	5		
TOTAL	**164**		
Total Served in Fiscal Year 2016-2017: 164			
Total Estimated MHSA Funds = $2,218,732 **Total Cost Per Person = $13,528**			

Are there any significant changes to program such as population to be served or services to be provided? Yes. In the 2018/2019 year, two additional permanent supportive housing sites are being added.

SPECIALIZED MENTAL HEALTH SERVICES

STATUS		New	X	Continuing
EMPHASIS	X	General (Non-FSP)		Full Service Partnership (FSP)
AGE GROUP	X	Children (0-15)	X	Adult (26-59)
	X	Transitional Age Youth (16-25)	X	Older Adult (60+)

Priority Population: Individuals who require a specialized service delivery method tailored to meet their unique situation which would not otherwise be met with traditional mental health service delivery.

Program Goal: To deliver culturally competent, client/family-driven mental health services and supports that focus on wellness, support recovery and resilience, and provide an integrated service experience for consumers and families.

Program Description: Specialized mental health services offered through this program are rooted in the principles of wellness & recovery, and aim to enhance and transform traditional mental health services to ensure services are delivered in a culturally and linguistically competent manner, and are consumer-centered; wellness, recovery and resiliency focused; and promote and support community integration. Additionally, these services meet the needs of individuals who might benefit from alternate delivery methods. Programs include:

Outreach and Engagement Team: The Outreach and Engagement (O&E) Team, commenced January 2014, provides targeted outreach to consumers who are experiencing difficulty in engagement. Many of the consumers who are engaged by the O&E Team are individuals who are discharging from a psychiatric hospitalization and need a warm linkage into services; individuals who have frequent contact with the emergency room, law enforcement, and the psychiatric emergency team; and individuals who have or are beginning to disengage from services and additional support is needed to assist with re-engagement. The O&E Team provides services in a method that is heavily focused on the evidence-based practice of Motivational Interviewing.

Recovery-Oriented Services Team: The Recovery-Oriented Services (ROS) Team, commenced January 2014, provides wellness, recovery and resiliency focused services to assist consumers in understanding their mental illness and medication(s), setting and achieving wellness and recovery goals, increasing supports, learning and using community supports, and learning and applying coping mechanisms and techniques. Services are primarily delivered through group-based therapy to include evidence-based treatment such as Dialectical Behavioral Therapy (DBT) and Illness Management and Recovery (IMR), and skill-building groups to include Wellness and Recovery Action Plan (WRAP) group and Life Skills group.

Child Welfare Services Continuum of Care: Child Welfare Services (CWS) Continuum of Services is a partnership between the Tulare County Mental Health Department and the Tulare County Child Welfare Services department. This program staffs licensed clinical social workers who provide counseling to adults who have an open CWS case to alleviate barriers to accessing needed mental health services which helps many to remain or reunify with their children.

Equine-Facilitated Psychotherapy: The Equine-Facilitated Psychotherapy Program (EFP) began as a pilot project in February 2010 through a partnership between the Tulare County Department of Mental Health, Happy Trails Riding Academy, and Tulare Youth Service Bureau. The overall goal of the Equine Facilitated Psychotherapy (EFP) Program is to provide an alternative therapeutic intervention for consumers who might not be responding to traditional forms of psychotherapy, or whose level of functioning might be further enhanced through this intervention. The targeted ages for EFP are 7 - 15 years of age. EFP is a creative and innovative addition to play and talk therapy that provides a mental health consumer and rehab specialist or therapist with a live, interactive medium for effective assessment and treatment. While a consumer is participating in EFP group sessions, the therapeutic progress they are making is further enhanced by individual sessions with their primary mental health clinician. Parents/foster parents/guardians are included in the child/youth's treatment through family and/or collateral sessions.

Co-Occurring Disorder Program: The Co-Occurring Disorders Program provides individuals diagnosed with a co-occurring mental health and substance abuse disorder with residential and outpatient treatment based on the principles of Harm Reduction and Hazelden's co-occurring disorder evidence-based program. In partnership, through a multidisciplinary coordinated care approach, an alcohol and other drug (AOD) provider provides the residential and outpatient substance use disorder treatment while the consumer's mental health provider provides mental health services.

Integrated Health/Mental Health: The Integrated Health/Mental Health program combines consultation, assessment, and warm linkage between the physical health and mental health services, as well as building supports within and assisting with linkages to community services.

Program Data: Fiscal Year 2016-2017 (*Data source: Provider data, OLGL Report 16/17*)

Age Group	# of Individuals FSP	# of Individuals GSD	# of Individuals O&E
Children/Youth (0-15)		3,897	176
TAY (16-25)	9		
Adult (26-59)	74		
Older Adult (60+)	3		
TOTAL	**86**	**3,897**	
Total Served in Fiscal Year 2016-2017: 3,983			
Total Estimated MHSA Funds = $3,378,585 **Total Cost Per Person = $848** *(Average for Total Costs and Total Served, and is not an accurate depiction of actual cost per client, as costs per client varies based on service utilization and FSP client-specific flex funding)*			

Are there any significant changes to program such as population to be served or services to be provided? No.

WELLNESS AND RECOVERY ACTIVITIES

STATUS		New	X	Continuing
EMPHASIS	X	General (Non-FSP)		Full Service Partnership (FSP)
AGE GROUP		Children (0-15)	X	Adult (26-59)
	X	Transitional Age Youth (16-25)	X	Older Adult (60+)

Priority Population: Activities and services are targeted not only at current and former consumers of mental health services such as the development of wellness centers, but also at mental health service staff and the community through trainings and education.

Program Goal: To provide wellness and recovery supports that aid the system and the providers in fully transforming to a system of care that is wellness, recovery, and resiliency-focused and person-centered.

Program Description: Wellness and Recovery Activities encompass activities that expand and enhance the mental health system of care in its efforts to fully adopt and promote the wellness and recovery model. Activities and services consist of such areas as, but are not limited to, trainings for the community and staff, wellness centers for individuals with mental illness and family members, activities for strengthening consumer engagement and increasing support networks, and peer-delivered services.

Wellness and Recovery Centers: The Wellness and Recovery Centers (WRC) are community-based multi-service centers that provide a supportive environment offering choice and self-directed guidance for recovery and transition into community life. The intent is that they are primarily consumer-driven centers providing peer mentoring, advocacy, and leadership opportunities. Services include support groups, educational guidance, vocational services, fitness, independent living skill development, and socialization. In the 18/19 fiscal year, the Visalia Wellness Center will open to allow for additional wellness and recovery services in the North County.

Wellness and Recovery Trainings and Activities: Trainings will be offered on an ongoing basis to promote services in alignment with MHSA principles, and to increase promising practices and evidence-based programs. Trainings include but are not limited to the Wellness and Recovery Action Plan (WRAP), Motivational Interviewing, and Co-Occurring Disorder. Activities will be offered on an ongoing basis to promote and support wellness, recovery, and resiliency among consumers, family members and the community, and can include events.

Peer-Delivered Services: Peer-Delivered Services (PDS) facilitates a path for individuals with lived experience to mentor and support consumers and family members within the mental health system and in the community. Services include, but are not limited to, peer-run groups and activities, a newsletter, and orientation and transition services.

My Voice Media Center: The My Voice Media Center (MVMC) program provides the opportunity to develop methods in which consumers and family members tell their stories

through various mediums, such as public oral expression, video, and music. Forms of expression such as participatory photography programs provide individuals from disadvantaged and marginalized communities with tools for advocacy and communication to create positive social change. The MVMC also hosts the No Stigma Speakers Bureau (NSSB). NSSB is a group of volunteers whose goal is to dispel the stigma of mental illness in the community by providing stories of mental illness and recovery from the perspective of those affected. In addition to stigma reduction, the process of writing and sharing one's story is also empowering and allows an avenue for self-advocacy.

Program Data: Fiscal Year 2016-2017 (*Data source: Provider data, OLGL Report 16/17*)

Age Group	# of Individuals FSP	# of Individuals GSD	# of Individuals O&E
Children/Youth (0-15)	N/A	1064	
TAY (16-25)			
Adult (26-59)			
Older Adult (60+)			
TOTAL		**1064**	**0**
Total Served in Fiscal Year 2016-2017: 1064			
Total Estimated MHSA Funds = $790,291 **Total Cost Per Person = $793**			

*Because of the casual nature of many of the peer delivered services, an accurate count cannot be determined.

Are there any significant changes to program such as population to be served or services to be provided? In the 2018/2019 fiscal year, the Visalia Wellness Center will be opened to provide wellness and recovery services similar to those of the Porterville Wellness Center. Additionally, during the 2018/2019 year Peer Support Specialists will begin entering peer delivered services into the electronic records system, allowing for accurate service data.

PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

MHSA Prevention and Early Intervention (PEI) approaches are intrinsically transformational in the way they restructure the mental health system to a "help first" approach. Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and services.

To facilitate accessing supports at the earliest possible signs of mental health problems, PEI builds capacity for providing mental health early intervention services at sites where people already go for other activities (e.g., health providers, education facilities, and community organizations).

Mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

PEI programs have new regulations and state-defined titles for the programs per Welfare and Institutions Code section 5840. Previously, there were three (3) state-defined PEI programs (Prevention Universal, Prevention Selective, and Early Intervention), and now there are six (6) (Prevention, Early Intervention, Stigma and Discrimination Reduction, Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, and Suicide Prevention). The PEI programs have not changed, but are now grouped under these new titles within this update.

In addition to the new titles and groupings, there are three (3) strategies that also must be addressed within each program. These strategies are Access to Services for Underserved Populations, Improving Timely Access to Underserved Populations, and Strategies that are Non-Stigmatizing and Non-Discriminatory. Also, at least 51 percent of the PEI Fund shall be used to serve individuals who are 25 years old or younger.

The Community Program Planning process undertaken by the Mental Health Branch and MHSA Team to garner the community voice for the MHSA Three-Year Integrated Program and Expenditure Plans includes review of PEI programs. MHSA Team will work with program providers and stakeholders continually to ensure these strategies are implemented effectively and efficiently, collaborating where possible. Provider meetings will continue to be held regularly, several times throughout the year, to address questions and concerns as well as offer opportunities for providers to share best practices. PEI programs will continue to have ongoing stakeholder involvement through the Mental Health Plan System of Care Councils (which includes Adult, Children, Transitional Age Youth and Older Adults), and the Cultural Competency and Wellness and Recovery Committees, all of which include various community partners and consumer and family member partners.

In the pages to follow, PEI programs will be briefly outlined, including data and outcomes where available and where applicable.

PREVENTION

STATUS		New	X	Continuing
AGE GROUP	X	Children (0-15)	X	Transitional Age Youth (16-25)
	X	Adult (26-59)	X	Older Adult (60+)

Priority Population: Individuals/groups whose risk of developing a potentially serious mental illness is greater than average.

Program Goals: Implement key strategies to prevent mental illness from becoming severe and disabling.

Improve timely access for underserved populations.

Program Description: Prevention activities and services include those that reduce risk factors for developing a potentially serious mental illness, and build protective factors that encourage wellness and resiliency. The programs within this category are community-based, working with partners to reach those individuals deemed at risk, improving access, and reducing stigma and discrimination by including mental health within partner locations that provide other services.

Building Bridges: The Building Bridges Program goals are to increase positive later life outcomes of infants by providing mental health services to pregnant and postpartum women experiencing depression and/or anxiety, reducing the instance and/or severity of depression and anxiety experienced by pregnant and postpartum women through screening, early detection and treatment, and promoting positive bonding, parenting, and coping skills within the parent/infant relationship. Building Bridges incorporates the use of evidence-based and promising practices in perinatal mental health at a variety of community-based sites throughout Tulare County, focusing on service provision at rural Family Resource Centers and within homes. By identifying and addressing Perinatal Mood and Anxiety Disorders, families will demonstrate improved relationships and access to support, as well as a reduced risk of psychiatric hospitalization and suicide, both risks for new and pregnant mothers.

SafeCare Program: The SafeCare program is based on the SafeCare Home Based Visitation model for families with children (age 0-7). This program is a partnership between the Tulare County Department of Mental Health and the Tulare County Child Welfare Services (CWS) Division. The CWS division provides oversight, and training in the SafeCare evidence-based model to five Family Resource Centers in Tulare County. The SafeCare program trains parents to seek treatment for their children's illnesses, promotes the acquisition of positive and effective parent-child interaction skills; reduces the number of hazards in the home; increases parental structured problem-solving skills; and increases accessibility of mental health services for unserved and underserved populations of Tulare County.

London Prevention Program: The London Prevention Program targets at-risk youth in the communities of rural northern Tulare County who have been involved with the criminal justice system and demonstrated a need for prevention and early intervention services. While utilizing Project Alert, the program focuses on comprehensive, educational sessions among children who are at risk of drug abuse and school failure. The program also provides support and resources to the families of youth who have been identified as at-risk utilizing the curricula, Guiding Good Choices. The London Prevention program operates out of the London Community Center and is administered by Proteus, Inc.

CalMHSA Private Fund Development Project: (Fund Development – Special Member Fee FY 18-19) CalMHSA Board took action in October 2016 for a sole source agreement for the purpose of fund development with an annual budget of $500,000.00 for three years, to be paid via a special member fee. This program's purpose is to seek funding from other resources, to include the private sector. As such, full member fiscal participation was deemed necessary by the CalMHSA Board in order to be successful. This program has a fixed fee. Tulare County MHSA participates in a Joint Powers Authority for CalMHSA programs, and the contribution for this three-year project for Tulare County MHSA was $6,138 for each of the three years (covering FY 16/17, 17/18, and 18/19).

Program Data: Fiscal Year 2016-2017 (*Data source: Provider data*)

Age Group	Total Clients Served
Children/Youth (0-15)	109
TAY (16-25)	215
Adult (26-59)	374
Older Adult (60+)	5
Unknown/Undeclared	0
TOTAL	703
Total Served in Fiscal Year 2016-2017: 703	
Total Estimated MHSA Funds FY 2016-2017: $ 1,140,673 **Total Cost per Client: $ 1,623**	

Are there any significant changes to program such as population to be served or services to be provided? No

EARLY INTERVENTION

STATUS		New	X	Continuing
AGE GROUP	X	Children (0-15)	X	Transitional Age Youth (16-25)
	X	Adult (26-59)		Older Adult (60+)

Priority Population: Children and Youth, to include foster youth, at risk for negative outcomes associated with early emotional/behavioral issues and mental illness.

Program Goal: To increase resiliency, social competence, school adjustment, and other protective factors in students.

Program Description: Early Intervention activities and services include those that are intended to bring about mental health and related functional outcomes including the reduction of the following negative outcomes: school failure, removal of children from their homes, prolonged suffering, and/or suicide.

Family Interaction Program: The Family Interaction Program (FIP) goals are to improve the quality of the parent/child relationship, promote positive parenting and interaction, increase parent coping skills, and provide outreach to under and un-served populations throughout Tulare County. FIP incorporates the use of Parent-Child Interaction Therapy (PCIT) at community-based sites in Tulare, Woodlake, Porterville and Lindsay. PCIT is an empirically supported treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing negative parent-child interaction patterns into positive ones. Tools utilized are the Parenting Stress Index (PSI), the Eyberg Child Behavior Inventory (ECBI) and a required Data Recording Form for each session. Combined, these measures provide outcome data to support two PCIT benchmarks of success, "Meeting Mastery" and "Program Completion".

K-3 Early Intervention Program: The K-3 Early Intervention Program, known as Special Friends, aims to increase school success of at-risk children by administering screening measures, providing behavioral intervention, teaching effective coping and interaction skills, and educating parents and teachers regarding behavioral problems and effective interventions. It is composed of preventive training, screening activities and a short-term early intervention component (Primary Intervention Program, or PIP) for children in need of services. PIP is designed to increase protective factors, functioning, and positive outcomes for children with adjustment problems (e.g., inattentiveness, shyness, aggression, and acting-out) in grades Kindergarten through 3rd (K-3). Every 1st grade student in a participating Special Friends school is screened for risk-factors associated with adjustment difficulties that can impact social and academic functioning. Referrals are also accepted for K, 2nd and 3rd grade students who may also be at-risk. When a child meets criteria for PIP, they are enrolled and receive 1-on-1 non-directive play and communication techniques. Play sessions last for 30-40 minutes weekly for 8-12 weeks. Parents are also provided education regarding their child's needs and are surveyed at the conclusion of the program.

Preschool Expulsion Reduction Program: The Preschool Expulsion Reduction Program (also known as Bright Future) is a program established through the Tulare County Office of Education that currently provides prevention and early intervention services for children at risk of preschool expulsion. Bright Future provides an alternative to expulsion. The principles of applied behavioral analysis and other evidence-based methods (e.g., Preschool Life Skills Curriculum) are used to decrease challenging behaviors and teach skills. Services are provided in the classroom to target problem behaviors and serve as a model for educators. In-home services help to ensure that there is continuity in the child's environment and provide support for parents in reinforcing positive behaviors. Ongoing parent consultation and training is provided to generalize skills learned during individualized instruction.

Children of Promise Program: The Children of Promise Program (COPP) provides services to youth in grades 6 through 12 at-risk for school failure by utilizing the evidence-based practices, Reconnecting Youth (RY) and Coping and Support Training (CAST). RY is a proven, award-winning program that helps high-risk youth improve school performance, decrease drug use, anger, depression, and suicidal behavior. Designed for students ages 14-18, RY curriculum uses small group skills training to enhance personal competencies and social support resources. CAST is a high school-based suicide prevention program targeting youth 14 to 19 years old. CAST delivers life-skills training and social support in a small-group format (6-8 students per group). CAST skills training sessions target three overall goals: increased mood management (depression and anger), improved school performance, and decreased drug involvement. Sessions focus on group support, goal setting and monitoring, self-esteem, decision making skills, anger and depression management, "school smarts," drug use control, relapse prevention, and self-recognition of progress throughout the program.

First Episode Psychosis: The First Episode Psychosis (FEP) program is primarily funded through the Mental Health Block Grant (MHBG) provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), with additional funds blended from MHSA PEI. The program pilot began at Porterville Youth Services (PYS) and South County One Stop in November 2015, and will begin at Tulare Youth Service Bureau in Winter/Spring 2019. FEP aims to better identify adolescents and transitional age youth (TAY) who may be experiencing symptoms which are sometimes prodromal for psychosis, and provide early intervention services to decrease the likelihood of a psychotic episode and negative outcomes related to untreated mental illness.

Program Data: Fiscal Year 2016-2017 (*Data source: Provider data*)

Age Group	Total Clients Served
Children/Youth (0-15)	6,512
TAY (16-25)	326
Adult (26-59)	227
Older Adult (60+)	3
Unknown/Undeclared	0
TOTAL	7,068
Total Served in Fiscal Year 2016-2017: 7,068	

Total Estimated MHSA Funds FY 2016-2017: $ 922,384
Total Cost per Client: $ 130.50

Are there any significant changes to program such as population to be served or services to be provided? No

OUTREACH FOR INCREASING RECOGNITION FOR EARLY SIGNS OF MENTAL ILLNESS

STATUS		New	X	Continuing
AGE GROUP		Children (0-15)	X	Transitional Age Youth (16-25)
	X	Adult (26-59)	X	Older Adult (60+)

Priority Population: Individuals at risk for developing a serious mental illness, as well as community members, first responders, and primary care professionals.

Program Goal: Educate the community, first responders, and primary care professionals on recognizing indicators that may lead to the development of mental illness if not addressed, and identifying and treating individuals experiencing early onset.

Program Description: Outreach for Increasing Recognition of Early Signs of Mental Illness is designed to educate the community, first responders, and primary care professionals on recognizing indicators that may lead to the development of mental illness if not addressed, in addition to providing the ability to identify and intervene for individuals experiencing early onset. Efforts include, but are not limited to, Crisis Intervention Training (CIT) for law enforcement personnel, Mental Health First Aid (MHFA) for first responders and the general population.

Crisis Intervention Team Training: Crisis Intervention Team Training (CIT) was offered twice a year, and will be increasing to four times per fiscal year, providing officers with training on mental illness and crisis intervention/de-escalation techniques for situations involving individuals in serious mental health crises. Families and consumers participate in the training, offering their experiences as training examples. CIT training keeps officers and mental health consumers safe during these encounters and results in a more professional, effective, and humane response by law enforcement officers to individuals with mental illness.

Mental Health First Aid: Mental Health First Aid (MHFA) is a public education program that helps the public identify, understand, and respond to signs of mental illness and substance use disorders. MHFA introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, reviews common treatments, and provides resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

Program Data: Fiscal Year 2016-2017 (*Data source: Provider data*)

Event	Estimated Numbers Attending
Crisis Intervention Team Training	80
Mental Health First Aid	145
TOTAL	225
Total Served in Fiscal Year 2016-2017: 225	

Total Estimated MHSA Funds FY 2016-2017: $29,268
Total Cost per Client: $130.08

Are there any significant changes to program such as population to be served or services to be provided? No.

SUICIDE PREVENTION

STATUS		New	X	Continuing
AGE GROUP	X	Children (0-15)	X	Transitional Age Youth (16-25)
	X	Adult (26-59)	X	Older Adult (60+)

Priority Population: Community, first responders, health professionals, and individuals at risk for suicide.

Program Goal: Reduce the number of suicides in Tulare County and provide community outreach and education about this preventable public health problem.

Program Description: Tulare County Suicide Prevention is addressed through the Tulare County Suicide Prevention Task Force (SPTF), provided by Tulare County Mental Health in collaboration with many other entities, Agencies, and individuals. The SPTF functions as a multi-disciplinary collaborative which addresses local suicide prevention efforts. Membership reflects a broad range of local stakeholders with expertise and experience with diverse at-risk groups including: local government and non-profit agencies, such as mental health, public health, law enforcement, and education; individuals such as coroners, survivors of suicide attempts and their family members; and mental health clients. The SPTF focuses on suicide prevention through many efforts including, but not limited to, Applied Suicide Intervention Skills Training (ASIST), Slick Rock Film Festival, The SOURCE LGBT+ Center, and the Older Adult Hopelessness Screening (OAHS).

ASIST Training: The Applied Suicide Intervention Skills Training (ASIST) is free and open to the public; registration can be located at sptf.org. ASIST is a two-day evidence-based training that provides suicide prevention education for community gatekeepers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide.

SlickRock Film Festival: SlickRock is a valley-wide student film festival that honors local student filmmakers and screens their work for the community to enjoy. As a sponsor of the festival, the SPTF was able to encourage student participation and promote awareness about suicide and risk factors through the creation of a category for suicide public service announcements.

Check-In With You: Older Adult Hopelessness Screening Program: The Check-In With You program is a project that assesses levels of hopelessness in older adults using the Beck Hopelessness Scale (BHS) and provides early intervention services to reduce suicide risk, improve quality of care and prevent the development of serious mental illness. This project is hosted at the Tulare County Visalia Health Care Center.

CalMHSA Central Valley Suicide Prevention Hotline: Counties in the Central Valley have entered into a Participation Agreement for the Central Valley Suicide Prevention Hotline

Regional program for continuing to operate a 24/7 suicide prevention hotline accredited by the American Association of Suicidology, and will continue to answer calls through its participation in the National Suicide Prevention Lifeline. Tulare County Mental Health has committed to supporting the CVSPH.

Program Data: Fiscal Year 2016-2017 (*Data source: Provider data*)

Event	Estimated Numbers Attending
ASIST Training	137
OAHS Program	3226
Central Valley Suicide Prevention Hotline	966
TOTAL	4,329
Total Served in Fiscal Year 2016-2017: 4,329*	
Total Estimated MHSA Funds FY 2016-2017: $660,177 **Total Cost per Client: $152.50**	

*Note that the estimated attendees for the Slick Rock Film Festival were not tracked and estimation is difficult.

Are there any significant changes to program such as population to be served or services to be provided? No

ACCESS AND LINKAGE TO TREATMENT

STATUS		New	X	Continuing
AGE GROUP	X	Children (0-15)	X	Transitional Age Youth (16-25)
	X	Adult (26-59)	X	Older Adult (60+)

Priority Population: All age groups, genders, ethnicities, and cultures.

Program Goal: Increase access to services for underserved populations by reducing barriers such as language barriers, and decreasing stigma associated with contacting service providers.

Program Description: Access and Linkage to Treatment activities and services will work to identify individuals who may need assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program. Linkage to county mental health services, a primary care provider, or other mental health treatment is also part of the activities and services provided.

In-Home Parent Education Program: The In-Home Parent Education (IHPE) Program's purpose is to increase coping skills to stabilize, strengthen and educate the family unit. The IHPE Program is a multidisciplinary collaborative of child and family therapists, educators, and parents who are passionate about providing mental health resources and services to families. Through Parenting Wisely curriculum, IHPE provides support services and education to at-risk families to foster positive interactions and increase coping skills which stabilize and strengthen the family unit. Parenting Wisely is a set of interactive training modules for parents of children ages 3-18 years. Families enrolled in the program present with known environmental risk factors such as violence, abuse, neglect in the home, parental stress, mental illness, substance abuse, and poor parenting skill which can put children at risk for developing mental health issues. Parenting Wisely has been proven to reduce problem behaviors and increase communication and family unity. For children in need of one-on-one intervention, IHPE uses Trauma-Focused Cognitive Behavioral Therapy. Trauma-focused cognitive behavioral therapy (TF-CBT) is an evidence-based treatment approach shown to help children, adolescents, and their caretakers overcome trauma-related difficulties.

Community Warm Line: The Tulare County Community Warm Line is a local call center that provides information and support to county residents experiencing non-emergency hardship. A warm line is a service designed to solve minor problems or to prevent those problems from becoming serious, thereby diverting non-emergency call volume from emergency rooms, law enforcement and crisis lines. A unique component of the Warm Line program is the employment of persons with lived experience who provide direct peer support to callers. These call specialists

help callers by listening to concerns, providing non-discriminating support and normalizing the caller's emotions, thoughts, and experiences.

Senior Counseling Program: The Senior Counseling Program provides counseling to senior citizens who are experiencing emotional problems or difficulties in adjusting to changes that occur in later life. The program receives regular referrals from the mental health outpatient clinics, health clinic, senior center and community.

Homebound Senior Outreach Program: Home-Bound Senior Outreach (HBSO) program targets clients who are home-bound and socially isolated, and who receive services through various programs administered by the Kings/Tulare Area Agency on Aging, including Home-Delivered Meals, Information and Assistance, Legal Assistance, and Health Insurance Counseling. HBSO goals are to identify and refer adults age 60 and over who are at risk for depression and suicide using the Beck Hopelessness Scale (BHS), and use non-traditional referral sources to help identify and provide an intervention for depression and suicide risk.

Program Data: Fiscal Year 2016-2017 (*Data source: Provider data*)

Age Group	Total Clients Served
Children/Youth (0-15)	102
TAY (16-25)	394
Adult (26-59)	3,365
Older Adult (60+)	1,634
Unknown/Undeclared	299
TOTAL	5,794
Total Served in Fiscal Year 2016-2017: 5,794	
Total Estimated MHSA Funds FY 2016-2017: $ 945,615 **Total Cost per Client: $ 163.21**	

Are there any significant changes to program such as population to be served or services to be provided? No.

STIGMA AND DISCRIMINATION REDUCTION

STATUS		New	X	Continuing
AGE GROUP	X	Children (0-15)	X	Transitional Age Youth (16-25)
	X	Adult (26-59)	X	Older Adult (60+)

Priority Population: All age groups, genders, ethnicities, and cultures.

Program Goal: Increase access to services for underserved populations by reducing barriers such as language barriers, and decreasing stigma associated with contacting service providers.

Program Description: Stigma and Discrimination Reduction activities are intended to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services. Tulare County Mental Health participates in specific activities throughout each year to reduce stigma and discrimination in the community.

Media efforts such as opinion editorials in the *Visalia Times Delta* and consumer stories in partnership with magazines like *Direct Magazine* highlight wellness, recovery and resiliency. Sharing these experiences through these means which reach a wider community offer opportunities for education, increasing knowledge about mental health, as well as dispelling stigma.

Event participation and partnership for Tulare County Mental Health also takes place throughout the year, including various health fairs and community events. In May of each year, Tulare County Board of Supervisors proclaims the month "**Mental Health Awareness Month**". Tulare County Mental Health offers a myriad of events throughout the month, including partnership with the local Rawhide Baseball Team to host a game night during which messages about mental health awareness are shared. Other activities during the month include children's art shows at the various Family Resource Centers, an art exhibit in partnership with My Voice Media Center, and a Family Champions Picnic and a Wellness and Recovery Peer Picnic. In September of each year, Tulare County Mental Health supports the **Walk with NAMI Tulare County**, which has included a spirited contest for team t-shirt designs. In November of each year, Tulare County Mental Health also supports the **Farmworker Women's Conference**, which has drawn more than 1,500 women. The conference offers resources for success for female farm workers and their families.

The Suicide Prevention Task Force (SPTF) has a new partner in the efforts to reduce stigma and discrimination with a local community-based organization, **The SOURCE LGBT+ Center**. Founded in 2016, their partnership with SPTF began in 2018.

Program Data: Fiscal Year 2016-2017 (*Data source: Provider data*)*

Event	Estimated Numbers Attending
Mental Health Awareness Month	300
Walk with NAMI Tulare County	475
Farmworker Women's Conference	1500
TOTAL	1,675
Total Served in Fiscal Year 2016-2017: 1,675	
Total Estimated MHSA Funds FY 2016-2017: $84,593 **Total Cost per Client: $50.50**	

*Note The SOURCE LGBT+ Center does not have data for this fiscal year.
**This figure includes media efforts for which there is no estimate for numbers reached.

Are there any significant changes to program such as population to be served or services to be provided? No.

WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

Essential elements of the MHSA Workforce Education and Training (WET) programs include:

- Integrating the principles of wellness, recovery, and resiliency into all training and education programs

- Providing consumer and family member employment and supports at all levels of the public mental health system

- Increasing cultural and linguistic competency to support the diversity of local communities

- Addressing workforce shortages identified by the needs assessment process

- Establishing outreach strategies and developing career pathway programs to recruit and retain individuals in the public mental health field

In the pages to follow, WET programs will be briefly outlined. Note that WET and CFT one-time allocation of funding concluded in FY 17/18 therefore, all programs and projects attached to those two are being sustained through alternate, appropriate funding sources as noted within the plan.

WET PLAN COORDINATION AND IMPLEMENTATION

STATUS		New	X	Continuing
EMPHASIS	X	General (Non-FSP)		Full-Service Partnership (FSP)
AGE GROUP		Children (0-15)	X	Adult (26-59)
	X	Transitional Age Youth (16-25)	X	Older Adult (60+)

Priority Population: Not applicable – This is an administrative action

Program Goal: Implementation and ongoing support of the Tulare County WET Plan and activities.

Program Description: Tulare County has a Workforce Education & Training (WET) Coordinator position and clerical support for the community planning process. The WET Coordinator is responsible for coordinating all aspects of planning and implementation phases, including supervision of other WET staff and monitoring of contracts funded within this proposal. Accountability for ongoing key processes includes attendance at local and statewide stakeholder processes, participation in regional meetings and statewide training, coordination of all tasks related to the successful development of WET Three-year Plan, and timely submission. An important leadership role for the WET Coordinator will lie in initiation and maintenance of significant outreach and collaboration to continue to engage diverse communities in planning, implementation, and evaluation of the plan.

Program Data: Fiscal Year 2016-2017 (*Data sources: Program data, OLGL FY 16/17)*
This effort is an administrative action item; therefore, program data is not applicable.

Total Served in Fiscal Year 2016-2017: This effort is an administrative action item; therefore, program data is not applicable.

Total Estimated MHSA Funds FY 2016-2017: $136,517.12
Total Cost per Client: This effort is an administrative action item; therefore, program data is not applicable. The amount of funds was for administrative items as this component was developed.

Are there any significant changes to program such as population to be served or services to be provided? No; however, the WET funds are fully expended, and the ongoing supports are expended through CSS Administrative funds.

CONSUMER AND FAMILY MEMBER TRAINING, SUPPORT AND VOLUNTEER PROGRAM

STATUS		New	X	Continuing
EMPHASIS	X	General (Non-FSP)	X	Full Service Partnership (FSP)
AGE GROUP		Children (0-15)	X	Adult (26-59)
	X	Transitional Age Youth (16-25)	X	Older Adult (60+)

Priority Population: Active and former mental health consumers and their family members who want to continue their goal of wellness and recovery through employment or volunteerism.

Program Goal: Provide employment preparation and volunteer support for consumers and their family members.

Program Description: The Consumer and Family Member Training, Support, and Volunteer Program provides employment preparation and volunteer opportunities for consumers and, to some degree, family members. The focus is on developing essential skill sets and supports to promote success in employment and volunteerism. Tulare County has contracted with Community Services Employment Training (CSET) to maintain and sustain a supported employment and volunteer program which helps people with lived mental health system experience engage in the competitive labor market. CSET follows the principles of the Supported Employment Program outlined by the Substance Abuse and Mental Health Administration (SAMHSA) evidence-based kit with emphasis on rapid placement based on consumer preference.

Program Data: Fiscal Year 2016-2017 (*Data sources: Program data, OLGL FY 16/17, CSET Program Reports)*

Total Served in Fiscal Year 2016-2017: 396

Total Estimated MHSA Funds FY 2016-2017: $ 619,509.46
Total Cost per Client: $ 1,564.42

Are there any significant changes to program such as population to be served or services to be provided? No; however, the WET funds are fully expended, and the ongoing supports are expended through CSS Administrative funds.

WORKFORCE DEVELOPMENT

STATUS		New	X	Continuing
EMPHASIS	X	General (Non-FSP)		Full-Service Partnership (FSP)
AGE GROUP		Children (0-15)	X	Adult (26-59)
	X	Transitional Age Youth (16-25)	X	Older Adult (60+)

Priority Population: Mental health staff, contract providers, and community partners.

Program Goal: Through training and training supports, assist in transforming the mental health system to one that is based on recovery, resiliency, and wellness, culturally competent, and consumer and family driven.

Program Description: This effort will identify necessary training, evidence-based curricula, and best practices that will assist in transforming the mental health system to one that is based on recovery, resiliency, and wellness, culturally competent, and consumer and family driven. Strategies will include implementation of train-the-trainer programs, consultation by field experts, leadership training, and use of online learning and content management systems (e.g., Relias e-Learning, Network of Care). Training will be offered on an ongoing basis to promote services aligned with MHSA WET principles, and increase workforce development. Training includes but not limited to, UC Davis Leadership training, Crisis Intervention Training, ASIST training, MHFA and training, Hazeldon CDP training.

Program Data: Fiscal Year 2016-2017 (*Data sources: Program data, OLGL FY 16/17)*

Total Served in Fiscal Year 2016-2017: 643

Total Estimated MHSA Funds FY 2016-2017: $ 89,169.69
Total Cost per Staff: $ 138.68

Are there any significant changes to program such as population to be served or services to be provided? No; however, the WET funds are fully expended, and the ongoing supports are expended through CSS Administrative funds.

CULTURAL COMPETENCY IN THE PUBLIC MENTAL HEALTH SYSTEM

STATUS		New	X	Continuing
EMPHASIS	X	General (Non-FSP)		Full-Service Partnership (FSP)
AGE GROUP		Children (0-15)	X	Adult (26-59)
	X	Transitional Age Youth (16-25)	X	Older Adult (60+)

Priority Population: Mental health staff, contract providers, and community partners.

Program Goal: Support and enhance cultural competency integration in the Tulare County Public Mental Health System.

Program Description: The purpose of this effort is to develop understanding, skills, and strategies to assist in embedding cultural and linguistic competence into the public mental health system. Training and activities focus on disparities and activities identified in the County's Cultural Competency Plan and through the Mental Health Cultural Competency Committee (MH CCC), and include a culturally-focused discussion with community-based organizations and community leaders, as well as consumers and their family members. Types of trainings offered include the Brown Bag Series, a one-hour panel discussion held quarterly, typically around the lunch hour, in different partner locations throughout the County. The Brown Bag Series focuses on a different topic each quarter, with panelists ranging from consumers to staff to those who have experienced first-hand with the particular topic of discussion.

Program Data: Fiscal Year 2016-2017 *(Data sources: Program data, OLGL FY 16/17)*

Total Served in Fiscal Year 2016-2017: 643

Total Estimated MHSA Funds FY 2016-2017: $ 5,377.26
Total Cost per Client/Staff : $5.43

Are there any significant changes to program such as population to be served or services to be provided? No; however, the WET funds are fully expended, and the ongoing supports are expended through CSS Administrative funds.

LOCAL HIGH SCHOOL AND COMMUNITY COLLEGE INITIATIVE

STATUS		New	X	Continuing
EMPHASIS	X	General (Non-FSP)		Full-Service Partnership (FSP)
AGE GROUP	X	Children (0-15)	X	Adult (26-59)
	X	Transitional Age Youth (16-25)		Older Adult (60+)

Priority Population: Local high school and community college staff and students.

Program Goal: Develop a mental health career pathway component for high school and community college use to prepare students for careers in the mental health field, and to increase awareness regarding mental health issues therein dispelling stigma and discrimination.

Program Description: In collaboration with local high schools and community colleges, a mental health career pathway component will continue to be developed, preparing students for careers in the mental health field. Special effort will be made to involve youth from diverse ethnic communities where access to knowledge about mental health careers may be limited, and stigma regarding mental illness may be strong.

In FY 16/17 Tulare County Mental Health programs participated in various local high school and college health fairs. County staff provided students and attendees information regarding various mental health programs, services, increasing awareness regarding mental health issues and providing information about careers with Tulare County Mental Health. Additionally, mental health resources and Each Mind Matters promotional items were provided to attendees.

Program Data: Fiscal Year 2016-2017 *(Data sources: Program data, OLGL FY 16/17)*

Are there any significant changes to program such as population to be served or services to be provided? No; however, the WET funds are fully expended, and the ongoing supports are expended through CSS Administrative funds.

Total Served in Fiscal Year 2016-2017: 205*

Total Estimated MHSA Funds FY 2016-2017: $ 37,751.38
Total Cost per Client: 157.19

*This number served is estimated based on program staff feedback after attending the various fairs.

CAPITAL FACILITIES AND TECHNOLOGY (CFT) COMPONENT

MHSA Capital Facilities and Technology (CFT) funding is divided into two parts: Capital Facilities funding and Technology funding.

Capital Facilities: Constitutes a building secured to a foundation that is permanently affixed to the ground and used for the delivery of MHSA services to individuals with mental illness and their families, or for administrative offices.

Technology: To transform the County's mental health technology systems into an accessible, interoperable, comprehensive information network that can facilitate achievement of the following goals:

• Modernization and transformation of clinical and administrative information systems to improve quality of care, operational efficiency, and cost effectiveness.

• Increase consumer and family empowerment by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings.

On the following pages, CFT programs will be briefly outlined. Note that WET and CFT one-time allocation of funding concluded in FY 17/18 therefore, all programs and projects attached to those two are being sustained through alternate, appropriate funding sources as noted within the plan.

ELECTRONIC HEALTH RECORD (EHR) PROJECT

STATUS		New	X	Continuing
EMPHASIS		General (Non-FSP)		Full Service Partnership (FSP)
AGE GROUP		Children (0-15)		Adult (26-59)
		Transitional Age Youth (16-25)		Older Adult (60+)

Priority Population: System Conversion – Target Population Not Applicable

Program Goal: Upgrade the current Practice Management and Electronic Medical Record Systems to an Electronic Health Record System.

Program Description: The Electronic Health Record (EHR) Project upgraded the current Practice Management and Electronic Medical Record Systems with the Avatar suite of products. Components of this project include: •Staff augmentation within the Mental Health Department to support the implementation of the project and to provide training, support, and optimization on an ongoing basis after implementation; •Implementation planning consultation, including workflow analysis, implementation strategic planning, implementation support, and project oversight; and •Software licensing, vendor implementation and training costs, conversion and interface costs, maintenance fees, hosting fees, and hardware and infrastructure upgrades.

Program Data: Fiscal Year 2016-2017
This project is an administrative function; therefore, client data and per client cost is not applicable.

Total Estimated MHSA Funds FY 2016-2017: $1,182,216

Are there any significant changes to program such as population to be served or services to be provided? No; however, the CFT funds are fully expended, and the ongoing technology needs (electronic and personal health record maintenance fees, licenses, equipment, support, etc.) are expended through CSS Administrative funds.

PERSONAL HEALTH RECORD (PHR) PROJECT

STATUS		New	X	Continuing
EMPHASIS	X	General (Non-FSP)		Full Service Partnership (FSP)
AGE GROUP		Children (0-15)	X	Adult (26-59)
	X	Transitional Age Youth (16-25)	X	Older Adult (60+)

Priority Population: Active and former mental health consumers and their family members or support persons.

Program Goal: Provide electronic capabilities for mental health consumers to access predefined portions of their charts and communication with clinicians electronically for services such as requesting appointments.

Program Description: The Personal Health Record (PHR) Project will enable the purchase and implementation of a Personal Health Record system that integrates with the EHR, thus allowing clients access to predefined portions of their charts and communication with clinicians electronically for services such as requesting appointments. It was piloted in the Porterville Mental Health Clinic, beginning July 1, 2017 (FY 17/18).

Program Data: Fiscal Year 2016-2017
This project is anticipated to be implemented in FY 17/18; therefore, program data and costs are not available.

Are there any significant changes to program such as population to be served or services to be provided? No; however, the CFT funds are fully expended, and the ongoing technology needs (electronic and personal health record maintenance fees, licenses, equipment, support, etc.) are expended through CSS Administrative funds.

BASIC COMPUTER SOFTWARE TRAINING FOR CONSUMERS PROJECT

STATUS		New	X	Continuing
EMPHASIS	X	General (Non-FSP)		Full Service Partnership (FSP)
AGE GROUP		Children (0-15)	X	Adult (26-59)
		Transitional Age Youth (16-25)		Older Adult (60+)

Priority Population: Active and former mental health consumers and their family members or support persons.

Program Goal: Provide basic computer software training to consumers to assist in use of the Personal Health Record.

Program Description: During the implementation of the new Electronic Health Record and subsequent Personal Health Record feature, there may be a need to provide basic computer software training to consumers to assist in use of the Personal Health Record. This project will provide basic computer software training to consumers and family members to assist in utilizing the Personal Health Record system.

Program Data: Fiscal Year 2016-2017
This project did not incur costs or data as it was an administrative support providing training as needed for professional users of the Electronic Health Record and subsequent Personal Health Record, which is implemented FY 2017/18.

Are there any significant changes to program such as population to be served or services to be provided? No; however, the CFT funds are fully expended, and the ongoing technology needs (electronic and personal health record maintenance fees, licenses, equipment, support, etc.) are expended through CSS Administrative funds.

WELLNESS CENTER PROCUREMENT

STATUS		New	X	Continuing
EMPHASIS	X	General (Non-FSP)		Full Service Partnership (FSP)
AGE GROUP		Children (0-15)	X	Adult (26-59)
	X	Transitional Age Youth (16-25)	X	Older Adult (60+)

Priority Population: Mental health consumers and their family members.

Program Goal: Purchase wellness and recovery centers to increase the County's infrastructure and ability to produce long-term wellness and recovery support and opportunities.

Program Description: Wellness Centers are community based, multi-service centers that provide a supportive environment for consumers of mental health services, offering choice and self-directed guidance for recovery and transition into community life. They are mostly consumer operated, employing consumers and training individuals for peer counseling, peer mentoring, advocacy, and leadership opportunities. These centers give consumers and family members a venue for support groups, educational guidance, vocational services, socialization, recreational activities, and so forth. Tulare County's use of the Capital Facilities funds to create wellness and recovery centers will increase the County's ability to produce long-term impacts with lasting benefits and will move its mental health system toward the goals of wellness, recovery, and resiliency. The increased infrastructure includes the development of two wellness centers that will provide expanded opportunities for accessing community based services and will support integrated service experiences that are culturally and linguistically appropriate and less restrictive.

In FY 14/15, a large-scale Wellness Center was purchased in the city of Porterville, underwent renovation in FY 15/16, and opened on May 30, 2017 (FY 16/17). In FY 16/17, a large-scale Wellness Center was purchased in the city of Visalia. In FY 18/19, renovation will be completed, with potential opening in Spring 2019. These Centers will assist in enhancing and expanding peer-delivered services, wellness and recovery supports, and stigma-reduction by offering daily living skills classes such as cooking and money management, self-sufficiency supports through employment and benefits assistance, and socialization and community integration activities.

Program Data: Fiscal Year 2016-2017
Program data, when available, will be shared under Wellness and Recovery Activities section.

Total Estimated MHSA Funds FY 2016-2017: $0

Are there any significant changes to program such as population to be served or services to be provided? No

INNOVATIONS (INN) COMPONENT

MHSA Innovation (INN) funding is intended for development of new and effective practices/approaches to service delivery. Innovation programs must be novel, creative, ingenious mental health approaches developed within communities in ways that are inclusive and representative of un-served, underserved, and inappropriately served individuals.

Innovation promotes recovery and resilience, reduces disparities in mental health services and outcomes, and leads to learning that advances mental health in California in the directions articulated by the MHSA. Merely addressing an unmet need is not sufficient for innovation funding. Further, and by their very nature, not all innovations will be successful.

In the pages to follow, proposed INN programs will be briefly outlined.

METABOLIC SYNDROME PILOT

STATUS	X	Proposed		Continuing
EMPHASIS	X	General (Non-FSP)	X	Full Service Partnership (FSP)
AGE GROUP		Children (0-15)	X	Adult (26-59)
	X	Transitional Age Youth (16-25)	X	Older Adult (60+)

Priority Population: Mental health consumers most at risk of Metabolic Syndrome, specifically those receiving injectable anti-psychotic medications.

Program Goal: 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.

Program Description: Research has shown that individuals with serious mental illness have shorter lifespans than the general population. This is primarily due to preventable chronic conditions, such as Metabolic Syndrome. 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.

Program Data: Fiscal Year 2016/2017
This program was in the development phase for FY 17/18. Program implementation is anticipated for February 1, 2019, upon completion of the approval process. Therefore, data and costs were not incurred in FY 16/17.

CONNECTEDNESS 2 COMMUNITY

STATUS	X	Proposed		Continuing
EMPHASIS	X	General (Non-FSP)		Full Service Partnership (FSP)
AGE GROUP		Children (0-15)	X	Adult (26-59)
		Transitional Age Youth (16-25)	X	Older Adult (60+)

Priority Population: Mental health consumers and their family members, mental health professionals and community brokers

Program Goal: The collaboration with community leaders and cultural brokers to expand cultural knowledge and sensitivity among providers will bridge a pathway for mental health consumers to increase their participation, to build on their spiritual connectedness and seek treatment

Proposed Program 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. Partnering with community and faith-based leaders as well as cultural brokers will assist in expanding providers' awareness of an individual's culture. Additionally, this provides an opportunity for community leaders and cultural brokers to become better informed about mental health, diagnoses, and wellness and recovery, thus reducing stigma and discrimination within the community. This proposed program will include training modules from both sides of the partnership as well as round table discussions.

Program Data: Fiscal Year 2016-2017
This program was in the development phase for FY 17/18. Program implementation is anticipated for February 1, 2019, upon completion of the approval process. Therefore, data and costs were not incurred in FY 16/17.

AB114

In the following section, the AB 114 Reversion Plan is provided. This plan was posted for 30-day public review and comment period with a public hearing held at the Mental Health Board meeting on August 7, 2018. The plan was approved by the Mental Health Board, with Board of Supervisors approval on September 25, 2018. The plan has been posted to the HHSA website, and then subsequently provided to the state organizations, the Department of Health Care Services and the Mental Health Oversight and Accountability Commission, within 90 days of local Board of Supervisor approval.

The plan was developed with stakeholder and provider input as to potential ideas for Innovation projects. All of the projects described within the plan are concepts and still have to be developed, drafted, and then put through the approval process for Innovation projects.

AB114 REVERSION EXPENDITURE PLAN

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	$ -	[redacted]	[redacted]	$ -
FY 2006-07	$ -	[redacted]	[redacted]	$ -
FY 2007-08	$ -	$ -	[redacted]	$ -
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	[redacted]	[redacted]	[redacted]	[redacted]
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
Connectedness 2 Community (C2C)	FY 2018-2019 & FY 2019-2020	$1,320,000
College On-Campus Kiosk	FY 2018-2019 & FY 2019-2020	$595,000
Community Housing Mental Health Screening	FY 2018-2019 & FY 2019-2020	$800,000
Parent Early Intervention Training Program	FY 2018-2019 & FY 2019-2020	$720,000
Metabolic Syndrome	FY 2018-2019 & FY 2019-2020	$567,556
Foster Youth Program	FY 2018-2019 & FY 2019-2020	$900,000
Total		**$ 4,902,556**

REVENUE AND EXPENDITURES

MHSA funds are based on a one percent (1%) tax on personal income in excess of $1,000,000, per the Mental Health Services Act passed by voters in 2004, effective 2005. The amount received by Tulare County varies each month and each year based upon the tax revenues received by the State.

Based on current projections, there are sufficient revenues for all planned expenditures for the next three fiscal years. Further adjustments to the budget or programs may be necessary due to changing revenues or projected County expenditures.

Tulare County is required to maintain a Prudent Reserve account of MHSA funds to provide MHSA services during years in which MHSA revenues fall below recent averages and in which the MHSA allocations are insufficient to continue to serve the same number of individuals as the County had been serving in the previous fiscal year. The balance of the County's Prudent Reserve is $9,931,268.

Unspent MHSA funding received in one fiscal year may be carried forward as a fund balance to the next fiscal year. The funds received in one fiscal year must however be spent within a certain time period, or those unspent funds must be returned to the State (known as Reversion). CSS, PEI and INN funds will revert to the State if they are not fully spent within three years. WET and CFT funds will revert to the State if they are not fully spent within ten years. There is an allowance to move a certain amount of funds (using a formula of 2.5% of the average annual allocation to CSS for the last five years) to Prudent Reserve, and those funds would not revert. Therefore, any CSS funds that might potentially revert would automatically be moved to Prudent Reserve.

The following worksheets are provided by the State for completion of the Revenue and Expenditure report.

FY 2018/19 Mental Health Services Act Annual Update
Funding Summary

County: Tulare Date: 10/8/18

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	20,526,673	4,245,840	2,669,818	0	0	
2. Estimated New FY 2018/19 Funding	16,821,174	4,485,646	1,121,412			
3. Transfer in FY 2018/19a/	0			0	0	0
4. Access Local Prudent Reserve in FY 2018/19						0
5. Estimated Available Funding for FY 2018/19	37,347,847	8,731,486	3,791,230	0	0	
B. Estimated FY 2018/19 MHSA Expenditures	18,759,481	3,908,346	531,773	0	0	
G. Estimated FY 2018/19 Unspent Fund Balance	18,588,366	4,823,140	3,259,457	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	9,088,012
2. Contributions to the Local Prudent Reserve in FY 2018/19	0
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	9,088,012

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2018/19 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Tulare Date: 10/8/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. One Stop Center Programs	639,108	639,108				
2. Unsed for Health Mobile Unit Programs	578,964	578,964				
3. County FSP Programs	3,569,439	3,569,439				
4. Supportive Housing	3,076,601	3,076,601				
5. Specialized Mental Health Services	739,162	739,162				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. One Stop Center Programs	1,188,575	1,188,575				
2. Unsed for Health Mobile Unit Programs	1,435,934	1,435,934				
3. Specialized Mental Health Services	2,900,973	2,900,973				
4. Wellness & Recovery Activties	295,917	295,917				
5. Workforce Staffing Support (WET)	149,092	149,092				
6. Training and Technical Assistance (WET)	52,874	52,874				
7. Mental Health Career Pathways Program (V	689,611	689,611				
8. Electronic Health Records (CFT)	537,285	537,285				
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	1,553,462	1,553,462				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	17,807,997	17,807,997	3,631,019	0	0	0
FSP Programs as Percent of Total	51%					

FY 2018/19 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Tulare Date: 10/8/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Children & Youth in Stressed Families	276,589	276,589				
2. Children at Risk of School Failure	291,648	291,648				
3. Identification & Intervention for Mental Illn	229,037	229,037				
4. Suicide Prevention	442,946	442,946				
5. Reducing Disparities in Access to Mental He	469,327	469,327				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Children & Youth in Stressed Families	1,114,364	1,114,364				
12. Children at Risk of School Failure	584,313	584,313				
13. Suicide Prevention	178,235	178,235				
14. Reducing Disparities in Access to Mental He	121,146	121,146				
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	170,821	170,821				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	3,908,346	3,908,346	0	0	0	0

FY 2018/19 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Tulare

Date: 10/8/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding (AB114)
INN Programs						
1. Metabolic Syndrome Pilot Project	362,360					362,360
2. Connectedness 2 Community	169,413					169,413
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	120,683					120,683
Total INN Program Estimated Expenditures	652,456	0	0	0	0	652,456

KEY TERMS

AOD:	Alcohol and Other Drug
ASIST:	Applied Suicide Intervention Skills Training
BHS:	Beck Hopelessness Scale
CalHFA:	California Housing and Finance Authority
CALOCUS:	Child and Adolescent Level of Care Utilization System
CBT:	Cognitive Behavioral Therapy
CIT:	Crisis Intervention Team Training
CLC:	Community Living Center
CSS:	Community Services and Supports
DBT:	Dialectical Behavior Therapy
DHCS:	Department of Health Care Services
EFP:	Equine-Facilitated Psychotherapy
EHR:	Electronic Health Record
EPDS:	Edinburgh Postnatal Depression Scale
ETAC:	East Tulare Avenue Cottages
FEP:	First Episode Psychosis
FRC:	Family Resource Center
FSIP:	Family Services Interaction Program
FSP:	Full-Service Partnership
GSD:	General Systems Development
HBSO:	Homebound Senior Outreach Program
IHPE:	In-Home Parent Education
INN:	Innovation
LGBTQ:	Lesbian, Gay, Bisexual, Transgender, Questioning/Queer
LOCUS:	Level of Care Utilization System
MHFA:	Mental Health First Aid
MHSA:	Mental Health Services Act
O&E:	Outreach and Engagement
OAHS:	Older Adult Depression Screening
PMHC:	Porterville Mental Health Clinic
PCIT:	Parent Child Interaction Therapy
PEI:	Prevention and Early Intervention
PHN:	Public Health Nurse
PHR:	Public Health Record
PIP:	Primary Intervention Program
PMAD:	Perinatal Mood and Anxiety Disorder
RFP:	Request for Proposal
SED:	Serious Emotional Disturbance
SMI:	Serious Mental Illness
SPTF:	Suicide Prevention Task Force
TAY:	Transitional Age Youth
TLC:	Transitional Living Center
TYSB:	Tulare Youth Service Bureau
VAIC:	Visalia Adult Integrated Clinic
VHCC:	Visalia Health Care Center
WET:	Workforce Education and Training

Attachment 1

Response to Mental Health Board member comments and questions received during public hearing.

1. Page 9: "Individuals receiving services and their family members and support systems are more aware of the additional support services available, but not aware of how and where to access them." ***How are we going to address?***
    a. Tulare County Mental Health utilizes an array of outlets to inform the public, community partners, providers, consumers, and family members, about services, including informational pamphlets available at various locations, attending various outreach events, social media posts, as well as partnering with print publications to do feature articles. Additionally, the Wellness & Recovery Committee has as one of its objectives, "Community Education", which includes efforts and activities to look at and improve the way community members, families, consumers, peers, etc., are informed about available resources and services. Also, working with our community partners, MHSA staff have provided presentations on mental health services and programs at various meetings, such as the Health Advisory Committee and the Three Rivers Town Hall, among others.
2. Page 10: "People would be more likely to access mental health programs if they were more aware of mental health programs/services, more educated on mental illness and health, and more engaged in mental health-related activities and programs in the community, per the top 3 selections by respondents." ***Radio announcements in English and Spanish***
    a. Mental Health does run ads in both English and Spanish during certain media campaigns, and the Branch will continue to look at opportunities to utilize radio. In addition to radio campaigns, Mental Health and MHSA also participate in other forms of media like the *Sun Gazette* and *Direct Magazine*, to share stories of wellness and recovery, as well as programs and their successes, in efforts to reach a wider audience, informing and working to reduce stigma and discrimination.
3. Page 10: "The Spanish survey respondents felt that the lack of resources and/or resource awareness was the greatest community need (38%), followed by substance abuse (32%) and poverty (31%). Overall, lack of resources or resource awareness was chosen by all respondents approximately 28%, along with isolation and untreated medical conditions." ***What about support systems, was that asked?***
    a. Support systems was not included as an option, however, there is a choice of "Other" with the ability to write-in the option. The question asked is "In your perspective, in Tulare County, what are the perceived main issues resulting from untreated mental illness? (Check the three that you think are perceived most important)". For future Community Program Planning surveys, we will review and include questions that address support systems.
4. Page 14: ***Is the Mobile Services program culturally appropriate still?***
    a. Yes, all MHSA programs are required per their contract to adhere to the culturally appropriate standards outlined.
5. Page 15: ***Is Mental Health Court under same financial funding as FSP?***
    a. Yes, Mental Health Court is funded by CSS dollars as are all FSP programs.
6. Page 17: Regarding TLC, you had three questions.
    a. How often are groups?
        i. (Note that during the remodel/renovation, the following groups are on hold. They will all resume after the remodel is completed. TLC staff are currently taking the residents to the Porterville Wellness Center twice a week in addition to other various outings throughout the week.) Groups are held weekly, with a group held every day. Groups include AOD, Budgeting, Hygiene, Daily Living, in addition to socialization groups.
    b. How many families attend the monthly Family Dinner?
        i. On average, 12 to 18 family members attend.

c. ***Staff to patient ratio?***
    i. This is determined based on Community Care Licensing requirements, current TLC staffing, and anticipated needs.

7. Page 18: ***How are the supportive housing projects funded?***
    a. The supportive housing projects are all funded through CSS dollars.
8. Page 21: On Wellness and Recovery Centers, membership is open to any current and former consumers as well as family members.
9. Page 23: ***Need to know what OAC wants?***
    a. This is in regards to the PEI changes and yes, the OAC will give additional guidance on strategic priorities for PEI programs. No timeline on when those will be determined.
10. Page 29: ***Is Crisis Intervention Team Training NAMI or County? Who are the attendees?***
    a. CIT Training is done by the County.
    b. The attendees are law enforcement for various jurisdictions, correctional officers, dispatch workers, etc. This is growing and expanding as Tulare County Mental Health responds to requests from law enforcement to increase trainings from 2 to 4 per year.
11. Page 34: ***What is the follow-up for the Homebound Senior Outreach Program and the Beck Hopelessness Scale?***
    a. HBSO staff will follow up with the client after they make the proper referrals to insure that the client has received or is in the process of receiving the needed services. When a client scores in the moderate to severe level they are immediately referred to a LMFT located at the Visalia Health Care Center. The LMFT will follow up with services. Also, the case manager will follow up with the client to ensure services have been provided.
12. Page 35: ***Do we do media outreach? How about personal stories?***
    a. Yes, the most recent effort was a cover article in *Direct Magazine* sharing a success story. Tulare County Mental Health will continue to look at opportunities with media partners to share stories widely.
13. Page 42: ***Will the Local High School and Community College Initiative change with SB 1004?***
    a. This is part of the Workforce Education and Training efforts of MHSA, and likely will not have any change with SB 1004 since SB 1004 affects PEI programs and strategies. However, we can look at any opportunities that arise.
14. Page 50: ***Would this (Connectedness 2 Community) be a good presentation for MHB?***
    a. Perhaps, after approval and one year of data/effort.