



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

BOARD OF SUPERVISORS

KUYLER CROCKER
District One
PETE VANDER POEL
District Two
AMY SHUKLIAN
District Three
EDDIE VALERO
District Four
DENNIS TOWNSEND
District Five

AGENDA DATE: April 30, 2019 REVISED

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

CONTACT PERSON: Michele Cruz PHONE: 624-8000

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

REQUEST(S):
That the Board of Supervisors:
Accept the Annual Report from the Tulare County Mental Health Board (January 2018 through December 2018).

SUMMARY:
California Welfare and Institutions Code Section 5604 informs the Counties to establish and describe "Powers and Duties of California Mental Health Boards." These include "submit an annual report to the governing body on the needs and performance of the county's mental health system." The current report produced by the Tulare County Mental Health Board outlines its focus and accomplishments for the calendar year of 2018 related to the needs and performance of the Tulare County Mental Health Plan.

It is estimated that a minimum of 23,732 individuals and families will be served via these programs, including direct mental health services, outreach events, prevention efforts, and early intervention services.


FISCAL IMPACT/FINANCING:
There is no cost associated with this annual plan; therefore, there is no additional net cost to the County General Fund. This is an information-only item.

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

SUBJECT: Accept a report from the Tulare County Mental Health Board
DATE: April 30, 2019

County. The Tulare County Mental Health Board Annual Report enhances the Quality of Life initiative by increasing public awareness about mental health needs and performance of the County's mental health system.

ADMINISTRATIVE SIGN-OFF:



Timothy W. Lutz
Agency Director

cc: County Administrative Office

Attachment(s) Tulare County Mental Health Board Annual Report-2018

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

IN THE MATTER OF ACCEPT A REPORT) Resolution No. _____
FROM THE TULARE COUNTY MENTAL) Agreement No. _____
HEALTH BOARD

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

* * * * *

Accepted the Annual Report from the Tulare County Mental Health Board (January 2018 through December 2018).

TULARE COUNTY MENTAL HEALTH BOARD
ANNUAL REPORT - 2018

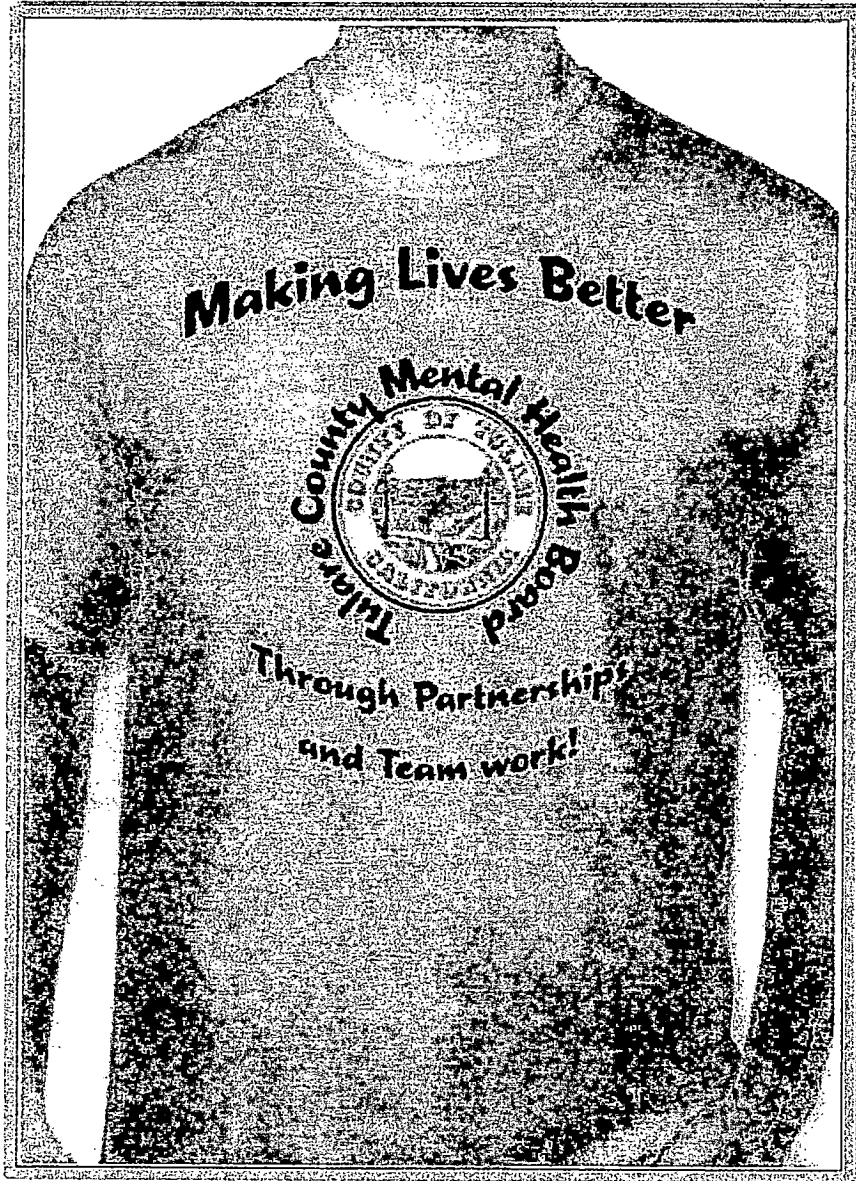


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INTRODUCTION

Rationale

California Welfare and Institutions Code Section 5604 establishes and describes "Powers and Duties of California Mental Health Boards." These include "submit an annual report to the governing body on the needs and performance of the county's mental health system." The current report is a summary of Mental Health Board activities for calendar year 2018.

Information Sources

Information for this report is obtained from minutes of the Mental Health Board Executive Committee and general Mental Health Board meetings (January through December 2018). The Tulare County Mental Health Board (TCMHB) was supplied summaries of the Tulare County Mental Health Branch's organization, committees, budget and state reporting mandates from the Tulare County Mental Health Branch, Health and Human Services Agency. Additional documents include recent summaries for EQRO program audit-review and the Tulare County Budget Book for Fiscal Year 2018- 2019. This past year, individual Mental Health Board members also have attended and participated on many working committees and/or state-level meetings. The working committees are part of the organizational structure for TCMHB administration and management. This structure allows communication and coordination across an array of contractors, services, and program objectives (e.g., Mental Health Plan). Board Member opinions and summaries are included, as available, for various committee reports highlighting this year's goals and accomplishments. Other Board member comments and recommendations are offered in the Summary.

Relevant Considerations/Demographics

U.S. Census Bureau's poverty data show that 28.3% of Tulare County population is living at or below poverty level. This is an increase of 5.4 percentage points since the 2010 survey. Contrasted to 2016, there now are 30,118 more persons here living below poverty level. The State average is 15.8% and reflects a 2.1 percentage point increase from 2010.¹ Due to the high poverty rate within Tulare County, over half - approximately 52% - of our residents receive some form of social support services or program aid such as CalFresh. Tulare County also has a higher unemployment rate of 10% compared to a California state unemployment rate of 4%.

¹Extracted from the County of Tulare Recommended Budget 2018-2019:
<https://tularecounty.ca.gov/cao/index.cfm/budget/fiscal-year-2018-19/>

MENTAL HEALTH BOARD

2018 Board Composition:

Executive Committee: David D. Wood, Ph.D. (Chair), George Allen, B.S. (Vice Chair), Nathan Terry (Secretary), Gail Jones (Member-At-Large), Darlene Prettyman (Interim-secretary)

General Membership: The spreadsheet below lists general membership as it relates to 2018. The letter "R" indicates Resignation in 2018.

Seat	Seat Type	Member Name	Appointed	Current Term	Next Term
1*R	At-Large	Nathan Terry*	12/16/2015	12/31/2018	12/31/2021
2	At-Large	Lynne Del Campo	1/29/2013	12/31/2018	12/31/2021
3 *R	At-Large	Michele Morrow-Eaton*	5/15/2018	12/31/2018	12/31/2021
4 *R	At-Large	Lt. Cory Jones	2/23/2016	12/31/2018	12/31/2021
5	Consumer	Dale Asman	8/22/2017	12/31/2018	12/31/2021
6	At-Large	Erin Brooks, J.D.	9/15/2009	12/31/2019	12/31/2022
7	Consumer	Gail Jones	10/21/2014	12/31/2019	12/31/2022
8	Family Member	George T. Allen	10/21/2014	12/31/2019	12/31/2022
9	At-Large	William Carrillo	6/14/2016	12/31/2019	12/31/2022
10	At-Large	David Wood, Ph.D.	7/8/2014	12/31/2019	12/31/2022
11	Family	Sandra Juarez, MSN	10/9/2018	12/31/2020	12/31/2023
12	Family	CJ Long	12/19/2017	12/31/2020	12/31/2023
13	Family	Pending	TBD	12/31/2020	12/31/2023
14	Consumer	Christopher Smith	1/30/2018	12/31/2020	12/31/2023
15*R	At-Large	Richard Sigmund*	1/30/2018	12/31/2020	12/31/2023
16	Family Member	Darlene Prettyman, RN	9/1/2015	12/31/2020	12/31/2023
Ex-Officio	Board of Supervisors Rep.	Amy Shuklian	N/A	N/A	N/A

*R – Mr. Terry resigned due to out-of-area employment. Ms. Morrow-Eaton is the Director, First Five Tulare County, and found scheduling challenges too inconvenient. Lt. Jones has been assigned primary responsibilities for the south County Correctional Facility in Porterville (including enhanced psychiatric services for inmates) and had competing responsibilities and scheduling challenges too. Mr. Sigmund became a contract Hearing Officer for Competency/Conservatorship Hearings and could not contract with Tulare County and also serve on the MHB.

Special Board Activities

The Mental Health Board held a retreat April 9, 2018, 8:30 AM-2:30 PM. This was a second annual all-day meeting. It served to 1) acquaint members better with each other, 2) increase familiarity and sophistication with the Mental Health Services Act (MHSA), and 3) provide training and review about the structure and organization of the Tulare County Mental Health Branch (TCMH). TCMH Branch provided training on California Statutes including Brown Act meeting requirements, the Mental Health Services Act, and how TCMH program components are related to the MHSA. Department budgeting, task priorities and responsibilities, and service model were reviewed as well.

Vacancies from 2018 have largely been filled. Board Members have been participating or (new members) invited to attend various TCMH Department Committees. In early February 2019 a third annual all-day retreat will again provide new/refresher training and overview. This should help new members learn and more senior members review the complexity of the TCMH system. We are considering a possible "Board Buddy" protocol for more seasoned members to serve as mentors to newer members. This, and work committees such as the Housing work group, will emphasize Brown Act requirements for transparency, avoidance of lobbying or personal persuasion, and emphasize independent voting preference(s) for each individual Board Member.

Mental Health Board Meeting Agendas 2018

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

MONTH	AGENDIZED ITEMS
January	Approved the Innovation Plan Addressing Metabolic Syndrome Pilot
	Approved the Innovation Plan Connectedness 2 Community
	Consider application for membership from Christopher Smith for Consumer Seat #14
	Consider application for membership from Richard Sigmund for At-Large Seat #15
MHB Business	Mental Health Board Annual Report progress
	Mental Health Board Data Notebook progress
	2018 Retreat discussion (date, time, desired presentation(s), etc.)
	2018 proposed presentations for Mental Health Board meetings
February	
MHB Business:	2018 Mental Health Board Presentation Schedule
	2018 Mental Health Board Retreat
	2017 Tulare County Mental Health Board Annual Report
March	Presentation: Overview of Direct Services Including Continuum of Care
MHB Business:	Mental Health Board Executive Committee Secretary Discussion
	2017 Tulare County Mental Health Board Annual Report
April	Presentation: Mental Health Awareness Month (MHAM)
	Approved the 2017 Tulare County Mental Health Board Annual Report
MHB Business:	Future Presentations: Crisis Intervention Training (CIT) and Suicide Prevention Task Force (SPTF)

MONTH	AGENDIZED ITEMS
May	Presentation on Prevention and Early Intervention (PEI)
	Considered application for membership from Michele Morrow-Eaton for At-Large Seat #3
June	Presentation: Children's System of Care
MHB Business:	CALBHB/C Presentation
July	Presentation: Transitional Age Youth System of Care
	Approved the Mental Health Services Act Reversion Plan (AB 114) for public post
MHB Business:	Member Identification Update
August	Presentation: Adult/Older Adult System of Care
	Presentation: Visalia Wellness Center Request for Proposal
	Public Hearing on the Mental Health Services Act Reversion Plan
	Approved the Mental Health Services Act Reversion Plan
MHB Business:	2018 NAMI Shirts
September	Presentation Housing, IMDs, Hospitalizations, and State Hospitals
	Considered application for membership from Sandra Juarez for Family Seat #11
October	Presentation: Wellness Supports
	Approved the Mental Health Board Application with County Counsel recommendations
	Considered application for continued membership from Lynne Martin del Campo as an At-Large Member for Seat #2
	Considered application for continued membership from Michele Morrow-Eaton for At-Large Seat #3
	Considered application for continued membership from Dale Asman for Consumer Seat #5
	Nomination of the 2019 Executive Committee members: Chair, Vice Chair, Secretary, and two At-Large
MHB Business:	Mental Health Board Representation at MHSOAC and Board of Supervisors
November	Ride Along Program Update
	Wellness Center Public Service Announcement Screening
	Election of the 2019 Executive Committee members: Chair, Vice Chair, Secretary, and two At-Large seats
December	MHSA Plan Update FY18/19
	Considered application for membership from Bruce Nicotero for Family Seat # 13
	Approve the Mental Health Services Act Plan Update FY 18/19 for public post
MHB Business:	2018 Mental Health Board Annual Report
	Board Membership

TULARE COUNTY MENTAL HEALTH PLAN (MHP)

Tulare County Mental Health Plan Overview

The Tulare County Mental Health Plan (MHP) is summarized in a "Wellness and Recovery Guide to Mental Health Services" published by the Tulare County HHSA. Services are for Tulare County residents experiencing symptoms of mental illness. County-operated clinics in Porterville and Visalia are supplemented by a newly opened Wellness and Recovery Center in Porterville and another soon to open in Visalia (anticipated Grand Opening- May 2019).

The current range of MHP services includes a 24h/7day Psychiatric Emergency Team (PET), mental health services for those incarcerated in county jail facilities, and adult and youth mental health services for the treatment of mental illness in children, adolescents, adults, and seniors. The array of services includes, but are not limited to: mental health assessments, individual and group therapy, psychiatric and related medication services, crisis intervention, case management for access to medical, social, educational and community services, and therapeutic behavioral services for those age 21 years old or younger.

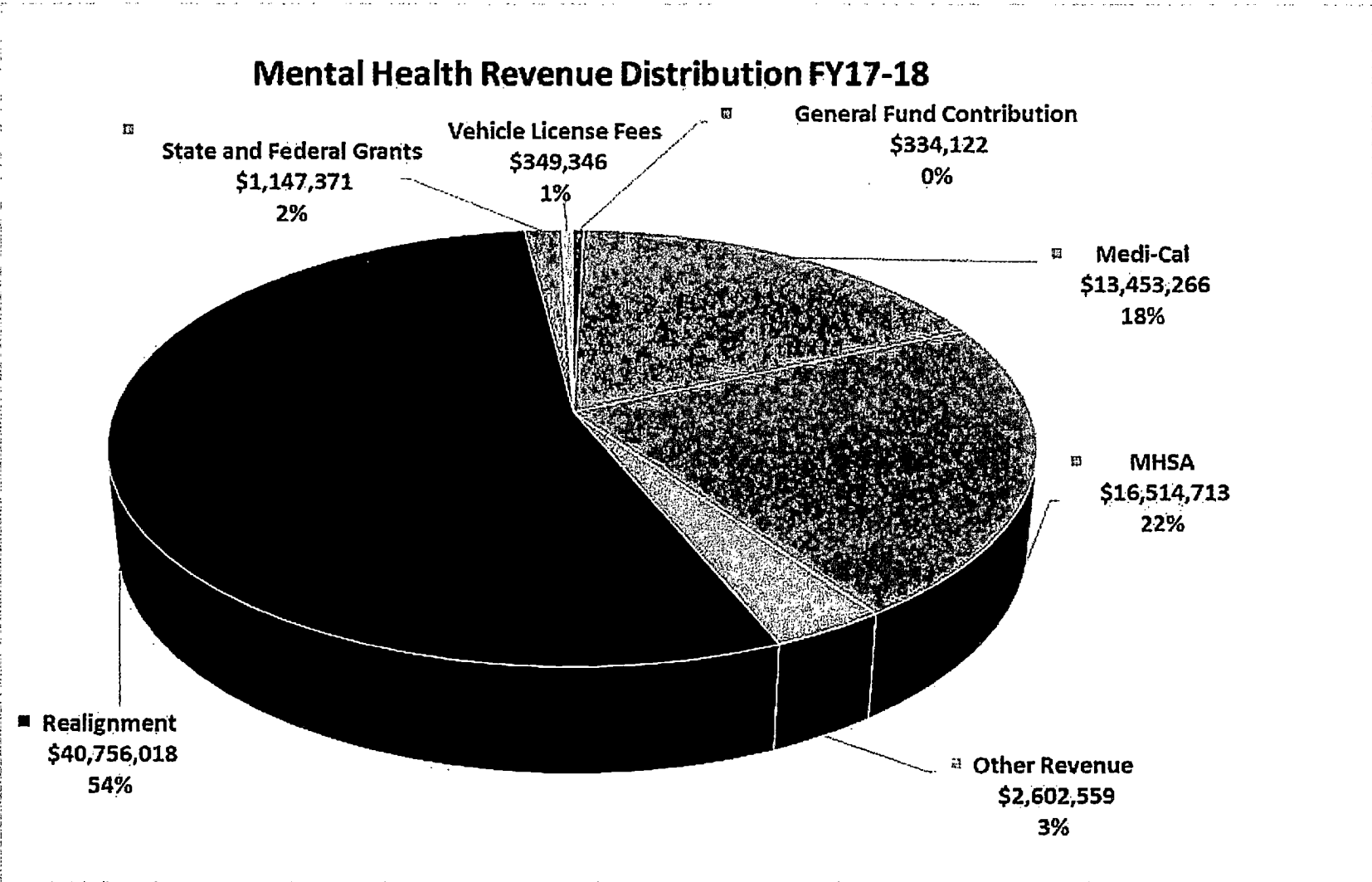
PROGRAM	SERVICES	LOCATION	OPERATION
Alcohol and Other Drug Prevention, Treatment, & Recovery (AOD)	Substance Use and Co-occurring Disorder Placement Services	942 South Santa Fe Avenue, Visalia, CA 93292	Delivers assessment, evidence based treatment, prevention and placement services aimed at improving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

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

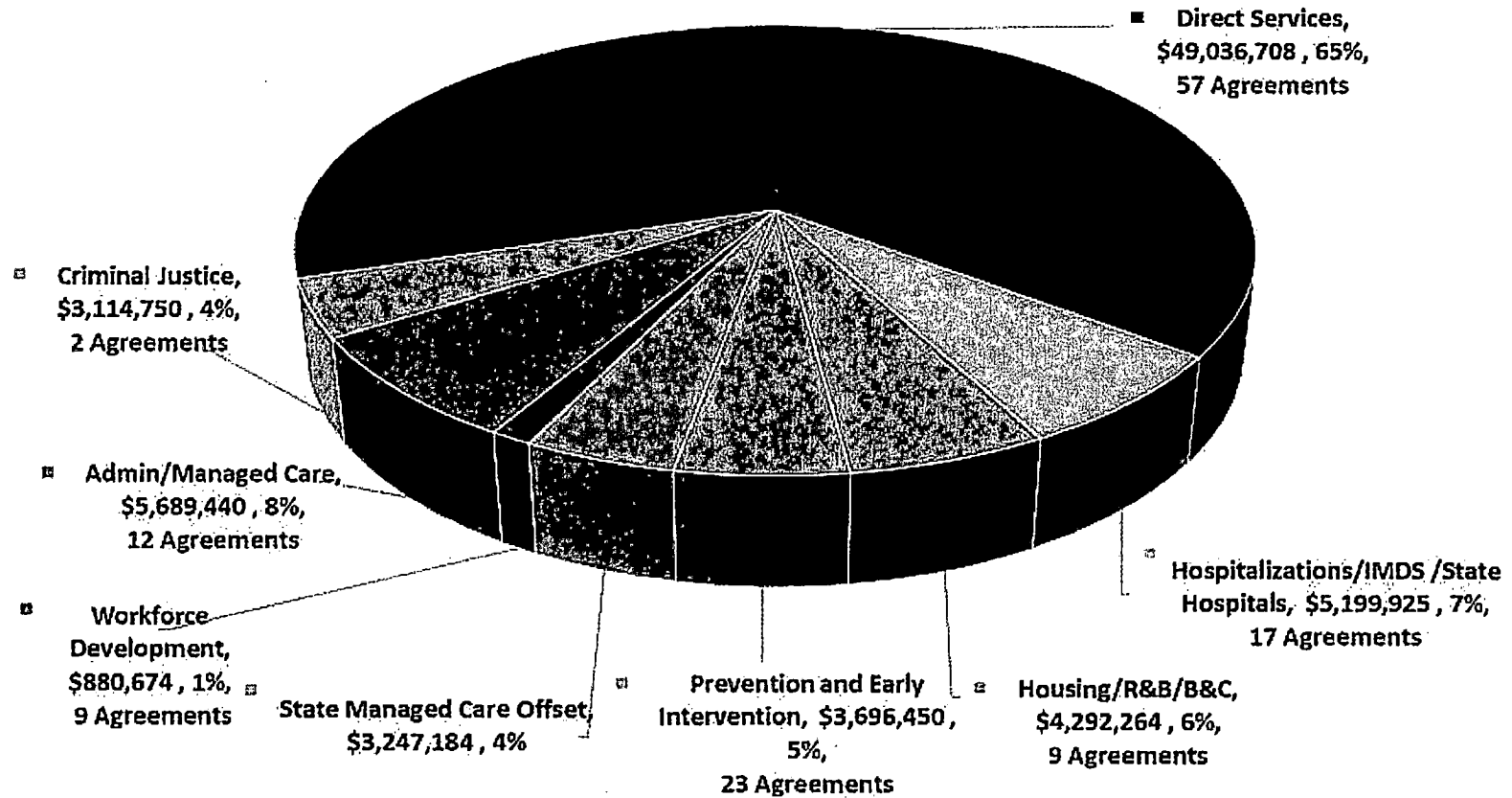
PROGRAM	SERVICES	LOCATION	OPERATION
Wellness Centers			
Porterville Wellness & Recovery Center	Wellness Center	333 West Henderson Avenue, Porterville, CA 93257	Mon-Fri 9am-7pm, Sat-Sun 11am-3pm
Visalia Wellness & Recovery Center (<i>in development</i>)	Wellness Center	1223 S. Lovers Lane Visalia, CA 93292	<i>Est. May 2019</i>

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

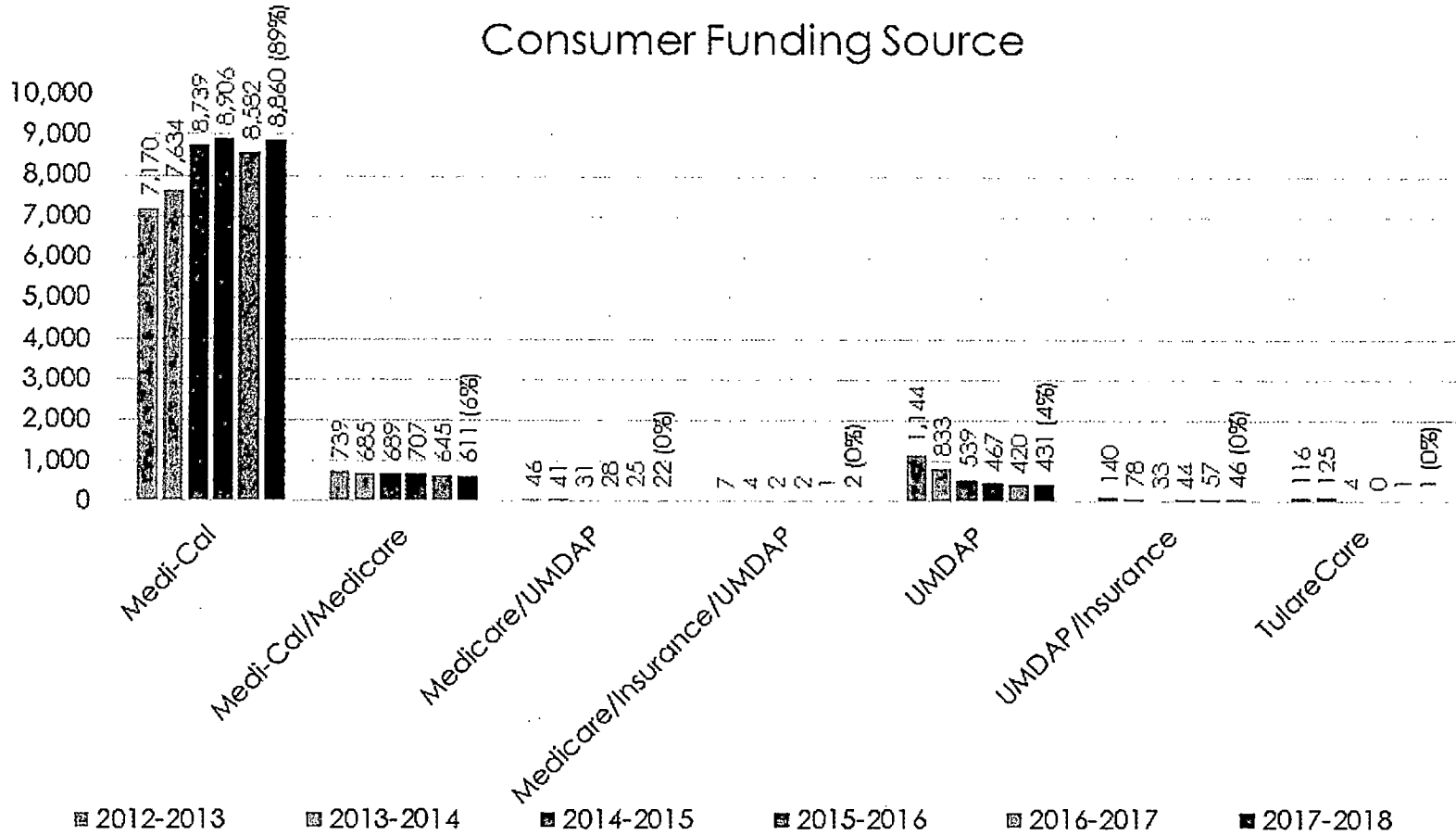
Tulare County Mental Health Plan Revenue, Expenditures, and Consumer Funding Source



Mental Health Expenditure Distribution FY17-18



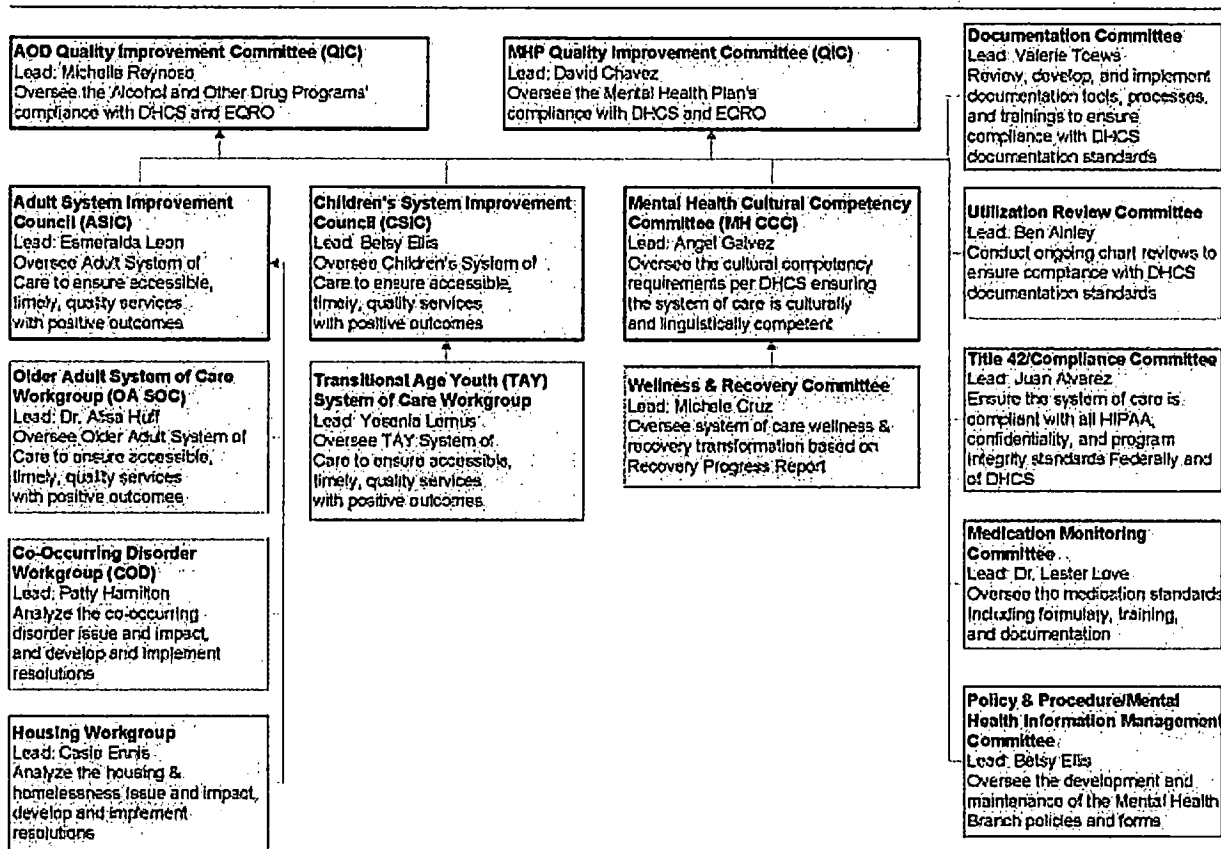
Consumer Funding Source



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

The committee structure of the Tulare County Mental Health Plan is presented below. The following pages summarize this past year's (2018) Committee goals and objectives. NB: The top left *AOD QIC* is not an MHP committee. Committees in the far right column (gray column are internal TCMH operations groups which Mental Health Board Members have not attended)

Tulare County Mental Health Plan Committees



Committee/Workgroup Name:	Quality Improvement Committee (QIC)	
Facilitator:	Christi Lupkes, Division Manager, Managed Care	
Time Period Reporting:	2018	
Committee/Workgroup Purpose/Goal:	To oversee the Mental Health Plan (MHP) and its compliance with the Department of Healthcare Services (DHCS) and the External Quality Review Organization (EQRO).	
Objectives developed and worked on during this time period		
1. Monitor and action related to the Quality Improvement Workplan and Matrix		
2. Discuss and develop necessary actions to meet the review measures of the External Quality Review		
Accomplishments for this time period		
Objectives Completed	Date Completed	Result
1.	February 2018 <i>(Target date is always 90-days close of FY, but due to vacancies, it was not finalized until Jan 2019)</i>	The 2017/2018 QI Evaluation and Matrix was completed and disseminated at QIC, and the 2017/2018 QI Workplan and Matrix were reviewed and revised by the QI Workgroup of MHP QI representatives and disseminated at QIC
2.	Ongoing	Behavioral Health Concepts (BHC) conducted EQRO on August 14 & 15, 2018. The final report was favorable, with a summary report discussed at QIC.

Committee Name:	Adult System Improvement Council (ASIC)	
Facilitator:	Esmeralda Leon, Visalia Adult Integrated Clinic Manager	
Time Period Reporting:	2018	
Committee Purpose/Goal:	Oversee Adult System of Care to ensure accessible, timely, quality services with positive outcomes.	
Objectives developed and worked on during this time period		
1. Create a better way to identify and serve those with Co-occurring Disorder <i>(to be done through the Substance Use Disorder Workgroup chaired by Patricia Hamilton and reported out at ASIC for feedback and direction)</i>		
2. Discuss ways to enhance consumer housing at local Room & Boards and Board & Cares <i>(to be done through the Housing Workgroup co-chaired by Casie Ennis)</i>		
Accomplishments for this time period		
Objectives Completed	Date Completed	Result
1.	Ongoing	Mental Health has been ascertaining that consumers who are diagnosed with Co-Occurring Disorders are encouraged to attend an assessment with our alcohol and drug providers. Both the Mental Health and Alcohol and Drug programs are keeping track of how many referrals are being done on a monthly basis. Ideas are being looked at to encourage consumers to seek treatment.
2.	Ongoing	The Workgroup continues to sponsor R&B operator luncheons to continue to build relationships and provide trainings to the operators. The workgroup has began the process of creating a housing resource list for clinicians, case managers and peer support specialist to support consumers in choosing an appropriate option.
MHB Committee Participant(s) Comments:		

Committee/Workgroup Name:	Older Adult System of Care (OA SOC) Subcommittee of ASIC	
Facilitator:	Alisa Huff, Psy.D.	
Time Period Reporting:	2018	
Committee/Workgroup Purpose/Goal:	To develop, promote, and support a system of care that can meet the unique needs of the older adult population.	
Objectives developed and worked on during this time period		
1) Identify and address unique needs of the older adult population due to significant growth in coming years		
Accomplishments for this time period		
Objectives Completed:	Date Completed	Result
1.	Ongoing	The subcommittee continues to identify unique needs of the older adult population. It has determined that senior community is unaware of mental health symptoms and there isn't many available resources. They will participate in more health awareness events and presentations were completed at senior residential centers.
MHB Sub-Committee Participant(s) Comments:		

Committee Name:	Housing Services Workgroup	
Facilitator:	Casie Ennis	
Time Period Reporting:	1/18 – 12/18	
Committee Purpose/Goal:	To introduce resources and services into local housing to further the wellness and recovery goals of Tulare County mental health consumers	
Objectives for this time period:		
Objectives developed and worked on during this time period		
1. Continue to build and develop relationships with local room and board operators. Facilitate quarterly R&B luncheons and maintain comprehensive housing list		
2. Develop relationships with community organizations that would be helpful resources for consumers in local R&Bs.		
3. Invite and organize more services and resources into housing		
Accomplishments for this time period		
Objectives Completed	Date Completed	Result
1. Ongoing	N/A	<p>Quarterly luncheons continue to be scheduled for housing providers. Currently the group is tackling ideas to boost attendance from operators. A comprehensive housing list has been created and will be updated quarterly.</p> <p>Presentations and trainings provided to the Housing operators during calendar year 2018 have included the following:</p> <ul style="list-style-type: none"> • Resources & Self Care for Success, Casie Ennis LMFT • Central California Legal Services & Tenant Rights, Jasmine Delatorre • Code Enforcement, City of Visalia, Tracy Shaw <p>The workgroup has introduced the objective of scheduling annual, rotating presentations in advance based on feedback and requests from R&B operators.</p>
2. Complete	11/30/18	<p>Housing Workgroup has invited the following organizations to meetings in order to discuss services offered and future collaborative efforts:</p> <ul style="list-style-type: none"> • Projects for Assistance in Transition from Homelessness (PATH) • Tulare & Kings County Homeless Alliance • Visalia Rescue Mission • Crossroads

3. Ongoing	N/A	This continues to be an objective for the workgroup. Clinical manager, Esmerelda Leon, has had peer support staff do outreach with R&B operators to identify housing units that are open to services on site. Due to staff turnover at the peer support and case manager positions, scheduling of groups, trainings, and presentations for consumers in the housing units has been paused. Workgroup will continue to work on this objective as staffing needs are addressed in the coming year.
MHB Sub-Committee Participant(s) Comments:		

Committee/Workgroup Name:	Substance Use Disorder (SUD) Workgroup of ASIC	
Facilitator:	Workgroup was on hold in 2018 due to Drug Medi-Cal Organized Delivery System Development	
Time Period Reporting:	2018	
Committee/Workgroup Purpose/Goal:	To discuss strategies and implementations plans on ways to mitigate the harm caused to programs by consumers suffering from active substance use disorders and to improve outcomes.	
Objectives developed and worked on during this time period		
1. The develop a standardized definition of what qualifies a consumer as experiencing a Co-Occurring Disorder (COD).		
2. To improve the identification and tracking of COD consumers within the MHP's electronic health records system.		
3. To increase the number of mental health consumers identified as experiencing a co-occurring disorder to AOD for SUD treatment over the last fiscal year.		
Accomplishments for this time period		
Objectives Completed	Date Completed	Result
Workgroup was on hold in 2018 due to Drug Medi-Cal Organized Delivery System Development		

Committee Name:	Children's System Improvement Council	
Facilitator:	Betsy Ellis Unit Manager, Managed Care	
Time Period Reporting:	January 2018-December 2018	
Committee Purpose/Goal:	Oversee Children's System of Care to ensure accessible, timely, quality services with positive outcomes.	
Objectives for this time period:		
Objectives developed and worked on during this time period		
4. Review tools and reports to identify or develop one's that demonstrate a good and accurate clinical picture of the Children's System of Care		
5. Identify and address barriers within the children system of care (ie-critical incidents within school districts related to mental illness)		
6. Develop Children's Resource Guide		
7. Discuss training needs related to Children's System of Care		
Accomplishments for this time period		
Objectives Completed	Date Completed	Result
4. Data Dashboard	On going	Due to some staffing changes we have not had data dashboard information available to CSIC in the past 11 months.
CANS Implementation	Completed 11/15/18	CANS went live with all providers. We will begin creating reports that can monitor outcomes from specific clinic and drill down to each consumer.
5. Barriers	On going	Urgent Conditions was defined and implemented through policy. Tracking will now occur and be reported at QIC. Home and Hospital Orders coming from clinics to school districts. Clinic managers were invited to speak to Directors of Special Education. Conclusion: there will be informative meetings with parents, staff and MH providers to work on transition plans for all youth with home and hospital orders.

		Crisis call from schools and PET team involvement discussion. Children should not be placed on holds without consulting with parents.
6. Resource Guide	Completed 9/2018	Resource Guide were distributed system wide to include Child Welfare, Education and Probation.
7. Training Needed/Completed	On going	Focus on Psychosis 2/13/18 and 2/14/18 Interpreter Training 2/27/18 and 02/28/18 Access to Behavioral Health Services TCOE presentation 5/2018 Suicide Awareness and Prevention 8/1/18 Resource Fair TCOE 8/2/18 Understanding School Mental Health Practices and Trauma 8/3/18 Psychological First Aid 10/17/18 and 10/31/18 Cynthia Mummary Lockhart Conference 11/8/18
MHB Sub-Committee Participant(s) Comments:		

Committee/Workgroup Name:	Transition Age Youth System of Care (TAY SOC) Sub-committee of CSIC	
Facilitator:	First Chair: Yesenia Lemus & Second Chair: Juan Alvarez	
Time Period Reporting:	2018 (Meeting conducted Quarterly)	
Committee/Workgroup Purpose/Goal:	To develop, promote and support a system of care that meets the unique needs of the Transitional Age Youth population.	
Objectives developed and worked on during this time period		
1. Preparing TAY for transition to life as an adult, including life skills and soft skills groups/classes.		
2. Share knowledge of resources and services available to TAY		
3. Increase number of TAY participants in WRAP		
Accomplishments for this time period		
Objectives Completed	Date Completed	Result
1. Action for Objective 1	Continuous	TAY subcommittee in collaboration with Wellness and Recovery Committee, CSET and TAY crossroads have initiated a group named PARTY-Peer Actively Reaching TAY Youth. This group of staff, volunteers, and stakeholders will collaborate with CSET to provide soft skill learning experience for TAY at TAY housing. The soft skills learning would include but not limited to, budgeting, cooking, laundry, basic car maintenance, job search etc.
2. Action for Objective 2	Jan and July 2018/ Continuous	Jan. 17, 2018: Public Health provided TAY Committee an informational sex education presentation and resources regarding health checkup. The presentation included information regarding a healthy relationship, sex education, STD in the Central Valley, and maintaining a healthy life. July 18, 2018: CSET Youth Program, Supportive Employment and Volunteer programs provided a presentation to the TAY Committee. The youth program is separate for the supportive employment program and provides placement for youth at county facilities for job experience. The Supportive employment and volunteer program is for current of past consumers, participants are assisted in finding competitive employment and volunteer placement.

3. Action for Objective 3	In progress	June 2018: Porterville Youth clinic began a TAY WRAP group at the Porterville Clinic. Continued to work with Contract providers that have WRAP facilitators to reach out to TAY for WRAP groups. Also have been discussing with Mike Gates on possibility of partnering up with TP to have a WRAP facilitator training.
MHB Sub-Committee Participant(s) Comments:		

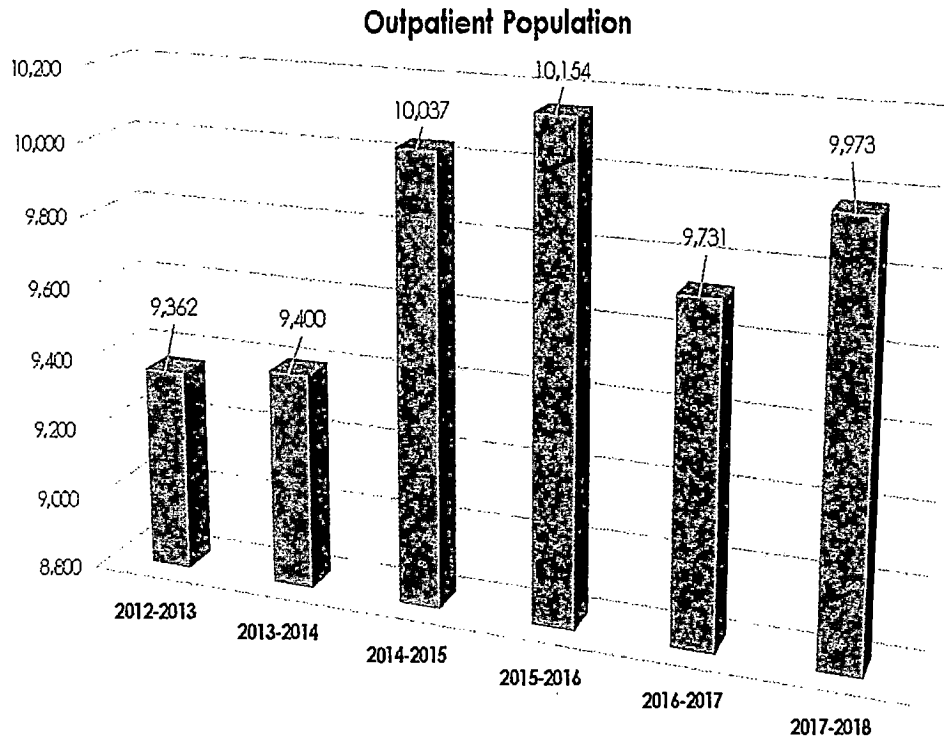
Committee Name:	Wellness and Recovery Committee		
Facilitator:	Kent Henry, Wellness & Recovery Manager; and Michele Cruz, Mental Health Services Act Manager		
Time Period Reporting:	January 2018-December 2018		
Committee Purpose/Goal:	Oversee efforts to include wellness & recovery principles throughout system of care.		
Objectives for this time period:			
Objectives developed and worked on during this time period:			
8. Community Education – Yesenia Lemus as lead			
9. Peer Mentorship – Peer Support Specialists as lead			
Accomplishments for this time period			
Objectives	Activity	Date Completed	Result
8. Community Education	Restart “The Trestle” publication on a quarterly basis	September 2018 December 2018	First “restart” publication released September 2018. Second publication released December 2018. Efforts for quarterly releases continue.
	Stigma reduction efforts	In progress	Ideas including various media efforts (videos, billboards, signs, etc.) were discussed. Group is tasked with picking 2-3 for focused efforts.
	Community events/activities	In progress	Group developing a plan for a Mental Health Fair, focused solely on Mental Health providers and resources.
9. Peer Mentorship	Form a mentoring/support group for peers and Transitional Age Youth	October 2018 November 2018 December 2018	The purpose of this group is to assist working peers with topics that impact them, such as handling everyday life problems, teaching them life

	<p>Committee members from CSET's Supported Employment and Volunteer Program, Porterville Wellness Center, and TAY Crossroads Housing have been collaborating in mentoring TAY Age consumers</p>		<p>skills, and encouraging them to try out something new that could be a benefit to their wellness and recovery.</p> <p>In the month of October, the committee planned a friendly baseball game between the Crossroads Housing Program and the Wellness Center. Staff were able to encourage consumers to participate and learn to play a sport and do so in a team. This helped set a foundation to the Peer Mentorship Support Group. Consumers responded well to the idea.</p> <p>In the month of November, the committee planned a way to mentor consumers by teaching them how to make traditional Thanksgiving dishes throughout the month and encouraged them to attend the Thanksgiving event held at PWC.</p> <p>Lastly in the month of December, the committee planned a formal Winter Ball to close out the year. Joint</p>
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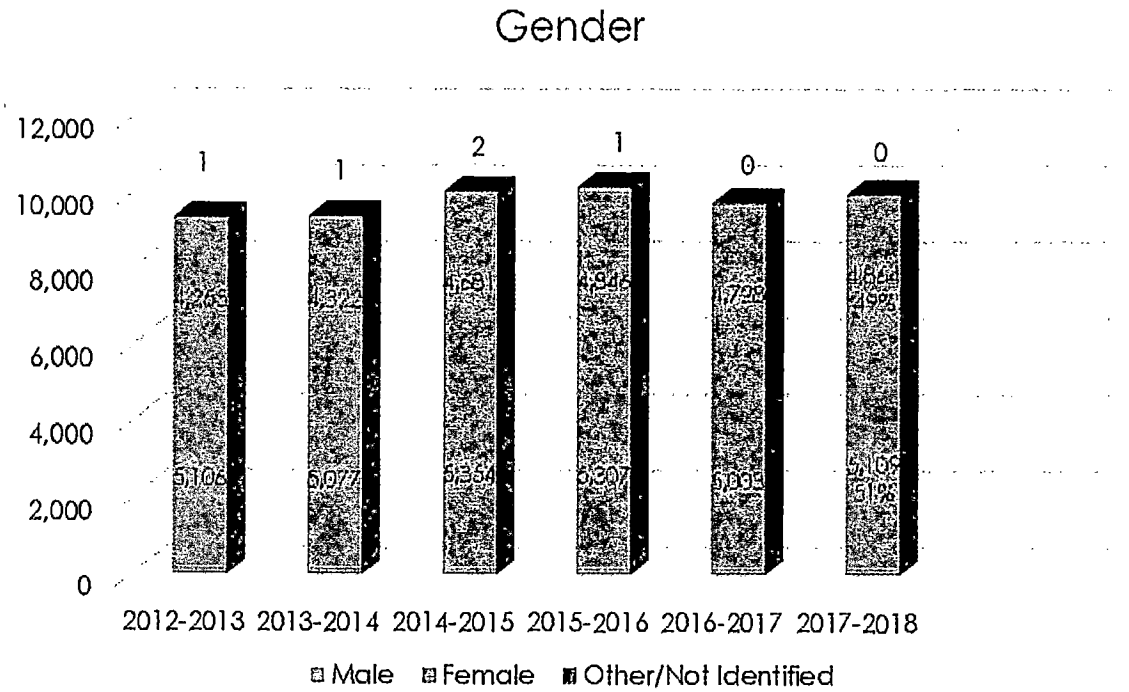
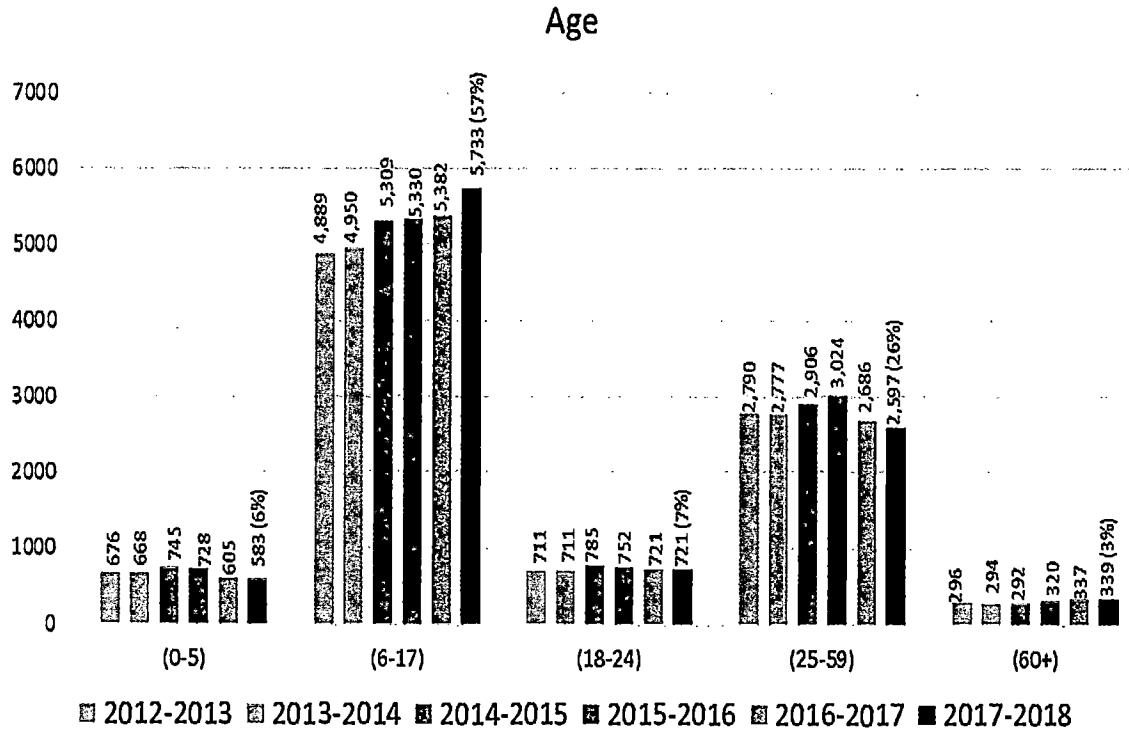
			<p>efforts were made to teach and mentor TAY Consumers how to dress for the event, teach and show them some fancy dance moves, and have a good time.</p> <p>The committee looks forward to 2019 with the set goal to have the committee made up of consumers who have been mentored and prepared to become peer mentors by the end of 2019.</p>
	Form a support group for working peers	Tabled	<p>The purpose of this group is to share experiences of mature peers and Transitional Age Youth peers, learning and teaching soft skills, as well as mentoring each other.</p> <p>Committee members from CSET's Supported Employment and Volunteer Program, Porterville Wellness Center, and TAY Crossroads Housing are working together on this effort. The committee focused on the first activity for 2018. As that effort begins to take off, focus on this second effort can begin.</p>
MHB Committee Participant(s) Comments:			

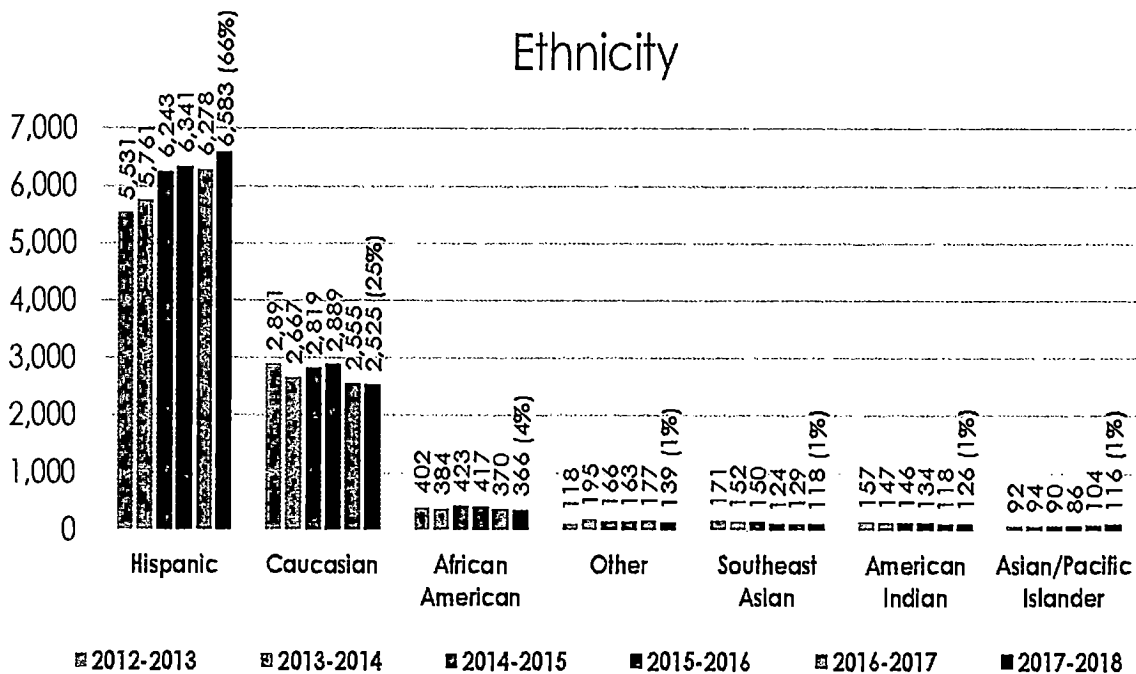
Tulare County Mental Health Plan Consumer Demographics

Tulare County Mental Health Plan has seen a steady increase in total number of consumers served between fiscal year 2012-2013 (9,362 consumers) and fiscal year 2017/18 (9,973 consumers). This is a 7% growth in service population (cf. 5% general population growth overall realized in the Tulare County (442,182 in 2010; 464,493 in 2017) Census estimates).



TCMH service population demographics are similar to the general population of Tulare County:





Tulare County Mental Health Plan Outcomes

The Tulare County MHP has experienced a 6% increase in total persons served from FY 13/14 to FY 17/18. By contrast, the number of consumers hospitalized decreased by 7% in this same five-year period. Re-hospitalization rates decreased dramatically by 37% (n= 269 in FY 13/14, n = 170 in FY 17/18).

These continued improvements reflect a sustained commitment to a Wellness and Recovery model, not least including customized services tailored to consumer capabilities and needs. Therapeutic, psychiatric (medication management), and peer support services have been augmented with an array of community serviced such as supportive housing, supported employment, and now even actual Wellness Center programs. Staff have worked diligently to serve consumers. Important service delivery metrics are listed below. Beyond direct service measures, consumer satisfaction surveys are some of our most critical outcomes. The twice yearly mandated CA Consumer Perception Survey provides an objective measure for TCMH program participant satisfaction surveys. These data follow performance metrics in Tables presented in following pages.

Tulare County Psychiatric Hospitalizations

ACUTE PSYCHIATRIC HOSPITALIZATIONS ALL AGES

	Total Served	Total Hospitalizations	Average Length of Stay (Days)	Total Days	Readmissions
FY 12/13	9,362	1,066 (11.4%)	11	11,378	199 (18.7%)
FY 13/14	9,400	1,270 (13.5%)	10	12,204	269 (21.2%)
FY 14/15	10,037	1,114 (11.1%)	9	10,421	154 (13.8%)
FY 15/16	10,154	1,105 (10.9%)	9	9,555	174 (15.8%)
FY 16/17	9,731	1,099 (11.3%)	9	9,674	149 (13.6%)
FY 17/18	9,973	1,177 (11.8%)	10	11,738	170 (14.4%)

CHILDREN (AGES 0-17) HOSPITALIZATIONS

	Total Served	Total Hospitalizations	Average Length of Stay (Days)	Total Days	Readmissions
FY 12/13	5,565	117 (2.1%)	10	1,159	17 (14.5%)
FY 13/14	5,618	199 (3.5%)	6	1,153	43 (21.6%)
FY 14/15	6,054	114 (1.9%)	10	1,103	24 (21.1%)
FY 15/16	6,058	95 (1.6%)	8	777	14 (14.7%)
FY 16/17	5,987	119 (2.0%)	7	818	10 (8.4%)
FY 17/18	6,316	124 (2.0%)	11	1,414	14 (11.3%)

ADULT (AGES 18+) HOSPITALIZATIONS

	Total Served	Total Hospitalizations	Average Length of Stay (Days)	Total Days	Readmissions
FY 12/13	3,797	949 (25%)	11	10,219	182 (19.2%)
FY 13/14	3,782	1,071 (28.3%)	10	11,051	226 (21.1%)
FY 14/15	3,983	1,000 (25.1%)	9	9,318	130 (13%)
FY 15/16	4,096	1,010 (24.7%)	9	8,778	160 (15.8%)
FY 16/17	3,744	980 (26.2%)	9	8,856	139 (14.2%)
FY 17/18	3,657	1,053 (28.8%)	10	10,324	156 (14.8%)

Tulare County Mental Health Services Timely Access

Across the MHP, timeliness to first clinical appointment has improved, predominantly to first appointment often within same (first) day referral. In FY 17/18, 95% of clients were seen within the goal of 0 to 3 days. Timeliness to first psychiatric appointment in FY 17/18 averaged 48 days. Timeliness for follow-up appointment after psychiatric hospital discharge in FY 17/18 averaged 13 days.

CHILDREN (AGES 0-17) TIMELY ACCESS

First request to first appointment	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18
MHP Goal: NMT 3 days	2 days	2 days	2 days	2 days	1 day
First request to first psychiatric appointment	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18
MHP Goal: NMT 30 days	40 days	50 days	50 days	71 days	63 days
Follow-up after hospitalization	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18
MHP Goal: NMT 7 days	4 days	6 days	17 days	33 days	18 days

ADULT (AGES 18+) TIMELY ACCESS

First request to first appointment	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18
MHP Goal: NMT 3 days	3 days	3 days	2 days	1 day	1 day
First request to first psychiatric appointment	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18
MHP Goal: NMT 30 days	44 days	45 days	44 days	39 days	47 days
Follow-up after hospitalization	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18
MHP Goal: NMT 7 days	10 days	8 days	12 days	16 days	12 days

Tulare County Mental Health Services Consumer and Family Satisfaction

The County solicits consumer satisfaction surveys twice a year via the State-required Consumer Perception Survey. The Consumer Perception Survey (CPS) provides rating opportunities for consumers to evaluate 1) Satisfaction, 2) Access, 3) Cultural Competency, and 4) Well-Being (effectiveness). A 5-point Likert-type rating scale is used: a score of '1' is "least satisfied" and '5' is "most satisfied or in agreement." Tulare County Mental Health typically receives scores of 4's and 5's. There has been a modest upward (improving) trend in these ratings from 2013 to 2018, in particular among older adult program participants.

- Aug 2013: 4.05
- May 2014: 4.14
- Nov 2014: 4.16
- May 2015: 4.16
- Nov 2015: 4.17
- May 2016: 4.16
- Nov 2016: 4.17
- May 2017: 4.15
- Nov 2017: 4.16
- May 2018: 4.21
- Nov 2018: 4.34

CHILDREN (AGES 0-17) CONSUMER PERCEPTION SURVEY

Satisfaction	Aug 2013	May 2014	Nov 2014	May 2015	Nov 2015	May 2016	Nov 2016	May 2017	Nov 2017	May 2018	Nov 2018
Families (0-12)	4.33	4.40	4.33	4.35	4.30	4.32	4.34	4.33	4.27	4.36	4.29
Youth (13-17)	4.07	4.06	4.04	4.11	4.10	4.10	4.09	4.12	4.19	4.18	4.18
Access	Aug 2013	May 2014	Nov 2014	May 2015	Nov 2015	May 2016	Nov 2016	May 2017	Nov 2017	May 2018	Nov 2018
Families (0-12)	4.36	4.47	4.39	4.40	4.37	4.42	4.36	4.39	4.33	4.39	4.33
Youth (13-17)	4.13	4.12	4.13	4.16	4.18	4.16	4.13	4.13	4.24	4.24	4.25
Cultural Comp.	Aug 2013	May 2014	Nov 2014	May 2015	Nov 2015	May 2016	Nov 2016	May 2017	Nov 2017	May 2018	Nov 2018
Families (0-12)	4.47	4.59	4.52	4.56	4.52	4.50	4.50	4.52	4.48	4.49	4.51
Youth (13-17)	4.21	4.27	4.25	4.31	4.35	4.37	4.31	4.31	4.38	4.41	4.36
Well-Being	Aug 2013	May 2014	Nov 2014	May 2015	Nov 2015	May 2016	Nov 2016	May 2017	Nov 2017	May 2018	Nov 2018
Families (0-12)	3.98	4.02	3.97	4.03	4.00	3.95	4.04	3.99	3.95	3.99	4.01
Youth (13-17)	3.95	3.97	3.90	3.83	3.91	3.89	3.93	3.88	3.97	3.93	3.94

ADULT (AGES 18+) CONSUMER PERCEPTION SURVEY

Satisfaction	Aug 2013	May 2014	Nov 2014	May 2015	Nov 2015	May 2016	Nov 2016	May 2017	Nov 2017	May 2018	Nov 2018
Adult (18-59)	4.31	4.35	4.33	4.32	4.31	4.28	4.31	4.34	4.36	4.37	4.40
Older Adults	4.06	4.08	4.41	4.20	4.30	4.30	4.36	4.31	4.20	4.30	4.50
Access	Aug 2013	May 2014	Nov 2014	May 2015	Nov 2015	May 2016	Nov 2016	May 2017	Nov 2017	May 2018	Nov 2018
Adult (18-59)	4.14	4.22	4.25	4.25	4.19	4.17	4.24	4.24	4.26	4.28	4.43
Older Adults	4.13	4.11	4.19	4.05	4.2	4.23	4.26	4.20	4.09	4.31	4.47
Cultural Comp.	Aug 2013	May 2014	Nov 2014	May 2015	Nov 2015	May 2016	Nov 2016	May 2017	Nov 2017	May 2018	Nov 2018
Adult (18-59)	4.28	4.29	4.28	4.31	4.25	4.23	4.14	4.24	4.28	4.30	4.37
Older Adults	3.40	4.11	4.40	4.21	4.28	4.41	4.38	4.33	4.12	4.38	4.53
Well-Being	Aug 2013	May 2014	Nov 2014	May 2015	Nov 2015	May 2016	Nov 2016	May 2017	Nov 2017	May 2018	Nov 2018
Adult (18-59)	3.64	3.69	3.57	3.65	3.74	3.54	3.65	3.58	3.70	3.63	3.66
Older Adults	3.36	3.46	3.64	3.75	3.72	3.71	3.74	3.48	3.73	3.81	3.91

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

Tulare County Mental Health Plan Wellness & Recovery Champions

(Stories were edited to omit names for privacy purposes)

Wellness and Recovery Story #1

The Tulare County HHSA Alcohol and Other Drug program, in coordination with Mental Health, has been working with a consumer with severe bipolar disorder and substance use disorder. He has criminal justice involvement for substance use, and has been conserved twice, with his most recent conservatorship resulting from five psychiatric hospitalizations. This gentleman initially had no contemplation of the how his mental wellness was affected by his substance use, and how this was a barrier to having the life he wanted.

Through hard work by the gentleman and dedication to his wellness, he completed a residential drug treatment program, stayed in the aftercare sober living home upon graduation, started to volunteer at the residential treatment center, and received awards due to his efforts. He is now making plans to pursue certification as a substance abuse counselor. As a volunteer, he is a mentor for other individuals who are just entering recovery or struggle with it - he wants to "give back." Through his recovery, he has a girlfriend who shares his sobriety, and he has been clean and sober nearly 3 1.2 years (1230 days, 10.31.18 is his anniversary date) - an achievement he never considered possible.

Wellness and Recovery Story #2

Tulare County Mental Health has been working with a consumer who was referred to the Mental Health Court program in August 2017. At time of referral, she was homeless, living on the street, using a variety of substances to cope with her symptoms of schizophrenia, and continuously involved with local law enforcement. This consumer has been an exemplary participant in the Mental Health Court program, showing great improvement all around. She recently moved to the third phase of the program, and is on track to graduate from the program in May 2019. She has been clean and sober since July 2017, and living independently within the wellness community at the County-run Community Living Center.

She has been a mentor to her peers. She volunteers regularly at the Mental Health Clinic on the Peer Engaging Peers (PEP) team and also within the Mental Health Court program groups. She enrolled in the CSET Mental Health Supported Employment program for employment assistance, and now has begun working. At first her new job was a temporary fill position. After a few months in her job she was evaluated and offered a permanent position. She continues to excel in her treatment program and in creating a life in which she is independent, productive, happy, and continuously growing.

2018 Independent MHP Evaluation:

While the preceding Wellness & Recovery Champion stories are qualitative reviews by consumers, Tulare County Mental Health Plan (MHP) also sustains external, quantitative

review via an annual site visit. This “External Quality Review (EQR)” is conducted by an independent contracted entity, Behavioral Health Concepts (BHC), via a contract with the State Department of Health Care Services (DHCS). This year's site visit occurred August 14-15, 2018. The outcome report received from this site visit was favorable, and can be found at: https://www.calegro.com/mh-egro#!mh-reports_and_summaries

Some of the BHC's EQR results include these Tulare County Mental Health Plan highlighted accomplishments:

- The MHP is strong in the development of supported housing for its consumers.
- The MHP provides a well-regarded supported employment program through an MHSA contract with CSET and routinely tracks and reports the success of consumers served.
- The MHP presents extensive analysis of the cultural and linguistic needs of its consumers. This includes tracking the ratio of staff and consumers by ethnicity, language capacity and culture. Because of the significantly rural character of much of the county, mobile units provide access and therapy services throughout the more distant communities.
- The MHP has taken steps to include individuals with lived experience and has 36 PSSs with full and part-time positions. These individuals are hired by directly operated and contract agency programs.
- Review participants in a diverse variety of sessions recognized the success of the current relationship with local law enforcement agencies. With support of the Crisis Intervention Training (CIT) provided to officers, the success reportedly extends beyond mere training to successful interactions with individual officers, including coordination with clinics to drop off consumers needing immediate attention.
- The MHP has an array of levels of care, which includes a written protocol that describes the outpatient services through full service partnership and recovery services.

Mental Health Board Procedural Changes/Evolving Relationships

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

1. Board members received helpful training on programs, acronyms, budget considerations, and pending legislative challenges at a first-ever annual Retreat. This will be continued on an ongoing basis 2019, possibly thereafter. Annual MHB retreats appear helpful. Board members are increasing sophistication and collaboration by regularly attending Branch committees, sub-committees, and workgroups, in addition to representation at the annual External Quality Review. This will continue with participation summaries provided by members at the Mental Health Board meetings for a more regular overview of Branch activities.
2. Mental Health Board presenters are challenged to convey complex information quickly and succinctly. The Mental Health Board now uses 3x5 index cards to note questions and allow uninterrupted presentations with more detailed answers and follow-up from presenters, when necessary.
3. Audience and Mental Health Board members have had communication challenges such as adequately hearing the exchange of Board business and presentations. This has improved by the acquisition and regular use of a microphone and speaker system.
4. Collegiality is improved with Mental Health Board members representing the Department and Board at local NAMI (National Alliance on Mental Health) meetings and recruiting board members from NAMI-Tulare. Tulare County Mental Health also is represented at California state levels, including sharing Tulare County “Best Practices.” Board Member continue to serve also on the CA Behavioral Health planning council, CA Senior Legislature, and by attending regular meetings of the CA association of Local Behavioral Health Boards and Commissions.
5. The complicated business of the Branch requires ongoing presentations to and action by the Board of Supervisors, especially on fiscal matters. Some of the more “business-minded” members of the Mental Health Board have wished to be more knowledgeable about budgeting, expenditures, and fiscal activities of the Mental Health Branch. Staff now provide the weekly courtesy of forwarding action items agendas for the Board of Supervisors meetings, highlighting any Mental Health Branch considerations.
6. The Board intends to continue an locally-developed Annual Report in order to continue to consult, confer, review, and plan together.

Respectfully submitted, 2018-2019 Mental Health Board members, Spring 2019.

RESOURCES



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

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

Family Advocate: (559) 624-7449;

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

Grievances/Appeals: (800) 500-4465

Legal Aid: (559) 733-8770

Adult Protective Services: (559) 623-0651

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

My Voice Media Center: (559) 802-3266

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

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

Tulare County Warmline: 1-877-306-2413

Tulare County Crisis Hotline:
(800) 320-1616

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

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

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

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