Health & Human Services Agency
COUNTY OF TULARE
AGENDA ITEM

AGENDA DATE: October 6, 2020

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: Donna Ortiz PHONE: 624-8000

SUBJECT: Submission of the Tulare County Mental Health Services Act Annual Update Plan

REQUEST(S):

That the Board of Supervisors:

1. Authorize the submittal of the Mental Health Services Act Annual Update Plan for Fiscal Year 2019/2020, retroactively from July 1, 2019 through June 30, 2020, to the Department of Health Care Services and Mental Health Services Oversight and Accountability Commission. This plan is retroactive as the updates are for Fiscal Year 2019/2020 which ended on June 30, 2020. It was impracticable for the Board to take action prior to July 1, 2019 due to the time needed to process, prepare, and submit the agenda item.

2. Find that the Board had authority to enter into the proposed Annual Update Plan as of July 1, 2019 and it was in the County's best interest to enter into this plan on that date.

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.

Tulare County is required to submit a three-year program and expenditure plan or

an annual update 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 Mental Health Branch 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 May 6, 2020, through June 6, 2020, 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 June 2, 2020, and there were no public comments received. The Tulare County Mental Health Board approved the Annual Update Plan on July 7, 2020 for submission to the Tulare County Board of Supervisors.

FISCAL IMPACT/FINANCING:

The Board approved the acceptance of the Fiscal Year 2019/2020 MHSA component funds from the State Controller's Office through the adoption of the Mental Health Branch budgets submitted for Fiscal year 2019/2020. There is no net cost to the County General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year plan includes the Quality of Life initiative to promote and encourage the provision of quality supportive services for individuals in Tulare County. The MHSA programs contribute to that initiative by providing mental health services to otherwise underserved and unserved individuals in Tulare County.

ADMINISTRATIVE SIGN-OFF:

/s/ Donna Ortiz
Donna Ortiz
Director of Mental Health

cc: County Administrative Office

Attachment(s) Annual Update Plan

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

IN THE MATTER OF SUBMISSION OF THE	**)**	
TULARE COUNTY MENTAL HEALTH	**)**	**Resolution No. _____**
SERVICES ACT ANNUAL UPDATE PLAN	**)**	**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

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

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2. Found that the Board had authority to enter into the proposed Annual Update Plan as of July 1, 2019 and it was in the County's best interest to enter into this plan on that date.

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 2019/2020

HHSA
Mental Health

WELLNESS • RECOVERY • RESILIENCE

TULARE COUNTY MENTAL HEALTH SERVICES ACT FISCAL YEAR 2019/20 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: Donna L. Ortiz Telephone Number: 559-624-8000 E-mail: DOrtiz@tularehhsa.org	Name: Michele Cruz Telephone Number: 559-624-8000 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 non-supplantation 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 *August, 2020 (TBD)*.

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.

Donna L. Ortiz _____ _____

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: Donna L. Ortiz Telephone Number: 559-624-8000 E-mail: DOrtiz@tularehhsa.org	Name: Cass Cook Telephone Number: 559- 636-5200 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.

Donna L. Ortiz _____ _____

Local Mental Health Director (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, 2019, 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, 2018. I further certify that for the fiscal year ended June 30, 2018, 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.

Cass Cook _____ _____

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)

TABLE OF CONTENTS

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. WET and CFT fully 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 CSS component includes additional housing supports. The two newly constructed permanent supportive housing projects in Porterville and Tulare are open and operating in FY 19/20. Additionally, to address the need for housing options within Tulare County, the Mental Health Branch has agreements with some Board and Care, specialty residential, and room and board operators beginning FY 19/20.

The INN component has two newly approved programs, Connectedness 2 Community and Metabolic Syndrome Pilot Project, included in FY 19/20. Additionally, there are two proposed programs moving through the approval process, Project Empath and Advancing Behavioral Health. Both of those proposed programs are briefly described in the INN section.

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 included at the end of this plan. The information on the programs in this report comes almost entirely from the programs themselves. Demographic and outcome data is shown for programs that provided them per their annual contracts, but for some programs this information is lacking for 2016/17, 2017/18, or both years. The MHSA Team are working to ensure that all programs provide output and outcome data every year. This action plan includes holding regular PEI provider meetings to review reporting requirements and provide technical assistance for the required forms and categories, as well as regular technical assistance meetings with individual providers to include contract review, performance indicators and outcomes review, and program effectiveness review.

Effective March 20, 2019

Per Senate Bill 192 and Mental Health and Substance Use Disorder Services Information Notice Number 19-017, the description of the change to Prudent Reserve and the calculation is included here in the Revenue and Expenditure portion of this update. SB 192 placed a maximum level of Prudent Reserve at 33 percent of the average amount allocated to the CSS component over the five fiscal years beginning with fiscal year 2013/14. As a result of this change, approximately $5

million will be transferred out of the Prudent Reserve and moved into the CSS and PEI components. To prevent reversion of these funds, these funds will be utilized in FY 19/20.

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.

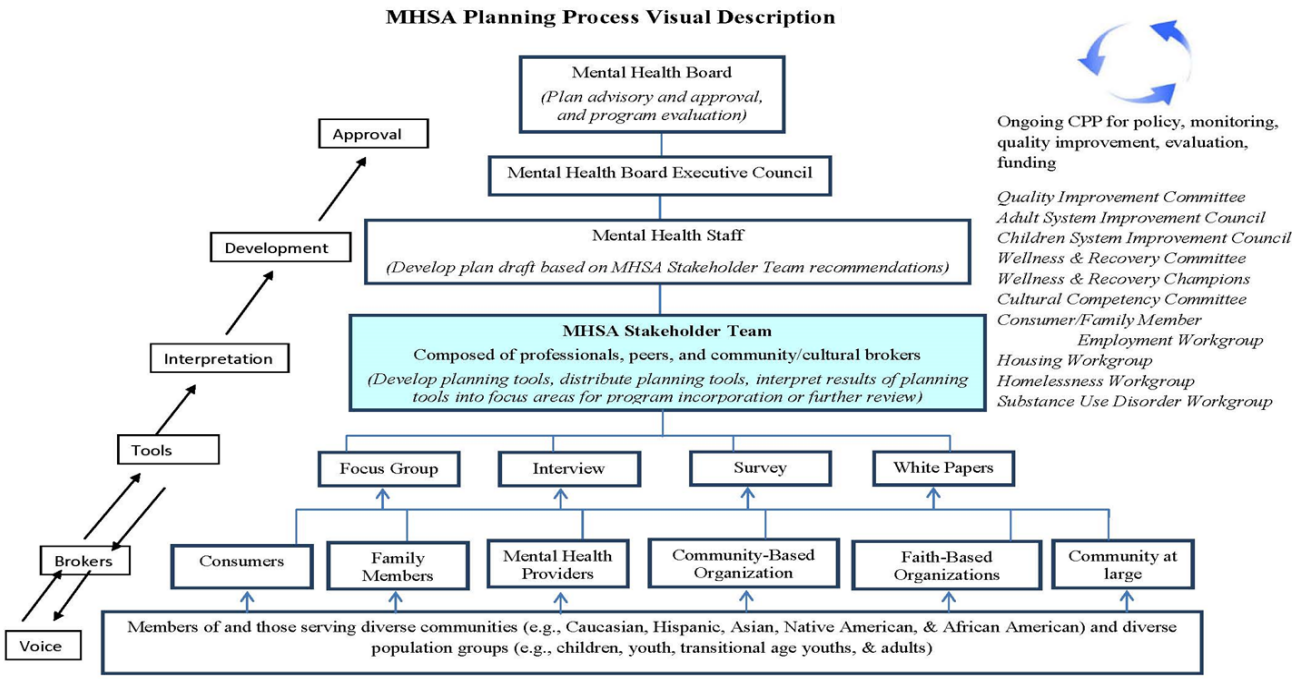
The MHSOAC is also tasked with establishing a strategy for monitoring implementation, providing technical assistance and support, and evaluation.

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 2019-2020 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 Mental Health Board, 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.

For FY 19/20, efforts continue for addressing these focus areas, including:

- 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 development of the Innovation project, Project Empath, to address stigma and discrimination in specific target populations, providing learning opportunities for messaging to the wider community.

- The Innovation project, Connectedness 2 Community, is approved and being implemented. This project 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 and Visalia Wellness Centers, family support and a wide variety of groups are being encouraged, developed, and implemented.

The draft Tulare County MHSA Fiscal Year 2019-2020 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 May 6, 2020 through June 6, 2020. A public hearing was then held during the Mental Health Board meeting on June 2, 2020. Due to a lack of a quorum, the vote to move the Plan Update forward was tabled until July 7, 2020, the date of the next Mental Health Board meeting. Discussion was held during the July 2020 meeting on this action item. No public comments were received during the first 30-day public comment period. No public comments were received during the public hearing. No public comments were received during the July 2020 Mental Health Board meeting, and the Mental Health Board reached a quorum and voted to move the Plan Update forward to the Board of Supervisors.

The Tulare County MHSA Fiscal Year 2019-2020 Integrated Plan Update was heard by the Board of Supervisors on _____, 2020, and was approved for submission to the Mental Health Services Oversight and Accountability Commission and the Department of Health Care Services.

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 2017-2018 (*Data source: Provider data, Exhibit 6 Annual Summary FY17/18, OLGL Report 17/18*)

Age Group	# of FSP	# of GSD	# of O&E
Children/Youth (0-15)	4	362	502
TAY (16-25)	66		
Adult (26-59)	1		
Older Adult (60+)	N/A		
TOTAL	**71**	**362**	**502**
Total Served in Fiscal Year 2017-2018: 433 *(does not include O&E)*			
Total Estimated MHSA Funds FY 2017-2018 = $1,900,311 **Total Cost Per Client = $4,389** *(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 2017-2018 (*Data source: Provider data, Exhibit 6 Annual Summary FY17/18, OLGL Report 17/18*)

Age Group	# of FSP	# of GSD	# of O&E
Children/Youth (0-15)	3	412	678
TAY (16-25)	0		
Adult (26-59)	40		
Older Adult (60+)	4		
TOTAL	**47**	**412**	**678**
Total Served in Fiscal Year 2017-2018: 459 *(does not include O&E)*			
Total Estimated MHSA Funds FY 2017-2018 = $1,779,060 **Total Cost Per Client = $3,876** *(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 2017-2018 (*Data source: Provider data, Exhibit 6 Annual Summary FY17/18, OLGL Report 17/18*)

Age Group	# of Individuals FSP*	# of Individuals GSD	# of Individuals O&E
Children/Youth (0-15)	91		
TAY (16-25)	96		
Adult (26-59)	370		
Older Adult (60+)	29		
TOTAL	**586**	**N/A**	**N/A**
Total Served in Fiscal Year 2017-2018: 586			
Total Estimated MHSA Funds FY 2017-2018 = $5,568,170 **Total Cost Per Person = $9,502** *(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 supportive transitional housing programs (TLC, CLC, TAY Crossroads, and room and boards) and three permanent supportive housing programs located in Visalia, Porterville, and Tulare. 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.

Additionally, to address the need for housing options within Tulare County, the Mental Health Branch has agreements with some Board and Care, specialty residential, and room and board operators beginning FY 19/20. These agreements are in support of specialty needs, like eating disorders, or in support of conserved consumers.

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 are added in FY 19/20; one in the city of Porterville which is eight shared-housing units (16 beds), and one in the city of Tulare which is 10 shared housing units (20 beds).

Program Data: Fiscal Year 2017-2018 (*Data source: Provider data, Exhibit 6 Annual Summary FY17/18, OLGL Report 17/18*)

Age Group	# of Individuals FSP	# of Individuals GSD	# of Individuals O&E
Children/Youth (0-15)	N/A	21	N/A
TAY (16-25)	44		
Adult (26-59)	97		
Older Adult (60+)	3		
TOTAL	**144**	**21**	
Total Served in Fiscal Year 2017-2018: 165			
Total Estimated MHSA Funds FY 2017-2018 = $2,841,000 **Total Cost Per Person = $17,218**			

Are there any significant changes to program such as population to be served or services to be provided? Yes. In the 2019/2020 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 2017-2018 (*Data source: Provider data, OLGL Report 17/18*)

Age Group	# of Individuals FSP	# of Individuals GSD	# of Individuals O&E
Children/Youth (0-15)	0	1,344	253
TAY (16-25)	8		
Adult (26-59)	91		
Older Adult (60+)	7		
TOTAL	**106**	**1,344**	**253**
Total Served in Fiscal Year 2017-2018: 1,703			
Total Estimated MHSA Funds FY 2017-2018 = $2,666,659 **Total Cost Per Person = $1,566** *(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 2017-2018 (*Data source: Provider data, OLGL Report 17/18*)

Age Group	# of Individuals FSP	# of Individuals GSD	# of Individuals O&E
Children/Youth (0-15)	N/A	1,119	
TAY (16-25)			
Adult (26-59)			
Older Adult (60+)			
TOTAL		**1,119**	**0**
Total Served in Fiscal Year 2017-2018: 1,119*			
Total Estimated MHSA Funds FY 2017-2018 = $1,394,080 **Total Cost Per Person = $1,246**			

*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 2019/2020 fiscal year, the Visalia Wellness Center will be opened to provide wellness and recovery services similar to those of the Porterville Wellness Center.

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 people 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. The MHSA Team will work with program providers and stakeholders continually to ensure that 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 to 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 include adults, 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 are briefly outlined, including data and outcomes where available and 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, improve access, and reduce stigma and discrimination by including mental health at partner locations that provide other services.

Building Bridges: The Building Bridges Program's goals are (1) increasing positive later-life outcomes of infants by providing mental health services to pregnant and postpartum women experiencing depression and/or anxiety, (2) reducing the incidence and/or severity of depression and anxiety experienced by pregnant and postpartum women through screening, (3) early detection and treatment, and (4) 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 in 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 expecting mothers. Referrals into the program are enhanced by partnering with Public Health/Maternal Child Adolescent Health, Family Resource Centers, 2-1-1, and Primary Care.

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 Tulare County Mental Health and Tulare County Child Welfare Services (CWS). CWS 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 the accessibility of mental health services for unserved and underserved populations in 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 for 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 curriculum 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). *Although this program is no longer funded in fiscal year 2019/20, it is included because the data table below includes the funding for fiscal year 2017/18.*

Program Data: Fiscal Year 2017-2018 (*Data source: Provider data*)

Age Group	Total Clients Served
Children/Youth (0-15)	254
TAY (16-25)	141
Adult (26-59)	59
Older Adult (60+)	4
Unknown/Undeclared	185
TOTAL	643
Total Served in Fiscal Year 2017-2018: 643	
Total Estimated MHSA Funds FY 2017-2018: $1,036,290 **Total Cost per Client: $1,612**	

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 goals of the Family Interaction Program (FIP) are to improve the quality of the parent/child relationship, promote positive parenting and interaction, increase parent coping skills, and provide outreach to underserved and unserved populations throughout Tulare County. FIP incorporates the use of Parent-Child Interaction Therapy (PCIT) at community-based sites in Lindsay, Porterville, Tulare, and Woodlake. PCIT is an empirically-supported treatment for young children with emotional and behavioral disorders that emphasizes improving the quality of the parent-child relationship and transforming negative parent-child interaction patterns into positive ones. Tools utilized include 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 the school success of at-risk children by administering screening measures, providing behavioral intervention, teaching effective coping and interaction skills, and educating parents and teachers about 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 three (K-3). Every first 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 of students who may be at risk are also accepted. When a child meets the criteria for PIP, she or he is enrolled and receives one-on-one, non-directive play and interactive instruction in communication techniques. Play sessions last for 30-40 minutes weekly, for 8-12 weeks. Parents are also provided with education regarding their child's needs and are surveyed at the program's conclusion.

Preschool Expulsion Reduction Program: The Preschool Expulsion Reduction Program (also known as Bright Future) is a program provided by the Tulare County Office of Education that currently provides prevention and early intervention services for children at risk of preschool expulsion. Bright Future offers an alternative to expulsion. The principles of applied behavioral analysis and other evidence-based methods (especially the 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/guardian consultation and training is provided to generalize skills learned during individualized instruction.

Children of Promise Program: The Children of Promise Program (COPP), a program of the Tulare County Office of Education, provides services to youth in grades six through twelve who are at risk for school failure by utilizing the evidence-based practices Coping and Support Training (CAST) and Reconnecting Youth (RY). CAST is a school-based suicide prevention program that 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 (including 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. RY is a proven, award-winning program that helps high-risk youth improve school performance, decrease drug use, anger, depression, and suicidal behavior. The RY curriculum uses small group skills training to enhance personal competencies and social support resources.

Insight Program: The Insight Program, offered by ProYouth in conjunction with the Tulare County Office of Education's Children of Promise Program, is a leadership development program that focuses on the facilitation of digital media projects to develop each student's abilities to create positive change in themselves, others, and the world around them. The Insight Program accomplishes this by focusing on three main components – social and emotional learning, global citizenship, and entrepreneurship – that support leadership development, 21st Century learning skills, and college and career readiness through alignment with Common Core State Standards.

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 Fall/Winter 2019/2020. 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 2017-2018 (*Data source: Provider data*)

Age Group	Total Clients Served
Children/Youth (0-15)	2,652
TAY (16-25)	697
Adult (26-59)	0
Older Adult (60+)	0
Unknown/Undeclared	449
TOTAL	3,798
Total Served in Fiscal Year 2017-2018: 3**,798**	
Total Estimated MHSA Funds FY 2017-2018: $1,096,651 **Total Cost per Client: $ 289**	

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 with individuals experiencing early onset. Efforts include, but are not limited to, Crisis Intervention Team (CIT) training for law enforcement personnel and Mental Health First Aid training for the general population.

Crisis Intervention Team Training: Crisis Intervention Team (CIT) training provides law enforcement officers with training on mental illness and crisis intervention and de-escalation techniques for situations involving individuals in serious mental health crisis. 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. CIT training was offered twice in 2017-2018, and has increased to four times per fiscal year. 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, offered free of charge, 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 2017-2018 (*Data source: Provider data*)

Event	Estimated Numbers Attending
Crisis Intervention Team Training	59
Mental Health First Aid	242
TOTAL	301

Total Served in Fiscal Year 2017-2018: 301
Total Estimated MHSA Funds FY 2017-2018: $42,709 **Total Cost per Client: $142**

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 other 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: Suicide prevention in Tulare County is the focus of the Tulare County Suicide Prevention Task Force (SPTF), which is supported by Tulare County Mental Health in collaboration with many other organizations and individuals. SPTF functions as a multi-disciplinary collaborative. Its membership represents a broad range of local stakeholders with expertise and experience with diverse at-risk groups. Members include representatives of local organizations, such as those that work in the areas of mental health, physical health, education, and law enforcement. Individuals are also members. They include those affected by the suicide death of a loved one, suicide attempt survivors and their friends and family members, and consumers of mental health services. SPTF addresses suicide prevention through many efforts including, but not limited to, Applied Suicide Intervention Skills Training (ASIST), the Slick Rock Student Film Festival, and The Source LGBT+ Center. Other programs that address the problem of suicide in Tulare County include the CalMHSA Central Valley Suicide Prevention Hotline and Check in with You: The Older Adult Hopelessness Screening Program.

Applied Suicide Intervention Skills Training (ASIST) is a two-day evidence-based training, offered free of charge, that provides suicide prevention education to community members who want to feel more comfortable, confident, and competent in helping to prevent individuals' immediate risk of suicide.

Check in with You: The Older Adult Hopelessness Screening Program: The Check in with You: Older Adult Hopelessness Screening Program attempts to screen all adults 55 years of age and older who receive services at the Visalia Health Care Center (a County-operated health clinic), using the Beck Hopelessness Scale® to assess their degree of hopelessness and suicidal intent. Older adults who screen as moderate or severe are offered early intervention services such as brief therapy and warm linkages to appropriate services to reduce suicide risk, prevent the development of serious mental illness, and improve quality of life. Linkages to a variety of services are provided in areas including additional mental health services, medical services, housing and other basic needs, and senior services.

CalMHSA Central Valley Suicide Prevention Hotline: Seven counties in California's Central Valley have entered into a Participation Agreement for the Central Valley Suicide Prevention

Hotline (CVSPH), an immediate and consistent support for individuals in crisis or experiencing a suicidal crisis. The hotline (888-506-5991), located in Fresno, is available 24 hours a day, 365 days a year, and is confidential and free of charge. CVSPH also answers calls to the National Suicide Prevention Lifeline (800-273-8255), mainly those from the Central Valley. CVSPH's trained staff and volunteers conduct the following: (1) save the caller and offer immediate support, (2) develop a safety plan for the caller, and (3) reach out to callers with post-crisis follow-up to ensure that they are safe and getting the help they may need.

The Slick Rock Student Film Festival: The Slick Rock Student Film Festival, a project of the Tulare County Office of Education, honors local student filmmakers and screens their work for the public in the Central Valley to learn from and enjoy. As a sponsor of the festival, the Tulare & Kings Counties Suicide Prevention Task Force, with PEI funds, has been able to encourage student participation and promote awareness of suicide and its risk factors through the creation of a category for public service announcements on the topic of suicide prevention. In 2017-2018, 1,077 middle and high school students from 55 schools worked on the submitted films. More than 1,100 people attended the festival.

Program Data: Fiscal Year 2017-2018 (*Data source: Provider data*)

Event	Estimated Numbers Attending
Applied Suicide Intervention Skills Training	58
Central Valley Suicide Prevention Hotline (calls)	1,953
Check in with You Program (screened individuals)	948
Slick Rock Student Film Festival (attendance estimate)	1,100*
TOTAL	4,059
Total Served in Fiscal Year 2017-2018: 4,059	
Total Estimated MHSA Funds FY 2017-2018: $656,097 **Total Cost per Client: $162**	

*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: People of 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 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.

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.

Home-Bound Senior Outreach Program: The 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's 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.

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. IHPE 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 the use of the 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 aged 3-18 years. Enrolled families present with known environmental risk factors such as violence, abuse, neglect in the home, parental stress, mental illness, substance abuse, and poor parenting skills, which can put children at risk for developing mental health problems. Parenting Wisely has been demonstrated 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, an evidence-based treatment approach shown to help children, adolescents, and their caretakers overcome trauma-related difficulties.

Senior Counseling Program (SCP): This program provides counseling, support, and referrals to a wide variety of services free of charge to Tulare County residents age 50 and older and their caregivers. It receives referrals from many sources, including mental health outpatient clinics, Adult Protective Services, hospitals and health clinics, Multipurpose Senior Services, the Kings/Tulare Area Agency on Aging, doctor's offices, senior centers, and other sources. SCP distributes brochures in doctor's offices and receives referrals by family members, community members, and self-referrals. The program aims to identify any problems the senior or senior caregiver is facing and works to help address them with therapy and case management, with referral to locally-available resources. SCP is staffed by one full-time Licensed Clinical Social Worker with a background in gerontology.

Program Data: Fiscal Year 2017-2018 (*Data source: Provider data*)

Age Group	Total Clients Served
Children/Youth (0-15)	13
TAY (16-25)	429
Adult (26-59)	2,737
Older Adult (60+)	704
Unknown/Undeclared	49
TOTAL	3,932
Total Served in Fiscal Year 2017-2018: 3,932	
Total Estimated MHSA Funds FY 2017-2018: $ 919,432 **Total Cost per Client: $234**	

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* newspaper and consumer stories in partnership with magazines such as *Direct Magazine* highlight wellness, recovery and resiliency. Sharing these experiences in media which reach the wider community offer opportunities for education, increasing knowledge about mental health, and dispelling stigma.

Event participation and partnership for Tulare County Mental Health also take 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 Visalia Rawhide professional 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, 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 supports the **Farmworker Women's Conference**, which has drawn more than 1,500 women. The conference offers resources for success for female farmworkers and their families.

The Suicide Prevention Task Force (SPTF) has a new partner in its efforts to reduce stigma and discrimination: **The Source LGBT+ Center**. Founded in 2016 and located in Visalia, this not-for-profit, community organization's partnership with SPTF began in 2018. The mission of The Source LGBT+ Center is to provide spaces within Tulare and Kings County communities for the

LGBT+ population to Learn, Grow, Belong, Transform, Question, and Support. In Tulare County, with PEI funds in March through June 2018, The Source offered training and individual and group counseling services.

Program Data: Fiscal Year 2017-2018 (*Data source: Provider data*)*

Event	Estimated Numbers Attending
Mental Health Awareness Month	450
Walk with NAMI Tulare County	400
Farmworker Women's Conference	1,600
The Source LGBT+ Center	N/A
TOTAL	2,450
Total Served in Fiscal Year 201-2018: 2,450**	
Total Estimated MHSA Funds FY 2017-2018: $88,573 **Total Cost per Client: $36.15**	

*Note The Source LGBT+ Center does not have data for this fiscal year as there was no agreement in place with SPTF at the time.
**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 2017-2018 (*Data sources: Program data, OLGL FY 17/18)*
This effort is an administrative action item; therefore, program data is not applicable.

Total Served in Fiscal Year 2017-2018: This effort is an administrative action item; therefore, program data is not applicable.

Total Estimated MHSA Funds FY 2017-2018: $38,160.62
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 2017-2018 (*Data sources: Program data, OLGL FY 17/18, CSET Program Reports)*

Total Served in Fiscal Year 2017-2018: 398

Total Estimated MHSA Funds FY 2017-2018: $ 735,560.32
Total Cost per Client: $ 1,848

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 2017-2018 (*Data sources: Program data, OLGL FY 17/18)*

Total Served in Fiscal Year 2017-2018: **655**

Total Estimated MHSA Funds FY 2016-2017: $ 106,987.73
Total Cost per Staff: $ 163

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 2017-2018 (*Data sources: Program data, OLGL FY 17/18)*

Total Served in Fiscal Year 2017-2018: 655

Total Estimated MHSA Funds FY 2017-2018: $ 18,400
Total Cost per Client/Staff : $28

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. Youth have been placed in work experience locations within Tulare County Mental Health, Visalia Adult Clinic.

In FY 17/18 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 2017-2018 (*Data sources: Program data, OLGL FY 17/18)*

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 2017-2018: 205*

Total Estimated MHSA Funds FY 2017-2018: $ 29,026.40
Total Cost per Client: $142

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

Residency and Internship Programs

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

Priority Population: Local psychiatry residents and medical students.

Program Goal: Develop a training program where psychiatric residents and medical students in need of completing their required patient related training experience are placed at Visalia Integrated Adult Clinic for completion of hours and experience needed.

Program Description: In collaboration with Kaweah Delta Health Care District and A.T. Stills University, Tulare County Health and Human Services Agency Mental Health Branch has implemented a residency and internship program for local psychiatry residents and medical students. Psychiatry residents and medical students fulfill the required hours and experience at our Visalia Adult Clinic. Residents gain experience by shadowing lead psychiatrist and providing one-on-one services to County consumer, while medical students engage in shadowing and case studies with a psychiatrist.

In FY 17/18 Visalia Adult Clinic hosted ten (10) psychiatry residents and eight (8) medical students. Psychiatry rotation for third-year residents are one year in length, while second-year residents have a six-week rotation, and medical students have a four-week internship. By providing, education and training to psychiatric residents and medical students, the County is able to ensure mental health professionals in the area are providing adequate care to County mental health consumers.

Program Data: Fiscal Year 2017-2018. The program has no fiscal impact on County funds. (*Data sources: Program data, OLGL FY 17/18).*

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

Total Served in Fiscal Year 2017-2018: 18

Total Estimated MHSA Funds FY 2017-2018: $ 0
Total Cost per Client: 0

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 2017-2018
This project is an administrative function; therefore, client data and per client cost is not applicable.

Total Estimated MHSA Funds FY 2017-2018: $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. Trainings for Peer Support Specialist staff and a small group of consumer users began in May/June 2018. The program heard feedback from the peers and consumers prior to implementation beginning in FY 2018/19.

Program Data: Fiscal Year 2017-2018
This program was implemented in FY 2018-2019; therefore, program data and costs are not available for this FY 2017-2018.

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 2017-2018
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 2017-2018
Program data, when available, will be shared under Wellness and Recovery Activities section.

Total Estimated MHSA Funds FY 2017-2018: $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	New		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.

This project was approved by the Mental Health Services Oversight and Accountability Commission on March 28, 2019, and was implemented and funded through Innovation funds beginning April 2019.

Program Data: Fiscal Year 2017/2018
This program was in the development phase for FY 17/18. Program implementation is anticipated for April 2019, after completion of the approval process. Therefore, data and costs were not incurred in FY 17/18.

CONNECTEDNESS 2 COMMUNITY

STATUS	X	New		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

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.

This project was approved by the Mental Health Services Oversight and Accountability Commission on March 28, 2019, and was implemented and funded through Innovation funds beginning July 2019.

Program Data: Fiscal Year 2017-2018
This program was in the development phase for FY 17/18. Program implementation is anticipated for July 2019, after completion of the approval process. Therefore, data and costs were not incurred in FY 17/18.

PROJECT EMPATH

STATUS	X	Proposed		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: Law enforcement personnel and first responders as well as youth and families from the three largest cities within Tulare County (Visalia, Porterville, Tulare).

Program Goal: to increase awareness of mental health programs; provide education on mental illness, diagnoses, and symptoms; as well as reduce stigma and discrimination around mental illness.

Program Description: Project Empath will utilize virtual/augmented reality technology to share the experience of a mental health diagnosis, complete with symptoms, with Crisis Intervention Team (CIT) training participants, First Episode Psychosis (FEP) program participants including family members and support persons, the general public, and, if deemed useful as a clinical tool, be utilized within treatment. The project will entail developing a range of SMI scenarios including scenarios depicting substance use disorders. The scenarios will be complex enough to not stereotype any one type of SMI. Project Empath will employ an Empath Team comprised of an Outreach/engagement worker, a Clinician, a Peer Support Specialist and a Technology person.

The estimated number of individuals to be served between CIT and FEP is approximately 250 people per year. The population to be served will be diverse, comprising law enforcement personnel and first responders as well as youth and families from the three largest cities within Tulare County (Visalia, Porterville, Tulare), and the Sheriff's Office, which covers the entire county area. Additionally, the scenarios created will be mirrored in Spanish-speaking versions so the project can outreach to the underserved monolingual Spanish-speaking population within Tulare County.

This project will need to be approved by the Mental Health Services Oversight and Accountability Commission for Innovation fund spending.

Program Data: Fiscal Year 2017/2018
No data is available as this program is proposed. Program implementation is anticipated for July 1, 2020, upon completion of the approval process. Therefore, data and costs were not incurred in FY 17/18.

ADVANCING BEHAVIORAL HEALTH

STATUS	X	Proposed		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: Those at risk for homelessness, varying in age, gender identity, race, ethnicity, sexual orientation, and language, but will seek to serve MHSA adult (18 years or older) consumers.

Program Goal: to increase access by reducing barriers; determine best practice for engagement to service delivery, advance a Whole Person Care delivery system model, and increase the quality of mental health services; as well as broaden integration with community partners.

Program Description: Advancing Behavioral Health will evaluate outcomes of consumers with Specialty Mental Health Services (SMHS) served within a traditional clinical setting with consumers with SMHS served in urban community settings and/or through field based clinical services. This project will evaluate the responsiveness to services when consumers self-seek services in a traditional clinical setting compared to those who are identified through outreach and engagement efforts to underserved populations to include the homeless or at-risk homeless populations.

This project would expand and explore the benefits to consumer outcomes when a coordinated care plan and services are centered through familiar community settings. Tulare County Mental Health is also currently taking the steps necessary to changing the Branch name from Tulare County Mental Health to Tulare County Behavioral Health which will include Mental Health and Substance Use Disorder.

This project will need to be approved by the Mental Health Services Oversight and Accountability Commission for Innovation fund spending.

Program Data: Fiscal Year 2017/2018
No data is available as this program is proposed. Program implementation is anticipated for July 1, 2020, upon completion of the approval process. Therefore, data and costs were not incurred in FY 17/18.

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 this fiscal year of 2019/2020. 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. In March 2019, the Department of Health Care Services issued Mental Health Substance Use Disorder Services Information Notice (IN) Number 19-017 which outlined requirements pursuant to Senate Bill (SB) 192. SB192 and IN 19-017 establishes a formula to calculate the level of Prudent Reserve allowable, and lays out reporting requirements. In accordance with IN 19-017, the Prudent Reserve Assessment/Reassessment form is included herein. The formula establishes a maximum Prudent Reserve level that does not exceed 33 percent of the average amount allocated to the Community Services and Supports component from FY 2013/14 through 2017/18. Based on the calculation, Tulare County Prudent Reserve cannot exceed $5,042,653.98. The previous Prudent Reserve balance was $10,223,788.00, resulting in a need to move $5,181,134.02 from Prudent Reserve account to the CSS and PEI components. These funds will be utilized as first-in, first-out.

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.

Tulare County Prudent Reserve Funding Level Calculation

**per SB 192 (W&I §5892 (b)(2)) & MHSUDS IN 19-017

Fiscal Years	Statewide	Tulare County TOTAL	CSS 76%	PEI 19%	INN 5%
FY 13/14	1,235,772,421	15,082,911	**11,463,012.62**	2,865,753.15	754,145.57
FY 14/15	1,729,797,749	21,112,614	**16,045,586.62**	4,011,396.65	1,055,630.70
FY 15/16	1,418,777,892	17,200,815	**13,072,619.30**	3,268,154.83	860,040.74
FY 16/17	1,827,038,492	22,428,231	**17,045,455.73**	4,261,363.93	1,121,411.56
FY 17/18	2,009,301,057	24,706,808	**18,777,173.96**	4,694,293.49	1,235,340.39
			76,403,848.23		

** per SB 192 (WIC §5892 (b)(2)) & MHSUDS IN 19-017

Previous 5 Yr Sum of CSS Allocation:	76,403,848.23
Average of previous 5 years:	15,280,769.65
x	33% of average 5 previous years CSS allocation
Prudent Reserve (PR) Maximum:	**5,042,653.98**

Tulare County Trust Fund 424 - MHSA Local Prudent Reserve

(as of 5/28/19)	CSS	PEI	Total Amt
Revenue	7,840,237.00	1,247,775.00	9,088,012.00
Interest	982,553.74	153,222.26	1,135,776.00
Totals	8,822,790.74	1,400,997.26	10,223,788.00

	CSS	PEI
Transfer Proportions Percentages	86.2701%	13.7299%

	Current representation
Prudent Reserve Balance:	10,223,788.00
Prudent Reserve Maximum:	(5,042,653.98)
	5,181,134.02 in Excess

Transfer from Prudent Reserve	
To CSS	To PEI
86.2701%	13.7299%
4,469,769.47	**711,364.54**

* must reassess every 5 years
* interest allocated to component each FY
* excess moved by 6/30/20
* needs to be included in 3 year program & expenditure plan and annual updates for FY 19/20
* submit Prudent Reserve Assessment/Reassessment form when submitting FY 19/20 annual update before 7/1/19
* reversion of transferred funds begins FY 19/20 (3 yrs to spend) (reverts 6/30/22)

	CSS	PEI	Total in PR	
Revenue	8,822,790.74	1,400,997.26	10,223,788.00	Current PR Balance
Interest	(4,469,769.47)	(711,364.54)	(5,181,134.02)	Transfer from PR
Component Total	4,353,021.27	689,632.72	5,042,653.98	Ending PR Balance
			5,042,653.98	PR Maximum
			-	Variance

State of California
Health and Human Services Agency

Department of Health Care Services

MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: County of Tulare

Fiscal Year: 2018-19

Local Mental Health Director

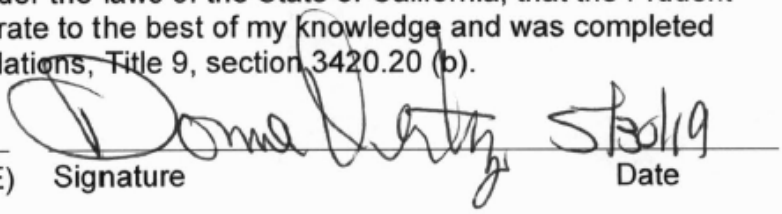
Name: Donna L. Ortiz

Telephone: (559) 624-7445

Email: DOrtiz@tularehhsa.org

I hereby certify[1] under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Donna L. Ortiz
Local Mental Health Director (PRINT NAME)


Signature

5/30/19
Date

FY 2019/20 Mental Health Services Act Annual Update
Funding Summary

County: Tulare Date: 4/21/20

	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 2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	28,214,687	4,853,314	9,419,322	0	0	
2. Estimated New FY 2019/20 Funding	18,320,726	4,580,182	1,205,311			
3. Transfer in FY 2019/20a/	(1,892,193)			128,621	1,763,572	0
4. Access Local Prudent Reserve in FY 2019/20						0
5. Estimated Available Funding for FY 2019/20	44,643,220	9,433,496	10,624,633	128,621	1,763,572	
B. Estimated FY 2019/20 MHSA Expenditures	19,717,833	4,329,295	706,967	128,621	1,763,572	
G. Estimated FY 2019/20 Unspent Fund Balance	24,925,387	5,104,201	9,917,666	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	10,279,856
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	(5,181,134)
4. Estimated Local Prudent Reserve Balance on June 30, 2019	5,098,722

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 2019/20 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Tulare Date: 4/21/20

	Fiscal Year 2019/20					
	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	537,512	537,512				
2. United for Health Mobile Unit Programs	561,376	561,376				
3. County FSP Programs	4,006,424	4,006,424				
4. Supportive Housing	5,944,477	5,944,477				
5. Specialized Mental Health Services	745,868	745,868				
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	543,695	543,695				
2. United for Health Mobile Unit Programs	759,915	759,915				
3. Specialized Mental Health Services	1,585,257	1,585,257				
4. Wellness & Recovery Actvities	1,761,709	1,761,709				
5. Workforce Staffing Support (WET)	149,092	149,092				
6. Training and Technical Assistance (WET)	106,292	106,292				
7. Mental Health Career Pathways Program (W	709	709				
8. Electronic Health Records (CFT)	1,005,367	1,005,367				
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	2,010,140	2,010,140				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	19,717,833	19,717,833	0	0	0	0
FSP Programs as Percent of Total	60%					

FY 2019/20 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Tulare Date: 4/21/20

	Fiscal Year 2019/20					
	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. Building Bridges	298,092	298,092				
2. SafeCare	878,905	878,905				
3. London Prevention Program	96,453	96,453				
4.						
5.						
PEI Programs - Early Intervention						
1. Family Interaction Program	136,699	136,699				
2. K-3 Early Intervention	451,094	451,094				
3. Preschool Expulsion	159,410	159,410				
4. Children of Promise	279,506	279,506				
5. Insight	98,987	98,987				
6. First Episode Psychosis	199,000	199,000				
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
1. Crisis Intervention Team Training	62,659	62,659				
2. Mental Health First Aid	6,306	6,306				
3.						
4.						
5.						
PEI Programs - Suicide Prevention						
1. ASIST Training	12,425	12,425				
2. Slick Rock Film Festival	30,200	30,200				
3. Older Adult Hopelessness Screening	132,824	132,824				
4. Suicide Prevention Task Force	211,289	211,289				
5.						
PEI Programs - Access and Linkage to Treatment						
1. In-Home Parent Education	354,368	354,368				
2. Community Warm Line	277,209	277,209				
3. Senior Counseling	162,905	162,905				
4. Homebound Senior Outreach	177,255	177,255				
5.						
PEI Programs - Stigma and Discrimination Reduction						
1. Media efforts	68,464	68,464				
2. Mental Health Awareness Month	9,909	9,909				
3. The Source LGBT Center	24,123	24,123				
4.						
5.						
PEI Administration	201,213	201,213				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	4,329,295	4,329,295	0	0	0	0

FY 2019/20 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Tulare Date: 4/21/20

	Fiscal Year 2019/20					
	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	322,147					322,147
2. Connectedness 2 Community	264,137					264,137
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	706,967	0	0	0	0	706,967

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
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 – PEI Three-Year Evaluation Report

Tulare County Mental Health Branch
Mental Health Services Act
Prevention and Early Intervention Programs Evaluation Report
Fiscal Years 2016/17 and 2017/18

HHSA
Mental Health

WELLNESS • RECOVERY • RESILIENCE

Table of Contents

I. Introduction

Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) approaches offer 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 or prior to the earliest possible signs of mental illness, 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).

In the following pages, PEI programs are described and, where available, information on outcomes is presented. Selected participant demographic information is combined and displayed in each report section. Note that data collection was in flux for these two reporting periods, and methods of data collection were being tested to determine best practice. Additionally, within the demographic data requirements, the option to decline to answer was available and utilized, resulting in data reflecting partial completion of surveys. Demographic and outcome information in this report was provided by the organizations that implemented the programs.

The information on the programs in this report comes almost entirely from the programs themselves. Demographic and outcome data is shown for programs that provided them per their annual contracts, but for some programs this information is lacking for 2016/17, 2017/18, or both years. The MHSA Team are working to ensure that all programs provide output and outcome data every year. This action plan includes holding regular PEI provider meetings to review reporting requirements and provide technical assistance for the required forms and categories, as well as regular technical assistance meetings with individual providers to include contract review, performance indicators and outcomes review, and program effectiveness review.

II. General Prevention

A. 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 in 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 in partner locations that provide other services. The programs in this category include Building Bridges, the London Prevention Program, and SafeCare.

B. Demographics of Individuals Served

Table 1

Participant Ages, General Prevention Programs, 2016/17 and 2017/18				
Age Range	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Children/youth (0-15)	109	15.5%	0	0.0%
Transition-age youth (16-25)	215	30.6%	28	37.8%

Adults (26-59)	374	53.2%	46	62.2%
Older adults (60+)	5	0.7%	0	0.0%
TOTALS	703	100.0%	74	100.0%

Table 2

Participant Genders Assigned at Birth, General Prevention Programs, 2016/17 and 2017/18				
Gender Assigned at Birth	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Female	235	56.0%	57	77.0%
Male	184	43.8%	17	23.0%
Unreported	1	0.2%	0	0.0%
TOTALS	420	100.0%	74	100.0%

Table 3

Participant Current Gender Identities, General Prevention Programs, 2016/17 and 2017/18				
Gender Identity	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Female	402	69.8%	74	100%
Male	128	22.2%	0	0.0%
Decline to answer	46	8.0%	0	0.0%
TOTALS	576	100.0%	74	100%

Table 4

Participant Races, General Prevention Programs, 2016/17 and 2017/18				
Race	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Caucasian	105	21.0%	0	0.0%
Native Hawaiian / Pacific Islander	19	3.8%	0	0.0%
African American	14	2.8%	0	0.0%
Asian	5	1.0%	0	0.0%
Native American / Alaska Native	2	0.4%	0	0.0%
More than one race	8	1.6%	0	0.0%
Other	319	63.9%	79	85.9%
Unreported	27	5.4%	13	14.1%
TOTAL	499	100.0%	92	100.0%

Table 5

Participant Latino Ethnicity, General Prevention Programs, 2016/17 and 2017/18				
Ethnicity	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Mexican / Mexican-American	491	94.4%	12	16.2%
Central American	0	0.0%	5	6.8%
Other / Unspecified	13	2.5%	1	1.4%
Unreported / Decline to Answer	16	3.1%	56	75.6%
TOTAL	520	100.0%	74	100.0%

Table 6

Participant Primary Languages, General Prevention Programs, 2016/17 and 2017/18				
Primary Language	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
English	521	74.2%	47	63.5%
Spanish	174	24.8%	27	36.5%
Farsi	2	0.3%	0	0.0%
Arabic	1	0.3%	0	0.0%
Cambodian	1	0.3%	0	0.0%
Other	2	0.3%	0	0.0%
Unreported / Unknown	1	0.1%	0	0.0%
TOTAL	702	100.0%	74	100.0%

Table 7

Participant Sexual Orientations, General Prevention Programs, 2016/17 and 2017/18				
Sexual Orientation	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Heterosexual/Straight	299	57.5%	16	27.6%
Bisexual	5	1.0%	58	72.4%
Another orientation	1	0.2%	0	0.0%
Decline to answer	215	41.3%	0	0.0%
TOTAL	520	100.0%	74	100.0%

C. Programs

1. The Building Bridges Program

a. Description

The Building Bridges Program's goals are (1) increasing positive later-life outcomes of infants by providing mental health services to pregnant and postpartum women experiencing depression and/or anxiety, (2) reducing the incidence and/or severity of depression and anxiety

experienced by pregnant and postpartum women through screening, (3) early detection and treatment, and (4) 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 in 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 expecting mothers. Referrals into the program are enhanced by partnering with Public Health/Maternal Child Adolescent Health, Family Resource Centers, and Primary Care.

b. Outcomes

2016/17

Sixty-four (64) participants were discharged from services this fiscal year. (This program is an "ongoing" program, meaning that most families do not start and end their treatment within a single year, making data outcome reporting somewhat challenging.) Of those discharged this year, an average of 70% ended care showing improved scores on both the Edinburgh Postnatal Depression Scale (EPDS) and other screening tools, such as the Beck Depression Inventory (BDI), Hamilton Anxiety Scale (HAS) and/or Parenting Stress Index (PSI).

2017/18

Seventy-eight (78) participants were discharged from services this fiscal year. Of those discharged this year, an average of 75% ended care showing improved scores on both the Edinburgh Postnatal Depression Scale (EPDS) and other screening tools, such as the Beck Depression Inventory (BDI), Hamilton Anxiety Scale (HAS) and/or Parenting Stress Index (PSI).

2. The London Prevention Program

a. Description

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 for 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 curriculum Guiding Good Choices. The London Prevention Program operates out of the London Community Center and is administered by Proteus, Inc.

b. Outcomes

2016/17

As a result of this program, residents of London and its surrounding isolated rural communities now have more knowledge of drug and alcohol prevention strategies. They know where and how they may access these resources and who can help them do so. In addition, residents have an improved understanding of the influence of drug and alcohol use and connection to mental illness.

Table 8 showcases the outputs of the London Prevention Program for fiscal year 2016/17. There were a total of 134 enrollments throughout each of the modules, and several groups were created for each. The participants were comprised of both adults and youth. They were enrolled in one of the following modules: Each Mind Matters; Guiding Good Choices; Keepin' it Real; Project Alert; Protecting You, Protecting Me; Life Skills; and Project Drug Free. A special characteristic of the London Prevention Program is that additional services were offered to the participants at the Hodges Community Center. The Center not only acts as a youth center, but one where the community members of London and surrounding rural areas can go for support. The Center provides a direct hotline for community members in case any immediate needs arise. Individuals in the community can also benefit from optional one-on-one mentorship that provides the opportunity to share concerns, or access to help with a variety of problems.

Table 8

London Prevention Program 2016/17, Participation in Program Elements				
Program Element	Participants	Groups	Home Visits	Presentations
Each Mind Matters	0	3	48	5
Guiding Good Choices	8	5	0	0
Keepin' It Real	6	9	0	0
Project Alert	15	11	0	0
Protecting You, Protecting Me	62	23	0	0
Life Skills	19	13	0	0
Project Drug Free	24	18	0	0
TOTAL	134	82	48	5

3. The SafeCare Program

a. Description

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 Tulare County Mental Health and the Tulare County Child Welfare Services (CWS) Division. CWS 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 the accessibility of mental health services for unserved and underserved populations in Tulare County.[1]

III. Suicide Prevention

A. Description

Tulare County Suicide Prevention has been addressed through the Tulare & Kings Counties Suicide Prevention Task Force (SPTF), provided by the Tulare County Health and Human

Services Agency's Mental Health Branch in collaboration with many other organizations and individuals. 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. SPTF focuses on suicide prevention through many efforts including, but not limited to, Applied Suicide Intervention Skills Training (ASIST), the Slick Rock Student Film Festival, The Source LGBT+ Center, and The Trevor Project. The Central Valley Suicide Prevention Hotline and Check in with You: The Older Adult Hopelessness Screening Program are non-SPTF programs that also work to prevent suicide.

B. Demographics of Individuals Served

Table 9

Participant Ages, Suicide Prevention Programs, 2016/17 and 2017/18				
Age Range	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Children/youth (0-15)	38	0.8%	66	1.4%
Transition-age youth (16-25)	148	3.2%	227	4.9%
Adults (26-59)	1,125	24.6%	956	20.5%
Older adults (60+)	2,405	52.6%	1,962	42.0%
Unreported	856	18.7%	1,456	31.2%
TOTALS	4,572	100.0%	4,667	100.0%

Table 10

Participant Genders Assigned at Birth, Suicide Prevention Programs, 2016/17 and 2017/18				
Gender Assigned at Birth	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Female	2,545	55.7%	2,384	51.1%
Male	1,567	34.3%	1,533	32.8%
Unreported	460	10.1%	750	16.1%
TOTALS	4,572	100.0%	4,667	100.0%

Table 11

Participant Current Gender Identities, Suicide Prevention Programs, 2016/17 and 2017/18				
Gender Identity	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Female	191	65.6%	235	44.5%
Male	98	33.7%	194	36.7%
Genderqueer	0	0.0%	1	0.3%

Transgender	1	0.3%	1	0.3%
Questioning/Unsure	1	0.3%	0	0.0%
Decline to answer	0	0.0%	97	18.4%
TOTALS	291	100.0%	528	100.0%

Table 12

Participant Races, Suicide Prevention Programs, 2016/17 and 2017/18				
Race	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Caucasian	1,042	22.8%	844	18.2%
Asian	696	15.2%	469	10.1%
African American	87	1.9%	65	1.4%
Native Hawaiian / Pacific Islander	27	0.6%	16	0.3%
Native American / Alaska Native	9	0.2%	16	0.3%
Other	1,678	36.7%	1,568	33.7%
Unreported	1,032	22.6%	1,663	35.8%
TOTAL	4,572	100.0%	4,646	100.0%

Table 13

Participant Latino Ethnicity, Suicide Prevention Programs, 2016/17 and 2017/18				
Ethnicity	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Mexican / Mexican-American	102	3.8%	107	3.2%
Other / Unspecified	1649	60.7%	1,513	45.5%
Unreported / Decline to Answer	965	35.5%	1,706	51.3%
TOTAL	1649	60.7%	3,326	100.0%

Table 14

Participant Primary Languages, Suicide Prevention Programs, 2016/17 and 2017/18				
Primary Language	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
English	2,460	55.2%	2,686	58.3%
Spanish	956	21.4%	922	20.2%
Lahu	283	6.3%	258	5.6%
Mien	237	5.3%	65	1.4%
Hmong	58	1.3%	0	0.0%
Laotian	40	0.9%	7	0.2%
Tagalog	1	0.0%	4	0.1%
Other	30	0.7%	39	0.8%

Unreported/Unknown	393	8.8%	547	11.9%
TOTAL	4,458	100.0%	4,609	100.0%

Table 15

Participant Sexual Orientations, Suicide Prevention Programs, 2016/17 and 2017/18				
Sexual Orientation	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Heterosexual/Straight	245	79.3%	354	53.8%
Gay/Lesbian	16	5.2%	36	5.5%
Questioning/Unsure	3	1.0%	5	0.8%
Bisexual	2	0.6%	4	0.6%
Another orientation	0	0.0%	1	0.2%
Decline to answer	43	13.9%	258	39.2%
TOTAL	309	100.0%	658	100.0%

C. Programs

1. Applied Suicide Intervention Skills Training

a. Description

The Applied Suicide Intervention Skills Training (ASIST) is a two-day evidence-based training, offered free of charge, that provides suicide prevention education to community members who want to feel more comfortable, confident, and competent in helping to prevent individuals' immediate risk of suicide.

b. Outcomes

2016/17 – 2017/18

There were statistically significant increases in the ASIST participants' mean self-ratings on indicators of their confidence, knowledge, and skills in intervening with someone at risk of suicide. The mean self-ratings increased from "moderate" to "high." There were only modest decreases in each of these indicators six months following the training.

At the beginning and end of the training, the participants were asked to what degree they agreed with four statements pertaining to intervening with someone at risk of suicide. There were statistically significant increases in the participants' mean responses to all four statements:

- "If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking of suicide."
- "If someone told me he or she were thinking of suicide, I would do a suicide intervention."
- "I feel prepared to help a person at risk of suicide."
- "I feel confident I could help a person at risk of suicide."

Participants indicate, on average, that they strongly agree that as a result of ASIST they feel more confident that they can recognize the risk signs of suicide; reach out to someone at risk of suicide; ask a person if she or he is considering killing himself or herself; explore with someone their reasons for wanting to live or die; review a person's risk of suicide; and make a "safeplan" with someone at risk.

The participants' mean responses regarding their likelihood to intervene with someone at risk of suicide in both their professional and personal lives lie in the range of "much more likely."

ASIST training appears to have reduced stereotypical and discriminatory thinking on the part of the participants about people with mental illness, at least in the short term. There was a moderate (11%), statistically significant improvement (decrease) in the participants' mean mental health stigma attribution scores (that measure expression of stereotypical or discriminatory thinking) from the beginning to the end of the training. There were statistically significant reductions in stereotypical or discriminatory thinking in seven (7) of the 12 indicators, including perceived dangerousness, fear, and avoidance of people with mental illness.

In open-ended responses, participants report having developed suicide prevention and intervention skills and increased their knowledge, felt greater confidence in helping people at risk of suicide, and having a higher comfort level with the topic of suicide.

Notable participant open-ended responses include:

- "I feel much more prepared, informed, and confident to help students and others and keep them safe."
- "This course helped me have a better understanding of mental health disorders and how to act during a situation where someone is experiencing an episode."
- "I learned that it is okay, and best to ask a person about suicide directly, where before I was always very careful about it because I was afraid of being careless with the word."
- "Before the course, I felt unsure of what to say to someone in a crisis. I was afraid of saying the wrong thing. After the training, I feel confident in my abilities to assist someone. I am prepared and gained knowledge of what to ask and what to say."
- "The course made [me] realize that providing safe-for-now assistance is also a big step toward helping anyone [who] would want to attempt suicide. I used to think that it involved a much more long-term intervention; therefore, I was hesitant to think I'd be able to help."

2. The Central Valley Suicide Prevention Hotline

a. Description

Seven counties in California's Central Valley have entered into a Participation Agreement for the Central Valley Suicide Prevention Hotline (CVSPH), an immediate and consistent support for individuals in crisis or experiencing a suicidal crisis. The hotline (888-506-5991), located in Fresno, is available 24 hours a day, 365 days a year, and is confidential and free of charge.

CVSPH also answers calls to the National Suicide Prevention Lifeline (800-273-8255), mainly those from the Central Valley.

CVSPH's trained staff and volunteers conduct the following:

- Save the caller and offer immediate support.
- Develop a safety plan for the caller.
- Reach out to callers with post-crisis follow-up to ensure that they are safe and getting the help they may need.

CVSPH is one of several initiatives implemented by the California Mental Health Services Authority (CalMHSA), an organization of California counties working to improve mental health outcomes for individuals, families and communities.

b. Outcomes

2016/17

There were 12 active suicide rescues and 14 calls where the callers were "talked down" from an imminent suicide attempt.

2017/18

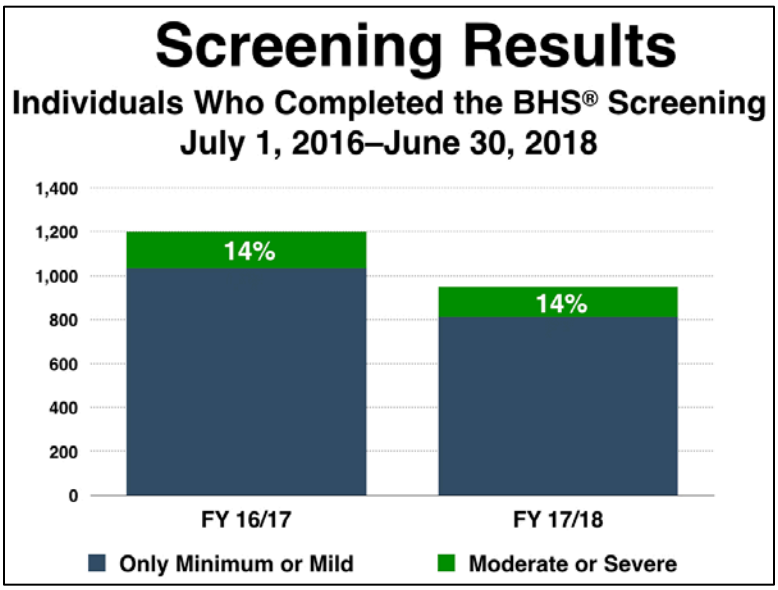
There were nine (9) active suicide rescues and six (6) calls where the callers were "talked down" from an imminent suicide attempt.

3. Check in with You: The Older Adult Hopelessness Screening Program

a. Description

The Check in with You: The Older Adult Hopelessness Screening (OAHS) Program attempts to screen all adults 55 years of age and older who receive services at the Visalia Health Care Center (a County-operated health clinic), using the Beck Hopelessness Scale® (BHS®) to assess their degree of hopelessness and suicidal intent. Older adults who screen as moderate or severe are offered early intervention services such as brief therapy and warm linkages to appropriate services to reduce suicide risk, prevent the development of serious mental illness, and improve quality of life. Linkages to a variety of services are provided in areas including additional mental health services, medical services, housing and other basic needs, and senior services.

Figure 1



Short-term therapy was provided by the program's LMFT for 27 unduplicated individuals and linkages to services were provided for 128 individuals. The table below shows the linkages that were provided, by service area. The top areas in which linkages were provided are additional mental health services, multi-resource senior services, medical services, and transportation.

Table 16

Check in with You: Older Adult Hopelessness Screening, 2016/17, Linkages Provided		
Service Area	Number of Linkages	Percentage
Additional mental health services	80	36.6%
Multi-resource senior services	40	18.3%
Medical	25	11.5%
Transportation	23	10.6%
Employment/volunteer	13	6.0%
Socialization	12	5.5%
Housing	10	4.6%
Income assistance	7	3.2%
Legal	5	2.3%
Food/nutrition	2	0.9%
Education	1	0.5%
TOTAL	218	100.0%

2017/18

This year, there were 2,657 attempted screenings for hopelessness. Of these, 2,376 (89%) were completed. There were 244 declined screenings and 37 other instances where screening could not be completed.

Of the 948 unduplicated individuals who completed at least one screening, 136 (14%) scored moderate or severe at least once. The remaining 812 (86%) scored only minimum or mild. (See Figure 1.)

Short-term therapy was provided by the program's LMFT for 33 unduplicated individuals and linkages to services were provided for 103 individuals. Table 17 on the following page shows the linkages that were provided, by service area. The top areas in which linkages were provided are additional mental health services, medical services, multi-resource senior services, and transportation.

Table 17

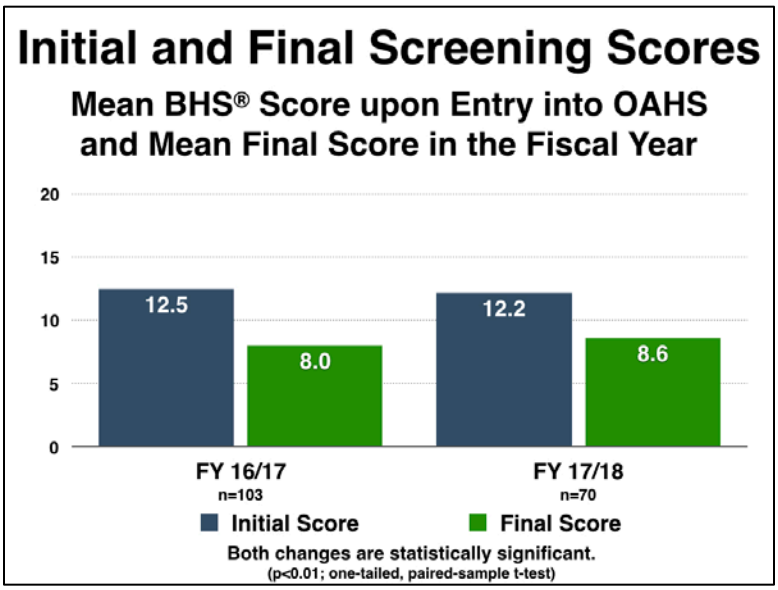
Check in with You: Older Adult Hopelessness Screening, 2017/18, Linkages Provided		
Service Area	Number of Linkages	Percentage
Additional mental health services	58	24.9%
Medical	56	24.0%
Multi-resource senior services	38	16.3%
Transportation	34	14.6%
Income assistance	12	5.2%
Socialization	11	4.7%
Education	6	2.6%
Housing	6	2.6%
Alcohol and other drug use	5	2.1%
Employment/volunteer	3	1.3%
Legal	3	1.3%
Food/nutrition	1	0.4%
TOTAL	233	100.0%

b. Outcomes

2016/17

The mean hopelessness screener score upon entry into the program (by scoring moderate or severe or upon request of the individual or his or her medical provider) this year was 12.5, a score at the high end of the moderate range. By the end of the fiscal year the same individuals' mean score decreased significantly to 8.0, a score at the high end of the mild range, indicating a decrease in hopelessness among program participants. (See Figure 2 on the next page.)

Figure 2



2017/18

The mean hopelessness screener score upon entry into the program this year was 12.2, a score in the moderate range. By the end of the fiscal year the same individuals' mean score decreased significantly to 8.6, a score at the high end of the mild range, indicating a decrease in hopelessness among program participants. (See Figure 2.)

4. The Slick Rock Student Film Festival

a. Description

The Slick Rock Student Film Festival, a project of the Tulare County Office of Education, honors local student filmmakers and screens their work for the public in the Central Valley to learn from and enjoy. As a sponsor of the festival, the Tulare & Kings Counties Suicide Prevention Task Force, with PEI funds, has been able to encourage student participation and promote awareness of suicide and its risk factors through the creation of a category for public service announcements on the topic of suicide prevention.

b. Outcomes

2016/17

Approximately 800 middle and high school students from 49 schools worked on the submitted films. Approximately 1,000 people attended the festival. Students submitted 657 films this year.

2017/18

More than one thousand (1,077) middle and high school students from 55 schools worked on the submitted films. More than 1,100 people attended the festival. Students submitted 687 films this year.

IV. Stigma and Discrimination Reduction

A. 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 such as 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, and 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, the 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 Visalia Rawhide professional 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 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 Source LGBT+ Center and The Trevor Project provided services in this category.

B. Programs

1. The Source LGBT+ Center

a. Description

The mission of The Source LGBT+ Center, located in Visalia, is to provide spaces within Tulare and Kings County communities for the LGBT+ (lesbian, gay, bisexual, transgender, and other) population to Learn, Grow, Belong, Transform, Question, and Support. The Center's vision is to cultivate new resources through advocacy, partnerships and fundraising to unite and advance the LGBT+ community in Tulare and Kings Counties. In Tulare County, with PEI funds in 2017/18 (March through June 2018), The Source offered training and individual and group counseling services.

b. Outputs

With PEI funds, the Source provided two SAGE trainings, one for the staff of a senior housing facility and another for other people who work with older adults. These trainings provided an overview of the needs, concerns and unique history of LGBT older adults, as well as meaningful steps that staff can take to immediately improve the quality of support and services they provide.

The Source also offered 22 hours of individual and group counseling services by a clinical intern and 16 hours of clinical supervision and individual counseling by a Licensed Marriage and Family Therapist. The individual counseling was short-term and high-intensity, with the purpose of decreasing suicide risk. Two types of support groups were offered. The "Silver Fox" support group addressed issues faced by older LGBT+ people. The "Food and Freedom" support group was established to help LGBT+ individuals who were dealing with problems related to food, body image, and body shaming.

2. The Trevor Project

a. Description

Founded in 1998 by the creators of the Academy Award®-winning short film TREVOR, The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) young people under age 25. The goal of The Trevor Project in Tulare County in 2016/17 was to reduce the stigma of accessing crisis and mental health services among members of the LGBTQ community. Trevor Project was funded with MHSA PEI funds for the FY 16/17.

b. Outcomes

Trevor Project staff provided 15 Lifeguard Workshops, which help young people identify the challenges faced by LGBTQ people, recognize the warning signs of suicide, and respond to someone who may be in crisis. Lifeguard Workshops are listed in the Suicide Prevention Resource Center/American Foundation for Suicide Prevention's Best Practice Registry for Suicide Prevention.

Trevor Project staff also provided five (5) CARE trainings. These trainings help adults who work with youth learn to "Connect, Accept, Respond and Empower" (CARE) young people in crisis. This training discusses LGBTQ-specific risk factors for suicide, explores protective factors that can lower these risks, and teaches participants how to help youth get the support they need.

In addition, Trevor Project staff spoke at eight (8) conferences and attended one (1) event at which staff provided information at a resource table.

Nearly five hundred (493) adults and 625 children were impacted by these Trevor Project efforts this year.

Trevor Project staff also distributed approximately 708 Trevor Project postcards with resource information and made nearly 500 posts on social media.

V. Outreach for Increasing Recognition of Early Signs of Mental Illness

A. Description

Outreach for Increasing Recognition of Early Signs of Mental Illness is designed to teach first responders, primary care professionals, and other community members to recognize indicators that may lead to the development of mental illness if not addressed, in addition to providing the ability to identify and intervene with individuals experiencing early onset of

mental illness. Efforts include, but are not limited to, Crisis Intervention Team (CIT) training for law enforcement personnel and Mental Health First Aid (MHFA) training.

B. Demographics of Individuals Served

Table 18

Participant Ages, Outreach for Increasing Recognition of Early Signs of Mental Illness Programs, 2016/17 and 2017/18				
Age Range	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Children/youth (0-15)	0	0.0%	0	0.0%
Transition-age youth (16-25)	22	17.9%	17	12.1%
Adults (26-59)	88	71.5%	108	77.1%
Older adults (60+)	10	8.1%	14	10.0%
Unreported	3	2.4%	1	0.7%
TOTALS	123	100.0%	140	100.0%

Table 19

Participant Genders Assigned at Birth, Outreach for Increasing Recognition of Early Signs of Mental Illness Programs, 2016/17 and 2017/18				
Gender Assigned at Birth	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Female	99	80.5%	104	74.3%
Male	24	19.5%	33	23.6%
Unreported	0	0.0%	3	2.1%
TOTALS	123	100.0%	140	100.0%

Table 20

Participant Races, Outreach for Increasing Recognition of Early Signs of Mental Illness Programs, 2016/17 and 2017/18				
Race	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Caucasian	50	40.7%	60	42.9%
African American	3	2.4%	2	1.4%
Asian	2	1.6%	2	1.4%
Native American / Alaska Native	1	0.8%	12	8.6%
Other	66	53.7%	63	45.0%
Unreported	1	0.8%	1	0.7%
TOTAL	123	100.0%	140	100.0%

Table 21

Participant Latino Ethnicity, Outreach for Increasing Recognition of Early Signs of Mental Illness Programs, 2016/17 and 2017/18				
Ethnicity	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Other / Unspecified	62	100.0%	62	100.0%
TOTAL	62	100.0%	62	100.0%

C. Programs

1. Crisis Intervention Team Training

a. Description

Crisis Intervention Team (CIT) training provides law enforcement officers with training on mental illness and crisis intervention and de-escalation techniques for situations involving individuals in serious mental health crisis. 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.

b. Outcomes

2016/17

Participants in the CIT trainings in 2016/17 filled out a survey after each class session. The mean (average) participant response to the statement, "The material in class will improve my work performance" was 4.6 out of 5.0, where 4.0 signifies "somewhat agree" and 5.0 means "strongly agree."

The following are notable participant responses to the prompt "The best thing about this course was":

- "Excellent shared info to help us all better understand mental health services, what is available and how to access it."
- "Useful information about autism that I can use in the field."
- "Role play really assisted in understanding how to react with subjects that have mood/anxiety disorders."
- "Real life scenarios were used which was helpful to take to the street."
- "Defined the mental illness that we may encounter on patrol, when dealing with persons with mental illness."
- "The fact that the presenter was telling us about his actual real life experiences while he was on patrol was a great way to make us as an audience of students understand."
- "Hearing from someone who has experienced a disorder to better understand."

- "Having people that actually have lived with mental illness tell their story and experience."
- "Explaining what clients go through and how officers can help change by treating clients as people, not addicts."

2017/18

Participants in the CIT trainings in 2017/18 filled out a survey after each class session. The mean participant response to the statement, "The material in class will improve my work performance" was 4.6 out of 5.0, where 4.0 signifies "somewhat agree" and 5.0 means "strongly agree."

The following are notable participant responses to the prompt "The best thing about this course was":

- "I learned a lot."
- "Learning about services in the county."
- "The movie clips and cartoons helped me understand each disorder as did the direction on how to interact with [people experiencing] them successfully."
- "Learning about different types of autism."
- "Useful information regarding autism that I can use in the field."
- "The technique to use when interacting with an individual who has ASD [autism spectrum disorder]."
- "Role play really assisted in understanding how to react with subjects that have mood/anxiety disorders."
- "Learning to speak with children."
- "The material was very applicable to my duties."
- "I learned so much today that I will be able to utilize on a daily basis. FANTASTIC!"
- "I like how you brought people into tell their stories. It made it personal and helps [me] understand the issues."
- "Presenters/speakers. Makes the information more personal and relatable."
- "The personal stories from consumers and the family members of consumers."

2. Mental Health First Aid Training

a. Description

Mental Health First Aid (MHFA) is a training, offered free of charge, 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.

b. Outcomes

2016/17 – 2017/18

On average, participants' knowledge about mental health increased significantly on 12 of the 15 indicators, from immediately before to immediately after the training. The participants' mean knowledge score, calculated by summing their correct responses to the knowledge indicators, increased by 32%. The change is statistically significant.

These results provide good evidence that the participants who completed MHFA, on average, did learn things they did not know before about mental health, including suicide, from the course. The knowledge indicators on which there were statistically significant increases in correct responses include three statements about suicide: "It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head." (False), "Males complete suicide four times more frequently than females." (True), and "People who talk about suicide don't attempt suicide" (False).

MHFA training appears to have reduced stereotypical and discriminatory thinking about people with mental illness on the part of the participants, at least in the short term. There was a 16% statistically significant improvement (decrease) in the participants' mean mental health stigma attribution score from the beginning to the end of the training. There were statistically significant decreases in stereotypical or discriminatory thinking on nine (9) out of the 12 indicators, including perceived dangerousness, fear, anger, and avoidance of people with mental illness.

Immediately after the training, the participants were asked to indicate the degree to which they felt more confident that they could take a variety of actions related to mental health. The participants responded to these nine statements on a five-point Likert scale, with response options ranging from "strongly agree" to "strongly disagree":

"As a result of this training, I feel more confident that I can …":

1. "Recognize the signs that someone may be dealing with a mental health problem or crisis."
2. "Reach out to someone who may be dealing with a mental health problem or crisis."
3. "Ask a person whether s/he is considering killing her/himself."
4. "Actively and compassionately listen to someone in distress."
5. "Offer a distressed person basic 'first aid' level information and reassurance about mental health problems."
6. "Assist a person who may be dealing with a mental health problem or crisis to seek professional help."
7. "Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer, and personal supports."

8. "Be aware of my own views and feelings about mental health problems and disorders."

9. "Recognize and correct misconceptions about mental health and mental illness as I encounter them."

The mean responses to all of the statements listed above lie between "agree" and "strongly agree."

Notable participant open-ended responses include:

- "The course helped me realize how much of an issue this is and opened my eyes to how much I want to become more educated on this. So appreciate!"
- "Helped me recognize and have more compassion for people suffering from mental illness."
- "It helped to debunk some of my misconceptions about mental health."
- "It helped me be aware of signs of specific illnesses and know how to directly relate to people who show these signs and how to help them. It helped me know the resources in the community to reach out to and put others in contact with."
- "This course helped me have a better understanding of mental health disorders and how to act during a situation where someone is experiencing an episode."

VI. Early Intervention

A. 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. The programs in this category include the Children of Promise Program, the Family Interaction Program, the Insight Program, the K-3 Early Intervention Program, and the Pre-School Expulsion Reduction Program.

B. Demographics of Individuals Served

Table 24

Participant Ages, Early Intervention Programs, 2016/17 and 2017/18				
Age Range	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Children/youth (0-15)	6,182	94.9%	1,675	77.3%
Transition-age youth (16-25)	252	3.9%	474	21.9%
Adults (26-59)	80	1.2%	16	0.7%
Older adults (60+)	3	0.0%	1	0.0%

Unreported	0	0.0%	0	0.0%
TOTALS	6,517	100.0%	2,166	100.0%

Table 25

Participant Genders Assigned at Birth, Early Intervention Programs, 2016/17 and 2017/18				
Gender Assigned at Birth	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Female	3,144	48.3%	1,038	47.9%
Male	3,362	51.7%	1,128	52.1%
TOTALS	6,506	100.0%	2,166	100.0%

Table 26

Participant Current Gender Identities, Early Intervention Programs, 2016/17 and 2017/18				
Gender Identity	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Female	9	0.2%	70	53.8%
Male	6	0.1%	58	44.6%
Decline to answer	5,408	99.7%	2	1.5%
TOTALS	5,423	100.0%	130	100.0%

Table 27

Participant Races, Early Intervention Programs, 2016/17 and 2017/18				
Race	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Caucasian	2,895	57.9%	262	12.8%
Asian	171	3.4%	44	2.1%
More than one race	157	3.1%	10	0.5%
Native Hawaiian / Pacific Islander	146	2.9%	3	0.1%
African American	139	2.8%	22	1.1%
Native American / Alaska Native	97	1.9%	25	1.2%
Other	1,392	27.9%	1,665	81.1%
Unreported	0	0.0%	21	1.0%
TOTAL	4,997	100.0%	2,052	100.0%

Table 28

Participant Latino Ethnicity, Early Intervention Programs, 2016/17 and 2017/18				
Ethnicity	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage

Mexican / Mexican-American	2,744	76.0%	53	3.0%
Central American	102	2.8%	0	0.0%
Other / Unspecified	765	21.2%	1,688	97.0%
TOTAL	3,611	100.0%	1,741	100.0%

Table 29

Participant Primary Languages, Early Intervention Programs, 2016/17 and 2017/18				
Primary Language	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Spanish	4,160	50.3%	1,069	49.4%
English	3,747	45.3%	1,027	47.4%
Laotian	80	1.0%	4	0.2%
Hmong	67	0.8%	3	0.1%
Vietnamese	24	0.3%	2	0.1%
Tagalog	17	0.2%	8	0.4%
Arabic	10	0.1%	0	0.0%
Farsi	7	0.1%	0	0.0%
Mandarin	0	0.0%	3	0.1%
Other	0	0.0%	46	2.2%
Unreported / Unknown	130	1.6%	4	0.2%
TOTAL	8,276	100.0%	2,166	100.0%

Table 30

Participant Sexual Orientations, Early Intervention Programs, 2016/17 and 2017/18				
Sexual Orientation	2016/17 Number of Participants	2016/17 Percentage	2017/18 Number of Participants	2017/18 Percentage
Heterosexual/Straight	14	0.3%	45	39.8%
Gay/Lesbian	1	0.0%	3	2.7%
Bisexual	0	0.0%	8	7.1%
Questioning/Unsure	0	0.0%	1	0.9%
Decline to answer	5,408	99.7%	56	49.6%
TOTAL	5,423	100.0%	113	100.0%

C. Programs

1. The Children of Promise Program

a. Description

The Children of Promise Program (COPP), a program of the Tulare County Office of Education, provides services to youth in grades six through twelve who are at risk for school failure by utilizing the evidence-based practices Coping and Support Training (CAST) and Reconnecting Youth (RY). CAST is a school-based suicide prevention program that 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 (including 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. RY is a proven, award-winning program that helps high-risk youth improve school performance, decrease drug use, anger, depression, and suicidal behavior. The RY curriculum uses small group skills training to enhance personal competencies and social support resources.

b. Outcomes

2016/17

Mental Health-Related Outcomes, CAST

Students' mean responses about their mental state became more positive over the course of the CAST class. Their attitudes about themselves improved significantly, by 22%. The students indicate feeling more capable and in control of their lives (a 22% statistically significant increase) and they were more positive about how they handle personal problems (a 15% significant rise).

There was also a significant improvement in the participating students' self-reported feelings of hopelessness or helplessness (33% improvement). In addition, the students, on average, indicated they felt sad and depressed (33% improvement), stressed (32%) and angry (32%) significantly less often.

We also asked students whether they have had suicidal thoughts in the past month. (It should be noted that if a student answers yes to this question, he or she is immediately referred out for help.) Near the beginning of the CAST class, 26 students responded affirmatively to the question, while at the end two (2) students responded affirmatively. This 92% decrease far exceeds the 50% program objective.

When asked whether CAST helped them with mood management, 92% said it helped them. When the students were asked how much CAST helped them with mood management, 53% said it helped them "a lot" and 40% said it helped them "somewhat."

Mental Health-Related Outcomes, RY

Students' mean responses about their mental state became significantly more positive over the course of the RY class. Students' attitudes about themselves improved significantly by 28%, and their confidence in handling problems increased significantly by 14%. Their degree of feeling capable and in control of life increased significantly by 14% and their satisfaction with life also jumped significantly by 19%.

There were also very large, statistically significant improvements in the participating students' feelings of stress (65%), sadness or depression (63%), anger (55%), and hopelessness or helplessness (27%).

We also asked students whether they have had suicidal thoughts in the past month. Near the beginning of the RY class, 13 students responded affirmatively to the question while at the

end no (0) students responded affirmatively, a decrease of 100%. This decrease far exceeds the 50% program objective.

When asked whether RY helped them with mood management, 99% said it helped them. When the students were asked how much RY helped them with mood management, 61% said it helped them “a lot” and 38% said it helped them “somewhat.

2017/18

Mental Health-Related Outcomes, CAST

Participating students’ mean responses about their mental state became more positive over the course of the CAST class. Their attitudes about themselves improved significantly, by 17%. The students indicate feeling more capable and in control of their lives (a 19% statistically significant increase) and they were more positive about how they handle personal problems (a 15% rise).

There was also a significant improvement in the participating students’ self-reported feelings of hopelessness or helplessness (46% decrease). In addition, the students, on aver-age, indicated they felt sad and depressed (40% improvement), stressed (43%) and angry (48%) less often. All of these changes were statistically significant.

We also asked the participating students whether they had suicidal thoughts in the past month. (If a student answers yes to this question, he or she is immediately referred out for help.) Near the beginning of the CAST class, 7 students responded affirmatively to the question, while at the end only 1 student responded affirmatively.

When asked whether CAST helped them with mood management, 91% said it helped them.

When the students were asked how much CAST helped them with mood management, 46% said it helped them “a lot,” 43% said it helped them “somewhat," and 11% said it helped them "a little."

Mental Health-Related Outcomes, RY

Students’ mean responses about their mental state became significantly more positive over the course of the RY class. Students’ attitudes about themselves improved significantly by 23%, and their confidence in handling problems increased significantly by 10%. Their degree of feeling capable and in control of life increased significantly by 14% and their satisfaction with life jumped by 7%.

There were also very large, statistically significant improvements in the participating students’ feelings of anger (47%), stress (52%), sadness or depression (65%), and hope-lessness or helplessness (75%).

We also asked students whether they have had suicidal thoughts in the past month. Near the beginning of the RY class, 10 students responded affirmatively to the question while at the end no (0) students responded affirmatively, a decrease of 100%.

When asked whether RY helped them with mood management, 91% said it helped them. When the students were asked how much RY helped them with mood management, 64% said it helped them “a lot,” 32% said it helped them “somewhat,” and 4% said it helped them “a little.”

Selected Participant Comments, CAST

- “I don’t get upset as easily anymore.”
- “CAST helped me on controlling my anger because before CAST I often raged.”
- “CAST has helped me make a positive change in mood management. I don't get mad as much as I use to and I know how to control myself.”
- “It helped me with my family problems and with school. It helped me keep track of my depression and focus more.”

Selected Participant Comments, RY

- “Seeing my moods swings written out on paper made me want to calm them. Also it reminded me to take my medicine.”
- “I don’t get angry as much anymore.”
- “RY gave me a better mood. It made me realize that I'm not the only one with the same problems. I learned that I am not alone.”
- “It helped me process the death of my dad.”
- “I’m more happy and bright and outgoing.”

2. The Family Interaction Program

a. Description

The goals of the Family Interaction Program (FIP) are to improve the quality of the parent/child relationship, promote positive parenting and interaction, increase parent coping skills, and provide outreach to underserved and unserved populations throughout Tulare County. FIP incorporates the use of Parent-Child Interaction Therapy (PCIT) at community-based sites in Lindsay, Porterville, Tulare, and Woodlake. PCIT is an empirically-supported treatment for young children with emotional and behavioral disorders that emphasizes improving the quality of the parent/child relationship and transforming negative parent/child interaction patterns into positive ones. Tools utilized include 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.

3. The Insight Program

a. Description

The Insight Program, offered by ProYouth in conjunction with the Tulare County Office of Education’s Children of Promise Program, is a leadership development program that focuses on the facilitation of digital media projects to develop each student’s abilities to create positive change in themselves, others, and the world around them. The Insight Program accomplishes this by focusing on three main components — social and emotional learning, global citizenship, and entrepreneurship — that support leadership development, 21st Century learning skills, and college and career readiness through alignment with Common Core State Standards. The Insight Program classifies each of its three components of leadership development and goals as:

- Social and emotional learning: Students will become self-aware and introspective of how their perspectives and actions affect themselves, those they come into contact with, and their surroundings.
- Global citizenship: Students will be able to identify themselves as a productive member of the community and be able to identify ways in which they can contribute to the development of strong community values and practices through service learning projects.
- Entrepreneurship: Students will be able to demonstrate a mindset that allows them to recognize opportunities within their communities and take initiative to create an innovative solution to solving the challenges they and others may be experiencing.

4. The K-3 Early Intervention Program

a. Description

The K-3 Early Intervention Program, known as Special Friends, aims to increase the school success of at-risk children by administering screening measures, providing behavioral intervention, teaching effective coping and interaction skills, and educating parents and teachers about 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 three (K-3). Every first 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 of students who may be at risk are also accepted. When a child meets the criteria for PIP, she or he is enrolled and receives one-on-one, non-directive play and interactive instruction in communication techniques. Play sessions last for 30-40 minutes weekly, for 8-12 weeks. Parents are also provided with education regarding their child's needs and are surveyed at the program's conclusion.

b. Outcomes

2017/18

To provide outcome evaluation information regarding the impact of project services, teachers were asked to rate their students who participated in the program both before and after services. School-based mental health professionals also rated changes in school adjustment characteristics among participants at the end of services. Additional background and service participation information was also collected for each participant by local staff. For purposes of this report, complete evaluation data was received for a total of 1,051 participants from Burton, Cutler-Orosi, Dinuba, Exeter, Kings River, Lindsay, Porterville, Springville, Sundale, Tipton, Tulare City and Visalia school districts within Tulare County.

The evaluation data for this project revealed that teachers felt that 79% of participants showed some level of improvement in overall school adjustment. Teacher ratings of teacher-

preferred social behaviors, such as sensitivity, empathy, cooperation, and self-control, among participants before entering services was an average percentile score of 17 and after services it was 30.

Teachers' ratings of appropriate peer-related social behaviors among participants – such as interaction with peers, helpfulness, ability to make friends, leadership, perceptiveness, communication, and sharing with others – jumped from an average percentile score of 16 to 33, respectively.

Teachers' ratings of the classroom work habits of participants – such as study habits, listening skills, participation, responsiveness, and quality of work – increased from an average percentile score of 18 at the beginning of services to 32 at the end of services. The combined teacher ratings for overall school adjustment and social competence rose from an average of 15 to 30 on a pre- to post-participation basis.

The program's annual report also contains exit ratings and recommendations made by school-based mental health professionals. Parents of participating students were asked to provide input about the program from their perspective. Positive findings were documented. Gathering input from different entities provides valuable programmatic information that only enables program staff to look at the big picture of the project and its value to all involved.

5. The Pre-School Expulsion Reduction Program

a. Description

The Pre-School Expulsion Reduction Program (also known as Bright Future) is a program provided by the Tulare County Office of Education that provides prevention and early intervention services for children at risk of preschool expulsion. The program offers an alternative to expulsion. The principles of applied behavioral analysis and other evidence-based methods (especially the 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/guardian consultation and training is provided to generalize skills learned during individualized instruction.

The Preschool Life Skills (PLS) curriculum was developed by Dr. Gregory Hanley to counteract problem behaviors in children in "non-maternal" center-based childcare. The curriculum is comprised of 13 fundamental skills that have been identified as a being necessary to developmental success in preschool-aged children. The skills were designed to promote "pro-social skills," such as showing empathy when other children get hurt and responding to one's name when it is called. In Dr. Hanley's study, the skills were introduced into a highly-controlled environment with highly-trained childhood education specialists working with students in a 1:5 teacher-student ratio. One goal of the Pre-School Expulsion Reduction Program is to test the efficacy of the PLS curriculum in true-to-life situations, by implementing it in real classrooms where the teacher-student ratios are more representative of preschool environments typically seen in the United States (1:12 or 3:36) and to test it as an intervention for disruptive social behaviors in children at risk for expulsion as a way to decrease their

problem behaviors which are directly addressed by the pro-social skills taught in the PLS curriculum.

b. Outcomes

2017/18

The goals of the program were met or exceeded in 2017/18. There was a program-wide decrease in problem behaviors, measured by average PLS scores, in 96.5% of program participants, exceeding the goal of 80%. Improvement was seen in 91.7% of the target students, and 7 of 12 target students learned one or more skills per month. All parents and teachers with completed surveys showed improved satisfaction scores at the completion of the program. In the category of expulsion prevention, there were no expulsions in the program, meeting the overarching goal of the goal of the program.

VII. Access and Linkage to Treatment

A. Description

Access and Linkage to Treatment activities and services 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 part of the activities and services provided.

The programs in this category include the Community Warm Line, the Home-Based Senior Outreach Program, the In-Home Parent Education Program, and the Senior Counseling Program.

B. Programs

1. The Community Warm Line

a. Description

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.

b. Outputs

2017/18

The Warm Line received 3,039 calls this fiscal year. The following table shows the callers' top problems, as reported by Warm Line staff members.

Table 38

Callers' Top Six Problems, Community Warm Line, 2017/18	
Problem	Number of Callers
Loneliness	658
Depression	584
Need for Encouragement	446
Anxiety	376
Relationships	371
Need for Information	231

An estimated 15,381 people were engaged and educated about Warm Line services in 2017/18. Staff attended 50 events, including presentations and meetings, throughout Tulare County this fiscal year. There was more outreach to the monolingual Spanish-speaking population this year, participation in several Family HealthCare Network health fairs, and distribution of marketing materials in rural communities including Allensworth, Alpaugh, Cutler/Orosi, Earlimart, Goshen, Woodlake, Woodville Labor Camp, mountain area communities, and numerous Community Services Employment Training (CSET) offices.

The Warm Line Coordinator has developed interactive games to inform and raise awareness to people about mental illness. The games are fun and engaging; everyone wins a prize; and the games educate community members about mental health issues and resources. This has also engaged families in fun activities and starts to erase the stigma of mental health related issues.

c. Outcomes

2017/18

At the completion of their Warm Line calls, callers were asked six yes or no survey questions. One hundred percent (100%) of callers responded "Yes" to the following questions:

- "Was the service polite and helpful?"
- "Do you feel like you were listened to?"
- "Did you receive a choice of referrals when appropriate?"
- "Would you contact this service again?"
- "Would you recommend this service to family and friends?"
- "Do you feel better after talking to someone?"

2. The Home-Bound Senior Outreach Program

a. Description

The Home-Bound Senior Outreach (HBSO) Program serves 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's goals are to identify and

refer adults age 60 and older 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 intervention for depression and suicide risk. Seniors who score moderate or severe are referred to Check in with You: The Older Adult Hopelessness Screening Program (OAHS) for services.

There are two populations that the Kings/Tulare Area Agency on Aging (K/T AAA) program screens: clients who receive home-delivered meals and those seniors who attend local senior centers, or "congregate meal sites," in Cutler-Orosi, Earlimart, Exeter, Goshen, Lindsay, Porterville, Tulare, and Woodlake. This program is a safety net for any senior who may be experiencing depression or anxiety and for those who may not even realize or be able to identify their mental state as that of depression. Screenings are performed at each center annually. The goal is to screen seniors who receive home-delivered meals twice a year.

The program contributes to an increased capacity to identify older adults at risk for depression and/or life-endangering tendencies and even those at risk of greater self-neglect. The screening provides a safety net to a vulnerable senior population. Additionally, it creates an increased awareness of possible mental health issues and facilitates improved access to mental health resources by creating avenues of service that facilitate easier and prompt access to help for those in need of it.

The Homebound Senior Social Network (HSSN) is a contracted telephone-based social networking and outreach program, especially designed to reach homebound and/or isolated seniors who find it difficult to attend a senior center or whose ailments and health conditions confine them to their homes. The concept is based on the "Senior Center Without Walls" program. Although the service is available to any senior aged 60 and older, the program's primary focus is on the clients of the Home-Delivered Meals (HDM) and Multipurpose Senior Services (MSSP) programs. Calls are toll-free and no special equipment is required. The goal is to provide mental health prevention and early intervention (PEI) services to this homebound at-risk population by creating a forum through which they can become part of a social network. By being part of a social network, seniors better maintain cognitive vitality and experience improved mental and physical well-being.

Callers are connected to each other in group conference calls, facilitated by a group leader who is on the line to help manage the discussion and who ensures that anyone wishing to participate has the chance to do so. Sessions are approximately one hour long and the number of participants in any specific discussion group varies. This social contact helps to relieve feelings of isolation and provides social interaction via telephone discussions in which the caller can participate. The service inspires friendships between callers and provides a connection to community, thus helping to improve the quality of life for the participants, and by doing so it helps to achieve the PEI goal of preventing depression and hopelessness, two early predictive symptoms of suicide. If any caller expresses suicidal tendencies or symptoms of extreme depression, the group facilitator immediately reports the situation to K/T AAA staff in order to secure professional services for the caller.

The HSSN is promoted in other K/T AAA programs as well as through outreach conducted by Valley Caregiver Resource Center (VCRC,) the non-profit organization that implements the program. VCRC staff promotes HSSN through various outreach efforts in which it disseminates

information and generates interest in the HSSN. This is often done in connection with other outreach efforts at various area senior centers as well as at community events.

Additionally, outreach is accomplished via phone calls and flyers and presentations given in the community or for other organizations. Also, the K/T AAA Elder and Dependent Adult Family Advocate participates in outreach events and farmer's market coupon distribution, during which information about the HSSN program is made available.

b. Outcomes

2016/17

Of the seniors participating in the Congregate Meals Program who were screened, 98% scored in the minimal range, 2% in the mild range, and none in the moderate or severe range (most at risk). Thus, no congregate clients were referred to the OAHS Program for further assistance. In contrast, of the seniors who participated in the Home-Delivered Meals program, 79% scored in the minimal range, 19% in the mild range, and 1% scored in the moderate or severe range. Homebound seniors are more susceptible to feeling hopeless due to isolation, while those attending senior centers are less likely to experience hopelessness owing to the benefit of socialization that attending a center provides.

The screenings resulted in four (4) interventions to support the seniors who scored moderate or severe.

2017/18

Of the seniors participating in the Congregate Meals Program who were screened, 98% scored in the minimal range, 2% in the mild range, and none in the moderate or severe range (most at risk). Thus, no congregate clients were referred to the OAHS Program for further assistance. In contrast, of the seniors who participated in the Home-Delivered Meals program, 79% scored in the minimal range, 19% in the mild range, and 2% scored in the moderate or severe range.

The screenings resulted in five (5) interventions to support the seniors who scored moderate or severe.

3. The In-Home Parent Education Program

a. Description

The goals of the In-Home Parent Education Program are:

- To increase access to prevention and early intervention services for children and families at risk of child abuse or neglect.
- To provide short-term, low-intensity support services and linkages to community services to increase resiliency, coping skills, and stabilize and strengthen the family unit.
- To provide services to unserved and underserved populations in a manner that is thorough and culturally and linguistically competent.
- To improve later-life outcomes of children in families impacted by mental illness.

- To utilize funds to provide new services or enhance existing services. Funds are not used to supplant existing services.

The program has two components:

Selective Prevention: Constructive parent education and family support services provided to parents in natural community settings, including homes or Family Resource Centers, by bachelor's-level parent educators trained to present the evidence-based curriculum Parenting Wisely and to help parents access and connect to other community resources, including mental health treatment, counseling services, and substance abuse/alcohol or other drug treatment. The target families have indicators or characteristics which could put the children and youth in the family at risk of developing mental illness. These indicators include but are not limited to: parent(s) with a diagnosed mental health condition, domestic violence or substance use in the home, and significant absence or separation from parent or primary caretaker. Services are provided by five subcontracted Family Resource Center agencies, along with Family Services' Goshen Family Center.

Early Intervention: Therapeutic intervention, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is provided to children and youth who have early behavioral or emotional indicators of a mental health issue. The treatment plan involves the parent in terms of outlining how they can best support their child's healing, mental health, and overall wellness. These services are provided directly by bilingual/bicultural Master's-level Therapists employed by Family Services of Tulare County who are co-located at Family Resource Center locations. Parents of the children receiving therapeutic intervention are required to be concurrently enrolled in, or have recently completed, the Parenting Wisely intervention.

The two-tiered service structure within the IHPE Program is provided at the following locations: Parenting Network-Visalia Family Resource Center (Visalia); Lindsay Healthy Start Family Resource Center (Lindsay); CSET's Earlimart Family Resource Center (Earlimart) and Tulare Family Resource Center (Tulare); Cutler-Orosi Family Education Center (Orosi); Woodlake Family Resource Center (Woodlake); and Family Services' Goshen Family Center (Goshen). Included below is a synopsis of the client level data (new clients only) for each site in 2016/17:

- Parenting Network-Visalia Family Resource Center (Visalia): 110 clients served with Parenting Wisely and 13 clients with therapeutic services.
- Lindsay Healthy Start Family Resource Center (Lindsay): 60 clients served with Parenting Wisely and 9 clients with therapeutic services.
- CSET's Earlimart and Tulare Family Resource Centers (Tulare/Earlimart): 69 clients served with Parenting Wisely and 2 clients with therapeutic services.
- Cutler-Orosi Family Education Center (Orosi): 91 clients served with Parenting Wisely and 25 clients with therapeutic services.
- Woodlake Family Resource Center (Woodlake): 65 clients served with Parenting Wisely and 7 clients with therapeutic services.

- Family Services' Goshen Family Center (Goshen): 19 clients served with Parenting Wisely and 20 clients with therapeutic services.

The following table shows the referral sources for the program in 2017/18.

Table 39

In-Home Parent Education Program 2017/18, Referral Sources		
Referral Source	Selective Prevention (PW)	Early Intervention (TF-CBT)
Community agency	54%	72%
Self	22%	0%
School	17%	21%
Outreach	4%	0%
Other	3%	7%
TOTAL	100%	100%

b. Outcomes

2017/18

The following table shows the mean parenting knowledge assessment scores of the participating parents and guardians at the start (pre) and end (post) of Parenting Wisely. Scores are presented for the service locations and overall. The total increase in parenting knowledge was 54%.

Table 40

In-Home Parent Education Program, 2017/18 Mean Parenting Knowledge Scores, Pre and Post			
Service Location	Mean Pre Score	Mean Post Score	% Improvement
Cutler-Orosi	18.7	29.2	+56%
Earlimart/Tulare	20.4	31.5	+54%
Goshen	22.6	30.3	+34%
Lindsay	17.0	27.6	+62%
Visalia	20.0	31.3	+57%
Woodlake	18.9	31.0	+64%
TOTAL	19.6	30.2	+54%
Sample sizes: pre-tests: 355, post-tests: 243			

4. The Senior Counseling Program

a. Description

The Senior Counseling Program provides counseling, support, and referrals to a wide variety of services free of charge to Tulare County residents age 50 and older and their caregivers. The program receives referrals from many sources, including mental health outpatient clinics, Adult Protective Services, hospitals and health clinics, Multipurpose Senior Services, the Kings/Tulare Area Agency on Aging, doctor's offices, senior centers, and other sources. The program distributes brochures in doctor's offices and receives referrals by family members, community members, and self-referrals.

The program aims to identify any problems the senior or senior caregiver is facing and works to help address them with therapy and case management, with referral to locally-available resources. Many individuals the program serves struggle with grief, caregiver problems, finding a nursing home, and especially depression or anxiety (but they may not want to take medication or may not meet treatment criteria).

The Senior Counseling Program, staffed by one full-time Licensed Clinical Social Worker (LCSW) with a background in gerontology, provides oversight for vulnerable seniors and socialization for shut-ins with limited access to other support networks. The LCSW offers support to grandparents raising grandchildren. The staff member makes reports to Adult Protective Services and occasionally to Child Welfare Services; provides referrals to other agencies or professionals; supports families who are bereaved of an older adult family member or older adults who have lost children, partners or loved ones; provides recommendations and resources; disseminates information pertinent to older adults and their families; seeks to stay abreast of the latest news and treatments for Alzheimer's disease and other ailments common to seniors; and the LCSW staff member attends major conferences pertaining to older adults to make sure that the latest knowledge regarding senior issues and best practices in interventions are learned and utilized. The program staff member also lead a Caregiver Support Group in Porterville in 2016/17.

Resources the program frequently refers individuals to include Adult Protective Services, Multipurpose Senior Services, the Valley Caregiver Resource Center, Visalia Adult Integrated Clinic, Visalia Health Care Center, Meals on Wheels, food pantries, the Warm Line, and Kaweah Delta Health Care District grief support groups.

The Senior Counseling Program was recognized in the Tulare County Elder Justice Report compiled by Adria Navarro, Ph.D., LCSW, of the Keck School of Medicine at USC, as a "clear strength in Tulare County."

Table 41

Senior Counseling Program 2016/17, Referral Sources		
Referral Source	Number of Referrals	Percentage
Visalia Adult Integrated Clinic	36	38.3%
Friend or family member	9	9.6%
Adult Protective Services	7	7.4%
Hospital	6	6.4%
Word of mouth	6	6.4%
Multipurpose Senior Services	5	5.3%
Kings/Tulare Area Agency on Aging	3	3.2%
Visalia Health Care Center	3	3.2%
Doctor's office	2	2.1%
Senior center	2	2.1%
Check in with You: The Older Adult Hopelessness Screening Program	1	1.1%
Other	14	14.9%
TOTAL	94	100.0%

As the table below indicates, the top reasons for referral to the program were depression (40%), anxiety (34%), and grief (12%).

Table 42

Senior Counseling Program 2016/17, Referral Reasons		
Main Referral Reason	Number of Referrals	Percentage
Depression	38	40.4%
Anxiety	32	34.0%
Grief	11	11.7%
Isolation	6	6.4%
Physical disability	6	6.4%
Socialization	1	1.1%
TOTAL	94	100.0%

As shown in the table below, in-office (47%) and in-home (34%) case management and/or therapy are the vast majority of services provided. The LCSW provides therapy to all clients and case management as needed.

Table 43

Senior Counseling Program 2016/17, Services Provided		
Type of Service	Number of Services	Percentage
In-office case management and/or therapy	431	47.1%
In-home case management and/or therapy	313	34.2%
Telephone consultation	106	11.6%
Group counseling	38	4.1%
Declined referral	16	1.7%
Caregiver assistance	12	1.3%
TOTAL	916	100.0%

2017/18

As the table below shows, the top referral sources were the Visalia Adult Integrated Clinic, Adult Protective Services, Multipurpose Senior Services, and friends or family members.

Table 44

Senior Counseling Program 2017/18, Referral Sources		
Referral Source	Number of Referrals	Percentage
Visalia Adult Integrated Clinic	21	28.3%
Adult Protective Services	14	18.8%
Multipurpose Senior Services	10	13.5%
Friend or family member	9	12.2%
Word of mouth	4	5.4%
Kings/Tulare Area Agency on Aging	3	4.1%
Check in with You: The Older Adult Hopelessness Screening Program	3	4.1%

Visalia Health Care Center	3	4.1%
Doctor's office	2	2.7%
Hospital	2	2.7%
Other	3	4.1%
TOTAL	74	100.0%

By far the main reason why individuals were referred to the Senior Counseling Program was for depression (61%), followed by anxiety (18%) and grief (16%), as displayed in Table 45 below.

Table 45

Senior Counseling Program 2017/18, Referral Reasons		
Main Referral Reason	Number of Referrals	Percentage
Depression	45	60.7%
Anxiety	13	17.6%
Grief	12	16.2%
Isolation	2	2.7%
Physical disability	1	1.4%
Socialization	1	1.4%
TOTAL	74	100.0%

As the following table shows, in-office (47%) and in-home (34%) case management and/or therapy are the vast majority of services provided.

Table 46

Senior Counseling Program 2017/18, Services Provided		
Type of Service	Number of Services	Percentage
In-office case management and/or therapy	431	47.1%
In-home case management and/or therapy	313	34.2%
Telephone consultation	106	11.6%
Group counseling	38	4.1%
Declined referral	16	1.7%
Caregiver assistance	12	1.3%
TOTAL	916	100.0%