## Tulare County Mental Health Branch

# Mental Health Services Act Three-Year Integrated Program and Expenditure Plan

## 2023/2024 – 2024/2025 – 2025/2026

HHSA
Mental Health

WELLNESS • RECOVERY • RESILIENCE

# TULARE COUNTY MENTAL HEALTH SERVICES ACT THREE-YEAR INTEGRATED PROGRAM AND EXPENDITURE PLAN (CSS, PEI, WET, CFT, INN) FOR FISCAL YEARS 2023/2024, 2024/2025, 2025/2026

## COUNTY COMPLIANCE CERTIFICATION

County: **Tulare**

| **County Mental Health Director** | **Project Lead** |
|---|---|
| Name: Natalie S. Bolin | Name: Michele Cruz |
| Telephone Number: 559-624-8000 | Telephone Number: 559-624-8000 |
| E-mail: NBolin@tularecounty.ca.gov | E-mail: MCruz2@tularecounty.ca.gov |
| Mailing Address:<br>Tulare County Health & Human Services Agency<br>5957 South Mooney Boulevard<br>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 Three-Year Plan or annual update, attached hereto, was adopted by the County Board of Supervisors on June 27,2023.

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 plan/annual update are true and correct.

Natalie S. Bolin
Mental Health Director/Designee (PRINT)

Natalie Bolin, DSW,LCSW
Signature

7/12/2023
Date

County: Tulare

# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: **Tulare** Three Year Plan for FY 2024-2026

| County Mental Health Director | County Auditor – Controller |
|---|---|
| Name: Natalie S. Bolin | Name: Cass Cook |
| Telephone Number: 559-624-8000 | Telephone Number: 559- 636-5200 |
| E-mail: NBolin@tularecounty.ca.gov | E-mail: CCook1@tularecounty.ca.gov |
| Mailing Address:<br>Tulare County Health & Human Services Agency<br>5957 South Mooney Boulevard<br>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 that 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.

Natalie S. Bolin — Natalie Bolin, DSW,LCSW — 7/12/2023

Local Mental Health Director (PRINT) — Signature — Date

I hereby certify that for the fiscal year ended June 30, 2022, 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, 2021. I further certify that for the fiscal year ended June 30, 2021, 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 — Cass Cook — 07/13/2023

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 (07/22/20132*

# 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 a three-year plan or an annual plan update for all MHSA components per the Welfare and Institutions Code section 5847(a). All five MHSA components are included in this Three-Year Plan for Fiscal Years 2023/2024, 2024/2025, and 2025/2026 (hereafter referred to as Plan). This Plan 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.

## Impacts to the Three-Year Plan due to ongoing COVID-19 Precautions and Restrictions

The Mental Health Services Act programs and functions are housed in the Mental Health Branch of the Tulare County Health & Human Services Agency (HHSA). HHSA is considered a super-agency and also houses the Public Health Branch, which has been responsible for managing the response to the pandemic. These response efforts included ensuring public health and safety, monitoring and implementing the State of California's guidelines and stay-at-home orders, as well as coordinating the massive undertaking of safe vaccinations for the community in line with the state's tiering system.

As the Agency, Branch, and MHSA Team navigated new working elements instituted because of the public health emergency, timelines changed and required flexibility. The Community Planning Process continued to be impacted as the public health emergency continued throughout the state and county. The MHSA Team diligently practices regular attendance at the virtual meetings with stakeholders and community members to gain stakeholder perspective and feedback.

The MHSA Team then developed a timeline for completing the Plan for submission by July 1, 2023. (Attachment 2)

Zoom has been the main method of holding meetings, including the Mental Health Board, since the Public Health Emergency was declared. In an effort to reach as many stakeholders and community members as possible, a presentation was recorded and made available on the HHSA website which shared information on MHSA programs and funding and offered information on how to participate. Additionally, this presentation was shared during other meetings as outlined in the Community Planning Process section of this Plan.

## Program items

This Plan includes programs and collaborations that improve the ability of the Tulare County Mental Health Branch to effectively fulfill the objectives of the existing CSS, PEI, INN, and WET/CFT approved plans. Any changes made to the previously approved plans or plan updates within existing programs are detailed within the program description, with a summary included here. 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 transfers from the CSS allotment.

## Branch Priority Areas

The Branch has the following priority areas to help guide programmatic decisions. Many of the efforts and resulting programs and services may be funded with MHSA revenue.

- Children and Youth Services and Prevention Efforts
- Crisis Services and Infrastructure
- Criminal Justice and Diversion
- Homelessness and Housing
    - Community Assistance, Recovery and Empowerment (CARE) Court*
- Workforce Development
- CalAIM Implementation

### Children and Youth Services and Prevention Efforts

During the pandemic, Tulare County saw an increase in the number of children and youth requiring crisis intervention, including hospitalization. In partnership with the Tulare County Office of Education Behavioral Health Services and children's providers, crisis response was a focus of the Children's System Improvement Committee (CSIC). Systems and responses were streamlined between all providers to ensure a timely response to a possible crisis as well as timely access to assessment and services. As the hospitalization numbers for our youth decreased, the focus has shifted to prevention efforts. Existing MHSA programs that serve children/youth and families, such as Preschool Expulsion, Special Friends, and Tulare Youth Service Bureau's Full-Service Partnership Program have received an increase in funding for these efforts.

### Crisis Services and Infrastructure

Additionally, the solutions developed for crisis response for children and youth compelled the Branch to examine the adults' crisis response and resources. Executive leadership retained Recovery Innovations, Inc., to assess the County's crisis continuum. Recovery Innovations, through stakeholder meetings, developed an understanding of current crisis services and then identified gaps in coverage. Recovery Innovations also employed evidence-based tools and programs released by Substance Abuse and Mental Health Services Administration (SAMHSA) and national and state data and outcomes to further outline needs within the local crisis system. From their assessment, Crisis Residential Treatment, Crisis Mobile Units, and youth crisis facilities were the main areas to improve. The Branch has and will continue to pursue grant funding for these efforts however when needed, MHSA funding may be used to supplement the efforts. Transfers to Capital Facilities for infrastructure development to build needed facilities will be completed.

### Criminal Justice

Historically, MHSA funds were only minimally allowed for criminal justice efforts and program activities and services for this population. In the last two years, these restrictions were relaxed and allowed MHSA funding to be used for discharge planning and services for certain incarcerated populations such as Post-Release Community Supervision (PRCS). As more diversion programs develop statewide, coupled with the Jail-Based Competency Treatment programs, MHSA funds will be used to support these efforts for Tulare County. The Branch has added a Forensic Team with a Lead Psychologist to liaise with the courts for these various diversion programs. Governor Newsom's program, *Community Assistance, Recovery and Empowerment (CARE) Court will also involve the Forensic Team as individuals divert to this program.

Homelessness and Housing

The CSS component includes efforts to address the needs of individuals experiencing homelessness. As part of the No Place Like Home program with the state Housing and Community Development Department (HCD), supportive services are required to be provided for twenty years in partnership with county behavioral health at any No Place Like Home-funded project. There are four approved No Place Like Home-funded projects. First, Tulare County received approximately $925,000 for an integrated housing project, known as the non-competitive allocation. In partnership with Self-Help Enterprises, this non-competitive allocation was put toward the housing development called Sierra Village II in the city of Dinuba, which opened in December 2022. Second, an application for the No Place Like Home Competitive Round Two funding was submitted in partnership with UP Holdings, Inc., for a new construction project located in the city of Porterville, called Finca Serena. This application was approved, and construction is underway with an opening date for early 2023.

For No Place Like Home Competitive Round Three funding, Self-Help Enterprises, in partnership with HHSA, submitted applications for two projects, one each in the cities of Visalia and Tulare. Both projects were approved by the HCD. To adhere to the requirements of the No Place Like Home program, Tulare County MHSA has agreed to provide supportive services at these projects. These two No Place Like Home projects are on schedule to complete construction and open for occupancy and services by the middle of 2023 and into 2024.

In September 2022, a Request for Proposal for supportive services for these projects was released and the agreement was awarded to RH Community Builders. MHSA funds may be used in support of these services although there are other funding opportunities available, such as American Rescue Plan Act funds. RH Community Builders was able to begin providing services at Sierra Village and Finca Serena in December 2022.

A new Branch within the Agency was created, the Integrated Services Branch, and this Branch houses the Homeless Multi-Disciplinary Team, which is in part, funded with MHSA revenue to outreach and engage to those unhoused individuals. Additionally, the Integrated Services Branch now oversees the HOPE Ride-Along project, which partners a Community Health Worker with a Visalia Police Department officer. The team responds to calls involving persons experiencing homelessness, and the Community Health Worker is available to serve those with mental illness and/or in crisis.

As Governor Newsom's program, Community Assistance, Recovery and Empowerment (CARE) Court, is implemented across the state, Tulare County will be in the second wave for implementation during fiscal year 2024. We will look to examples and lessons learned from the first counties to implement CARE Court as the Branch implements it locally, however, we will begin housing infrastructure development to address the need once implemented.

Workforce Development

Under the WET component, the state Department of Health Care Access and Information [HCAI, formerly California Office of Statewide Health Planning and Development (OSHPD)] has allocated funds for a new Five-Year Plan. In coordination with Regional Partnerships and CalMHSA, counties have access to funds to address workforce challenges. Tulare County received approval through its Mental Health Board and Board of Supervisors to contribute a portion for the match to the Central Regional Partnership. This contribution, combined with other counties' contributions, resulted in approximately $8 million for the Central Regional Partnership for five years. These funds will be allocated per the Central Regional Partnership's determination between Pipeline Development,

Scholarships, Loan Reimbursement, Stipends, and Retention activities. This Five-Year Plan goes from Fiscal Year 2020/21 through 2025.

The Branch is also collaborating with CalMHSA for the Peer Support Specialist Certification Program. Senate Bill 803 authorized the Department of Health Care Services (DHCS) to establish statewide requirements for Medi-Cal certification for Peer Support Specialists. CalMHSA will take the lead in implementation and administration of all components of the Peer Support Specialist Certification Program, including data collection, exam administration, and monitoring of training vendors. There is no funding tied to this initial phase of implementation and partnership with CalMHSA. Given the numerous programs that include Peer Support Specialists, the Branch along with stakeholders at the committees, supported the partnership with CalMHSA.

CalAIM Implementation

The INN component has one new approved program, approved in two phases. The Multi-County Collaborative Project in partnership with CalMHSA for the new Statewide Electronic Health Record Project (Phase 2) was approved December 2022. Phase 1 was approved in June 2022 with a start date of July 2022. This project will offer an Enterprise Solution, assist with CalAIM implementation, and improve data accessibility and operability which will all assist with efficiency and maximizing outcomes for unserved, underserved, and inadequately served populations.

There are many components over time to CalAIM Implementation and the Mental Health Branch will work closely with CalMHSA to ensure Payment Reform, billing, coding, documentation, etc., are implemented as smoothly as possible.

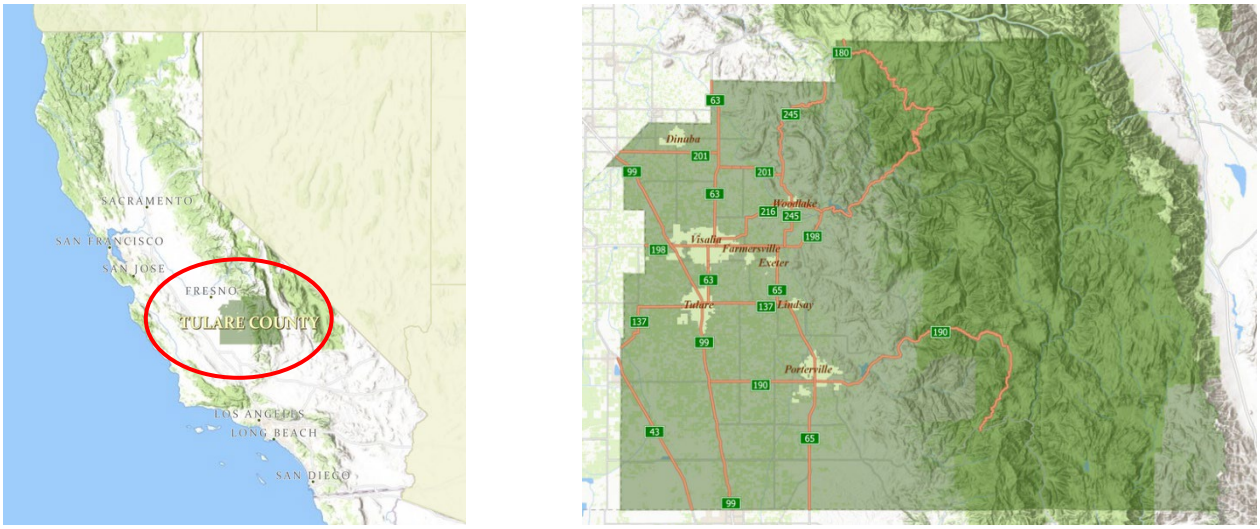
# COMMUNITY PLANNING PROCESS

The Community Planning Process (CPP) for the Tulare County Mental Health Services Act (MHSA) Three-Year Integrated Program and Expenditure Plan was conducted throughout the months of December 2022 through April 2023. As the Mental Health Branch continues to adjust and adapt to the challenges of working a hybrid schedule, the MHSA Team in partnership with the consultant group, Maldonado and Associates, Inc., implemented hybrid strategies to conduct the CPP and submit the Plan by July 1, 2023. The planning process included consumers, family members, staff, agencies, specialty groups, and general community stakeholders.

## Tulare County Population General Description

Tulare County is centrally located in the southern region of California's San Joaquin Valley between and Los Angeles and San Francisco. The County includes an expansive area of 4,839 square miles, including eight cities and many unincorporated rural communities.

**Figure 1: County Maps**




## County Demographics

The most up-to-date United States Census data (2020) reported Tulare County's population of 473,117. Tulare County consists of a majority of Hispanic or Latino population (65.6%). The race and demographics are listed below.

## Figure 2: County Demographic Data (2020 US Census Data)

| Ethnicity | Percentage |
|---|---|
| Hispanic or Latino | 65.6% |
| White alone, not Hispanic/Latino | 27.7% |
| | |
| **Race** | **Percentage** |
| White | 88.2% |
| Black or African American | 2.2% |
| American Indian | 2.8% |
| Asian | 4.0% |
| Native Hawaiian and Other Pacific Islander | 0.2% |
| Two or More Races | 2.7% |

According to the Department of Health Care Services (DHCS), Tulare County-has two threshold languages, English and Spanish. The majority of the population speaks English (56.3%), followed by Spanish (38.9%), then Portuguese (1.1%) as their first language. Tulare County is also home to many cultural groups that speak other languages and dialects not identified by the census bureau. Twenty-two percent (22%) of Tulare County's residents are foreign born, many bringing their native languages to Tulare County. For example, Tulare County is home to a large group of the Mixteco population that speak their native dialect; Asian Pacific Islanders; Lahu; and Southeast Asians (Laotian) also speak in their native languages. All these groups have unique cultural norms, traditions, and values, and they populate a great portion of Tulare County's rural areas.

The most recent census data estimates show the following information for age groups. Children under the age of 5 years (8.0%); ages 6-17 (30.5%); adults ages 18-64 (58%); and individuals ages 65 or older (11.5%). Tulare County's older adult population continues to increase each year. The average household family size was (3.3); the median household income for a family is $49,687 with about 18.9% of the population below the poverty line.

### Updated Assessment of County Capacity

| Racial/ethnic and linguistic groups | % of total County population | # of MHP Providers | % of provider population (n=366) |
|---|---|---|---|
| White/Caucasian | 27.7% | 100 | 27% |
| Hispanic/Latino | 65.6% | 195 | 53% |
| Black or African American | 2.2% | 10 | 3% |
| Native American | 2.8% | 1 | <1% |
| Asian | 4.0% | 30 | 8% |
| Native Hawaiian/Pacific Islander | 0.2% | 1 | <1% |
| Two or More Races | 2.7% | 16 | 4% |
| Other/Unknown | N/A | 13 | 4% |

| Language | # of MHP Provider Speakers | % of provider population (n=366) |
|---|---|---|
| English | 196 | 54% |
| Spanish | 168 | 46% |
| Arabic | 1 | <1% |
| Quechua | 1 | <1% |
| Urdu | 2 | 1% |
| Hmong | 3 | 1% |
| Other Chinese Dialect | 6 | 2% |
| Tagalog | 0 | 0% |
| Vietnamese | 1 | <1% |
| Mien | 4 | 1% |
| Punjabi | 3 | 1% |
| Gujarati | 2 | 1% |
| Hindi | 1 | <1% |
| Hungarian | 1 | <1% |
| Filipino | 1 | <1% |

**Strengths and Limitations**

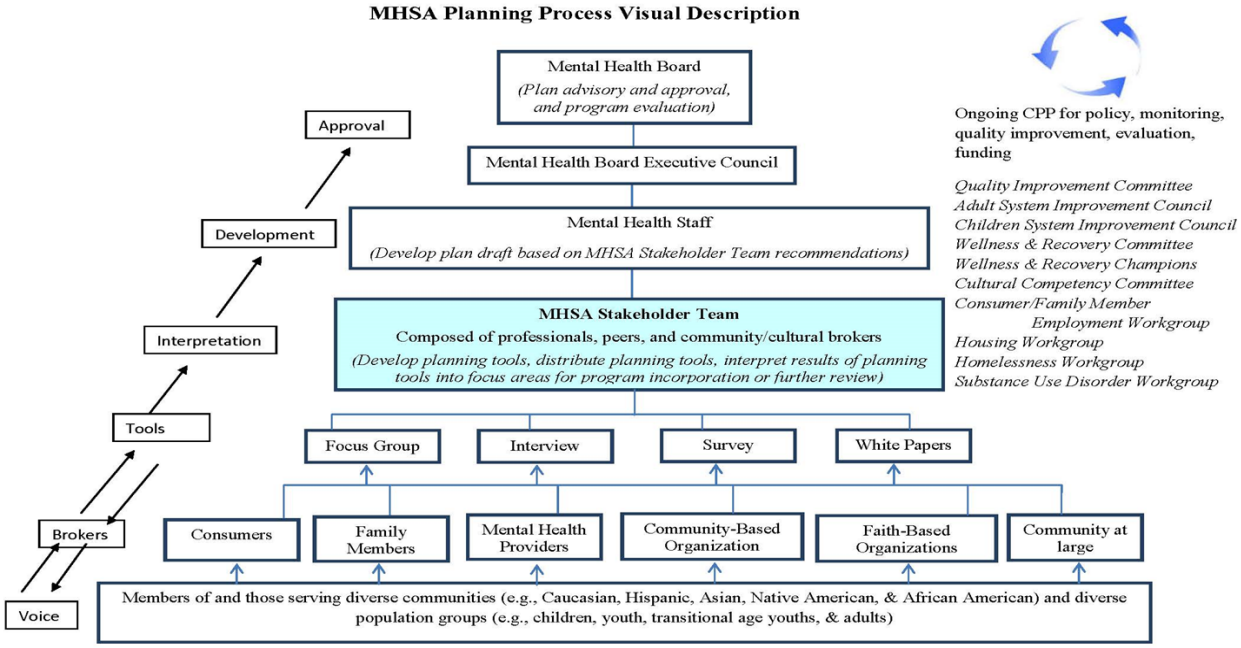
In meetings with providers throughout the Mental Health Plan, strengths and challenges are discussed with the intent to share solutions. At meetings such as the Adult Systems Improvement Committee and the Quality Improvement Committee, providers have shared challenges of recruiting and retaining culturally representative staff. Tulare County is designated as a Health Provider Shortage Area and recruiting and retaining staff, regardless of cultural representation, is a challenge at all levels and classifications within the Behavioral Health Branch.

To address this challenge, Tulare County Behavioral Health through its MHSA programs is participating in the statewide Workforce Education Training Five-Year Plan through the Central Region Partnership of CalMHSA. This Five-Year Plan includes Loan Repayment Programs, Stipends, Scholarships, as well as Retention efforts.

When looking at the provider representation as it relates to the general county population, Tulare County's various ethnic groups and language-speakers are represented among the providers in similar percentages to the county population. The Behavioral Health Branch continues to forge relationships and collaborative opportunities with the African American and Native American populations. While the representation for the African American community has improved, the representation for the Native American community has not. Additionally, the Asian/Pacific Islander community presents new challenges for connecting as evidenced by the inability to hold a focus group with them. Through the Mental Health Cultural Competence Committee, opportunities to improve the outreach and engagement with these populations will be explored and tested.

As stated previously, Zoom has been the main method of holding meetings, including the Mental Health Board, since the Public Health Emergency was declared. As 2022 came to a close, there was a return to in-person meetings while still having the option to participate via Zoom. To reach as many stakeholders and community members as possible, a presentation was recorded and made available on the HHSA website, which shared information on MHSA programs and funding and offered information on how to participate. The link for this was shared widely via social media and at various committee meetings.

Feedback opportunities were offered through stakeholder and committee meetings, as well as through a public comment period and public hearing. One strategy the Branch has incorporated over the last few years to facilitate continued stakeholder feedback on MHSA programs is to utilize existing meetings with stakeholders to review MHSA programs, plans, and legislation. These various committees (see dates below) include 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 stakeholders consist 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. The recorded video presentation and survey links information were shared with, but not limited to, the following groups: 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 Services, Transitional Age Youth Transitional Supportive Housing, and Adult Transitional and Permanent Supportive Housing; Mental Health Board members and Board of Supervisors members; New Life Ministries,

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; and the Tulare County Office of Education.

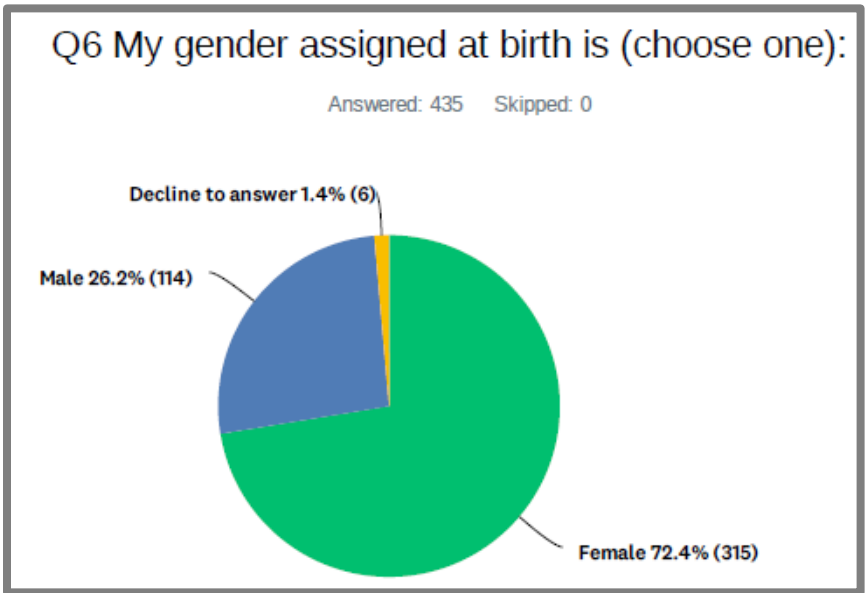
Table showing community meetings and other planning activities.

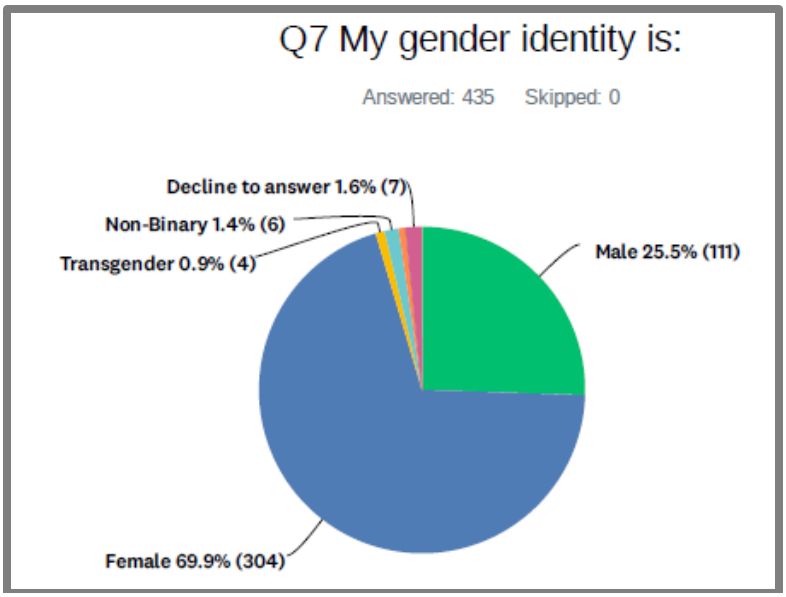
| Committee | Date |
|---|---|
| Adult System Improvement | 09/22/2022 |
| | 12/22/2022 |
| | 01/26/2023 |
| Children's System Improvement | 09/01/2022 |
| | 10/03/2022 |
| | 11/03/2022 |
| | 01/05/2023 |
| Mental Health Cultural Competence | 09/21/2022 |
| | 12/13/2022 |
| Wellness & Recovery | 10/20/2022 |
| | 12/15/2022 |
| | 02/16/2023 |
| Porterville Wellness Center, Community Stakeholder meeting | 01/18/2023 |
| Visalia Wellness Center, Community Stakeholder meeting | 02/02/2023 |

Training and information on MHSA was provided during these community meetings and other planning activities, in addition to having the MHSA 101 presentation available on the HHSA social media platforms and external website. (See presentation as Attachment #7.)

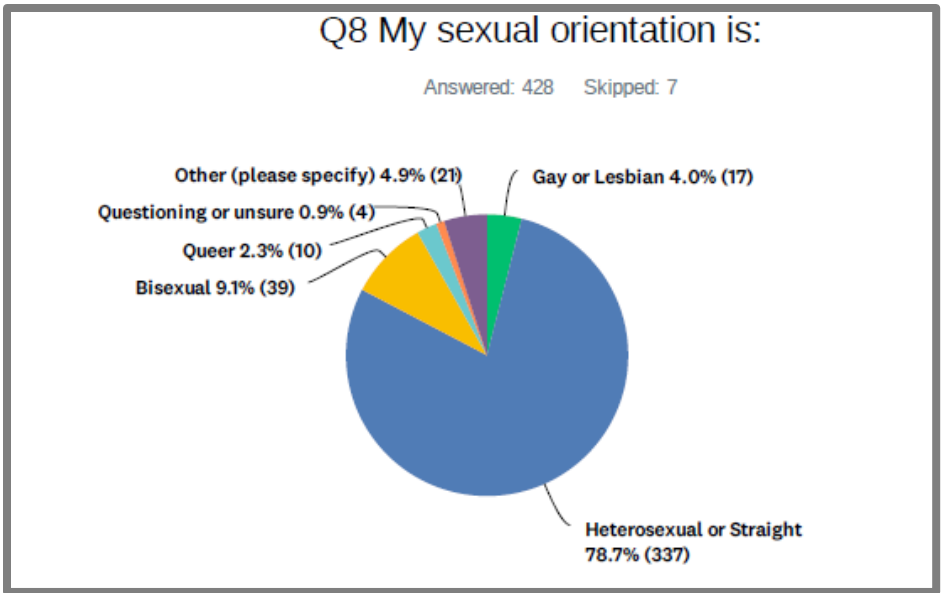
While these efforts continue year-round, there was a focused effort during the months of December 2022 and January 2023 for the community planning process, with surveys distributed and focus groups held during this time. With the return to in-person meetings and activities, the MHSA Team utilized a survey available in paper as well as online to garner wide community input on mental health services and programs. The availability of paper surveys at our partner sites garnered more participation than in the most recent pandemic-impacted years. There was a total of 435 surveys completed.

## Demographics - Survey Participants

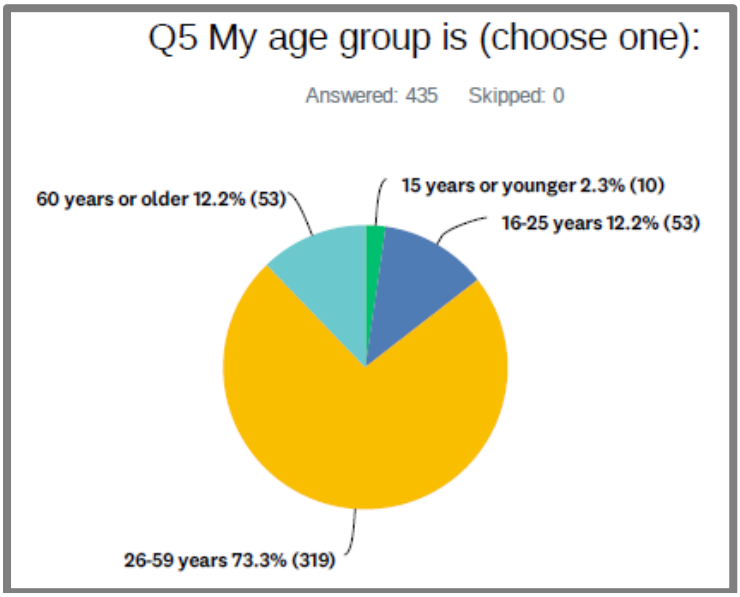


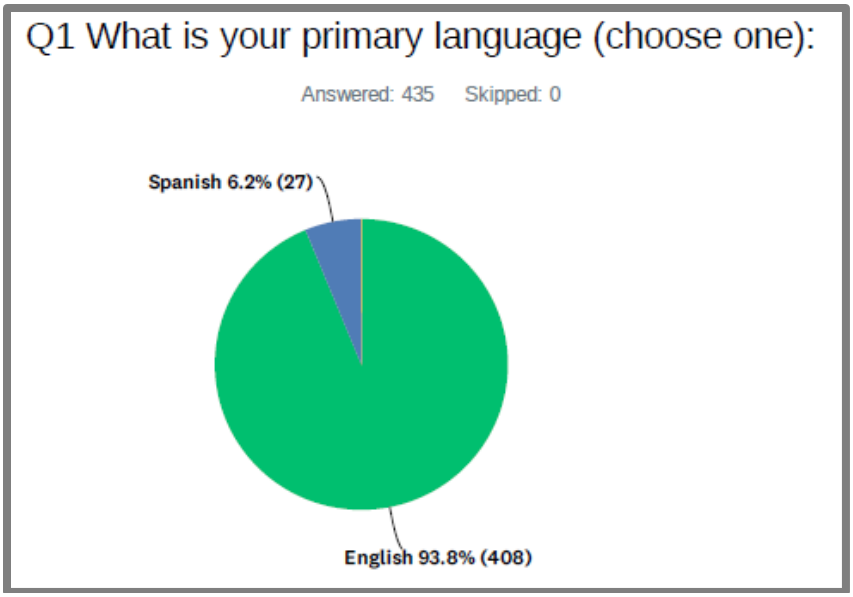

The majority of survey respondents identified as Female which continues the trend of previous planning processes.

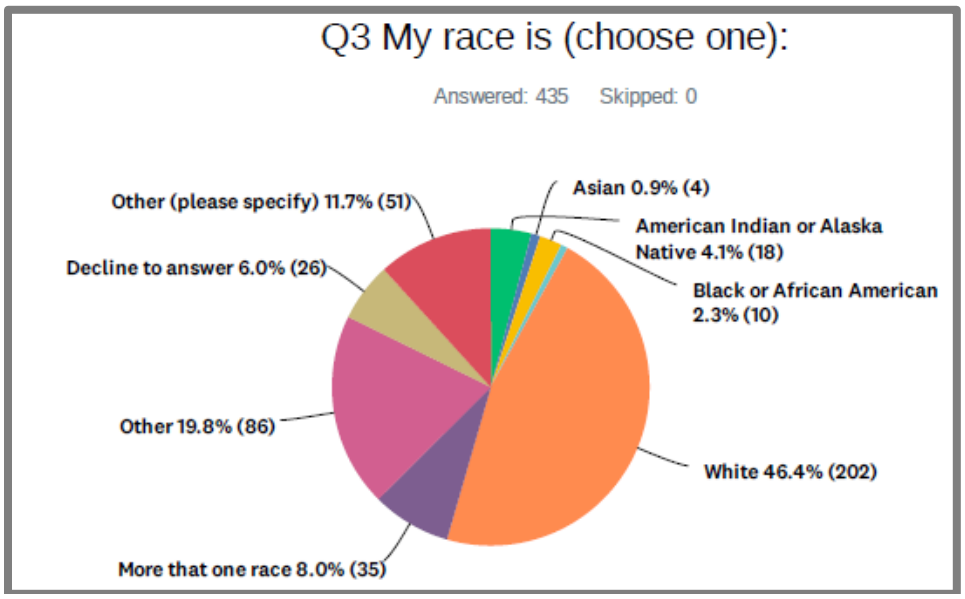


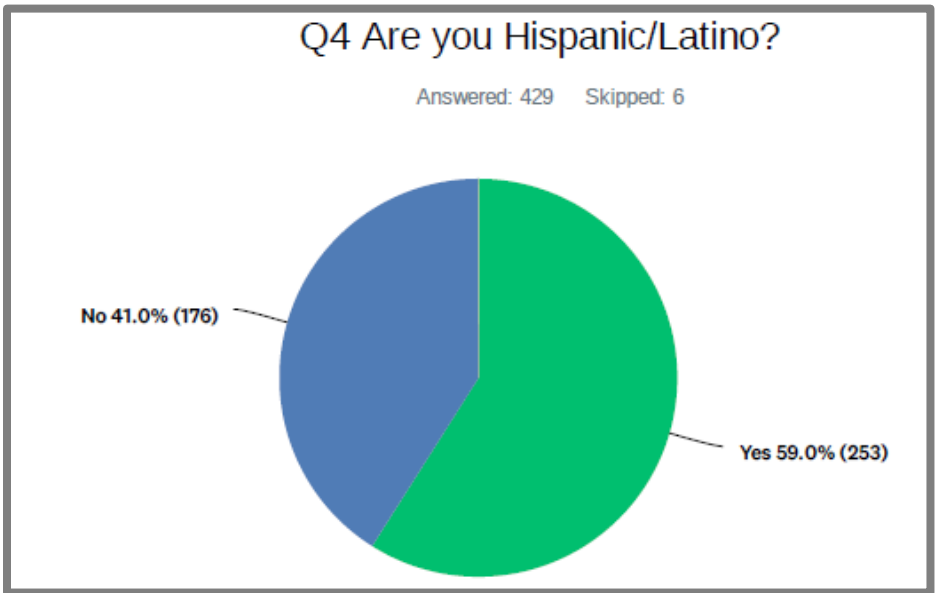

Almost 80% of respondents identified as Heterosexual with almost 15% identifying as Gay/Lesbian, Queer or Bisexual.



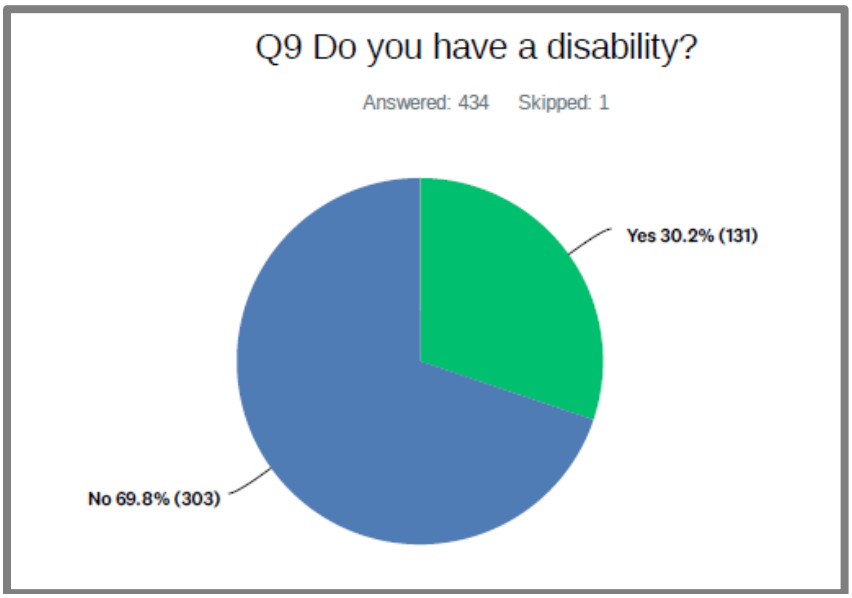

We mostly heard from Adults, with an equal number of Transition Age Youth and Older Adults responding (53 each).

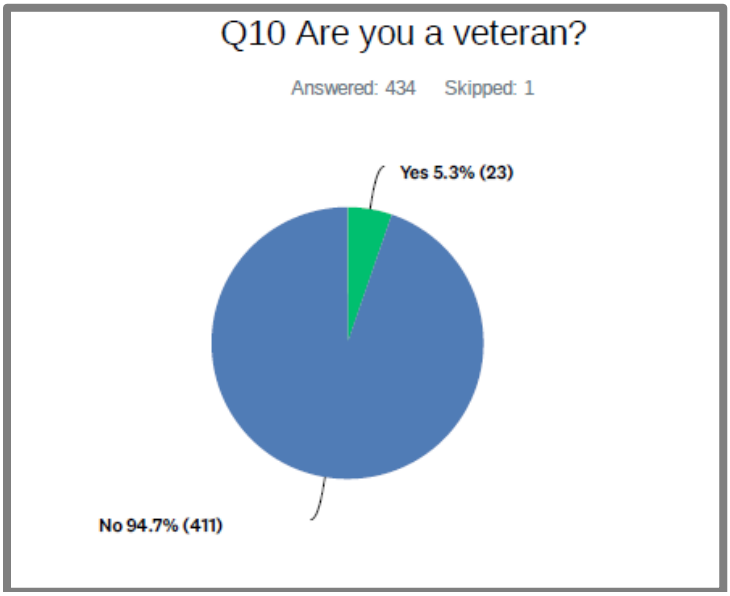

Q1 What is your primary language (choose one):
Answered: 435 Skipped: 0
Spanish 6.2% (27)
English 93.8% (408)


Q3 My race is (choose one):
Answered: 435 Skipped: 0
Other (please specify) 11.7% (51)
Asian 0.9% (4)
American Indian or Alaska Native 4.1% (18)
Decline to answer 6.0% (26)
Black or African American 2.3% (10)
Other 19.8% (86)
White 46.4% (202)
More that one race 8.0% (35)

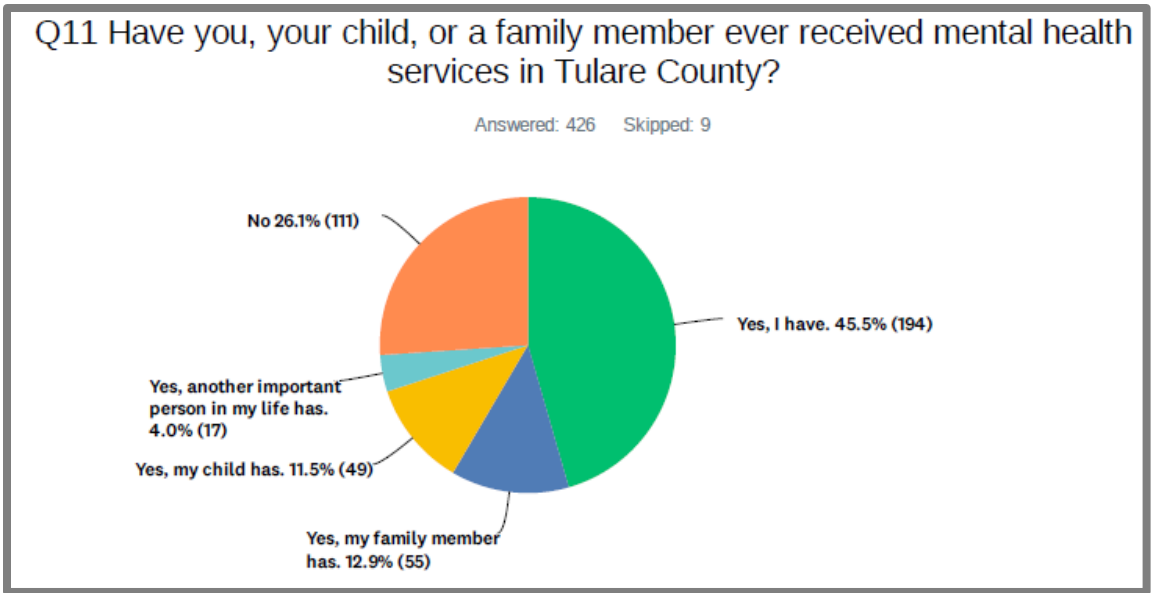

Q4 Are you Hispanic/Latino?
Answered: 429 Skipped: 6
No 41.0% (176)
Yes 59.0% (253)

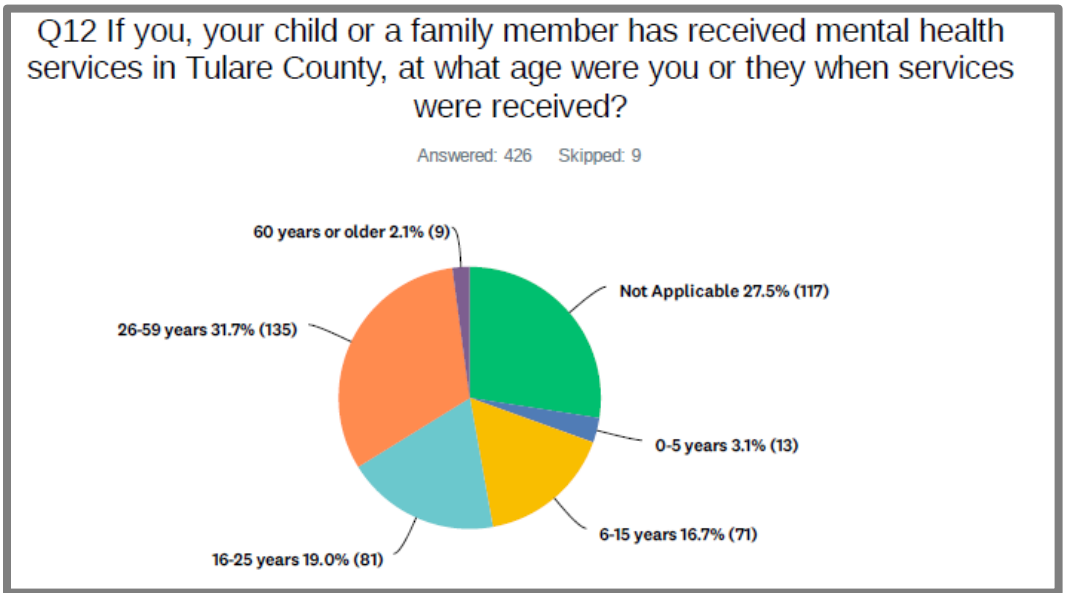
Most respondents speak English and identified as Hispanic, with about half identifying as White. About one-third shared they had a disability, and we reached only a few Veterans.

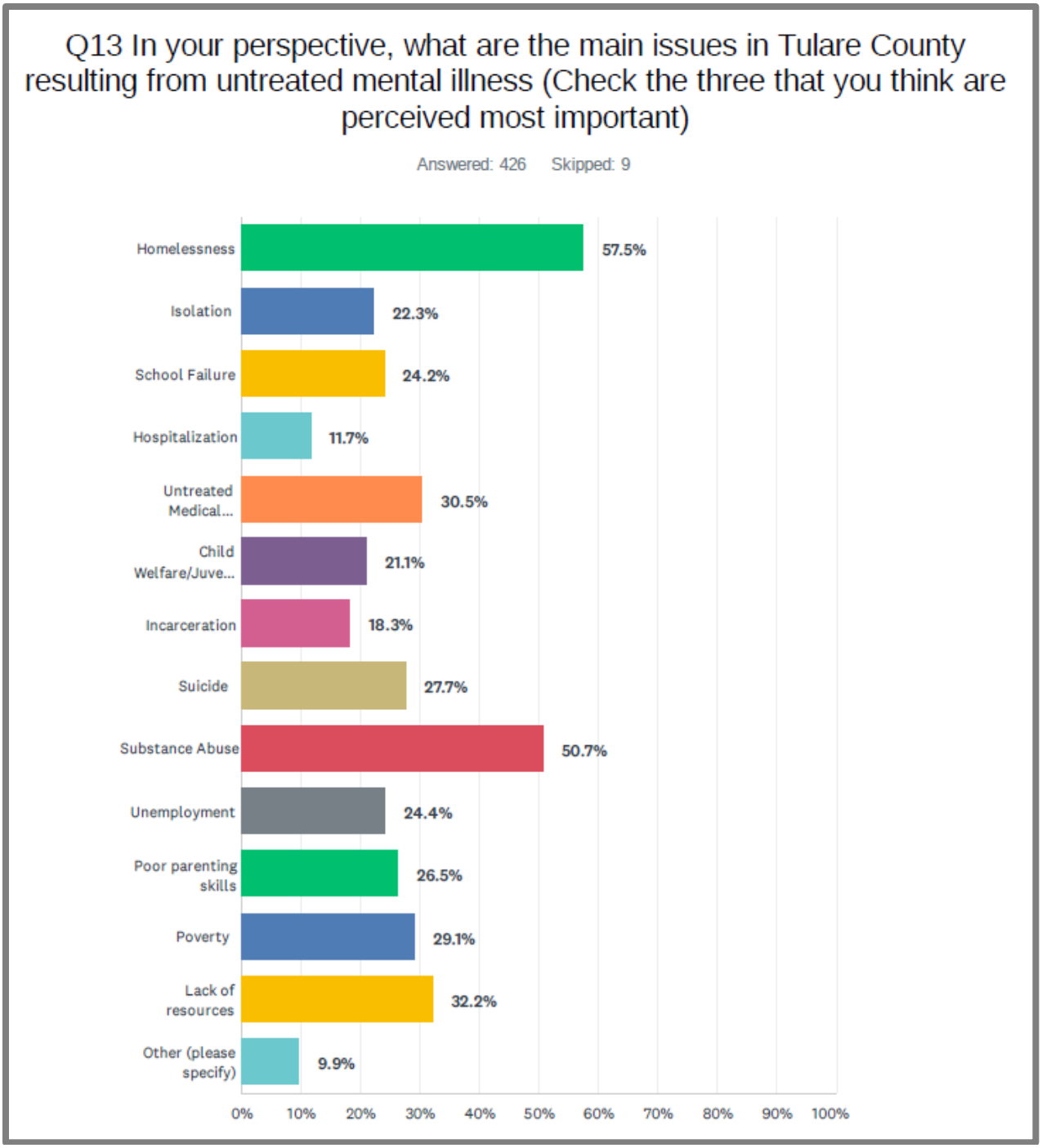



The next graphs show the community of peers and family members we were able to reach, showing that almost 75% of those taking the survey have some experience with the mental health services here in Tulare County, either personally or through a child or other important person.

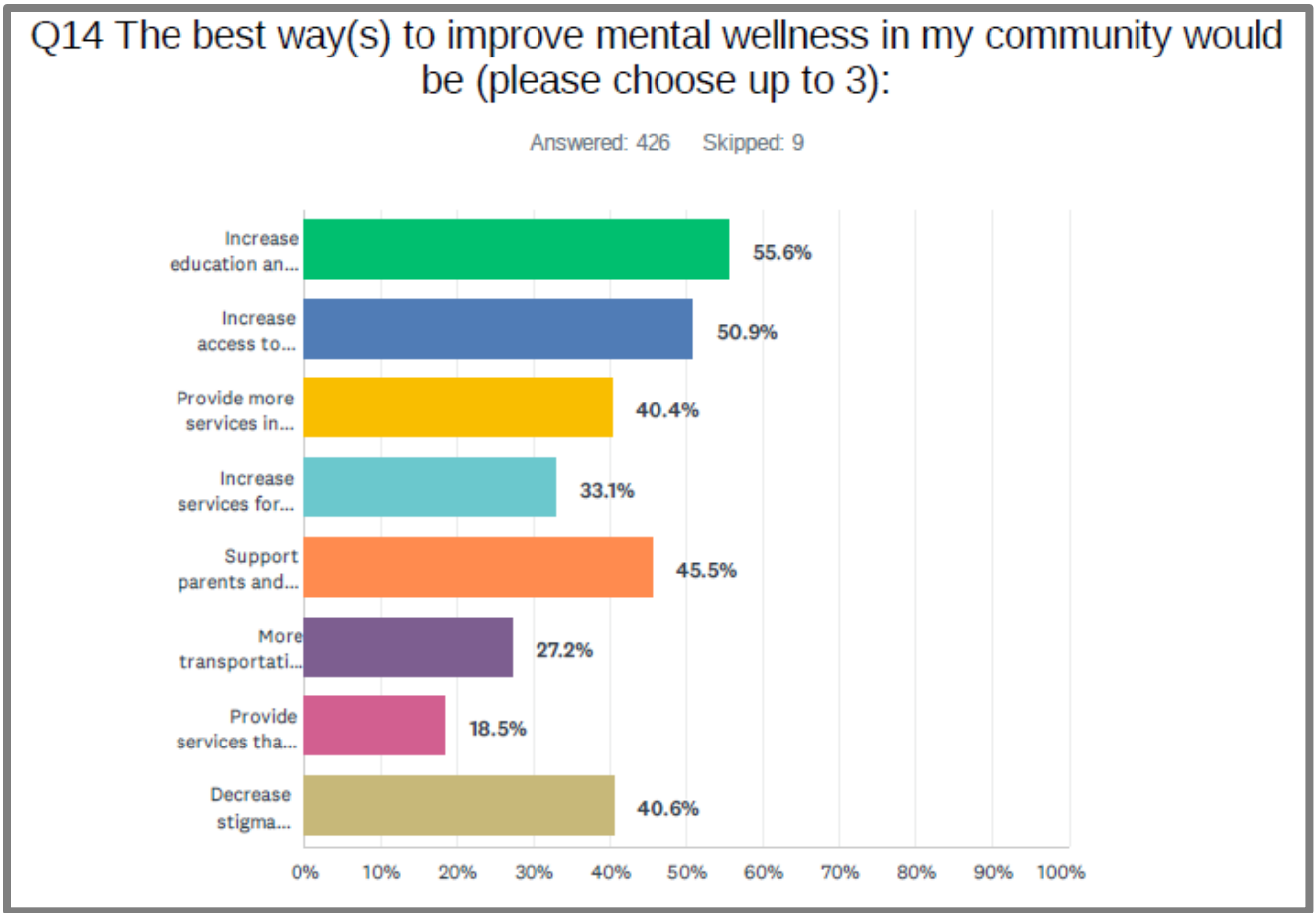

Q11 Have you, your child, or a family member ever received mental health services in Tulare County?
Answered: 426 Skipped: 9
No 26.1% (111)
Yes, I have. 45.5% (194)
Yes, another important person in my life has. 4.0% (17)
Yes, my child has. 11.5% (49)
Yes, my family member has. 12.9% (55)


Q12 If you, your child or a family member has received mental health services in Tulare County, at what age were you or they when services were received?
Answered: 426 Skipped: 9
60 years or older 2.1% (9)
Not Applicable 27.5% (117)
26-59 years 31.7% (135)
0-5 years 3.1% (13)
6-15 years 16.7% (71)
16-25 years 19.0% (81)




Homelessness still ranks highest for the community with Substance Abuse ranking second again.

The following question is new for the survey, using strength-based language to identify areas of improvement for the system of care.




The top answer chosen was “Increase education and information” (55.6%) followed closely by “Increase access to housing resources” (50.9%). The third highest chosen answer was “Support parents and families” at 45.5%.

The survey also offered an opportunity for comments. Many respondents skipped this question (345 skipped) however the 77 responses had general themes which correspond to the top answers in the questions above. There were many comments about workforce, access to services, and increasing awareness of services and mental health in general. Here are a few:

> *Attract more professionals to work in the area. A large barrier to continuing treatment can be the long wait times. I had a 6 mos wait to see my psychiatrist initially, and finding a therapist who has specialization and availability is tough. My best therapy experience required me to drive to Fresno everyday for partial hospitalization. I have not been treated in hospital, however spoken with many who have and I understand hospitalization to be an extreme next step locally. Access to partial hospitalization, residential, and group programs would be a game changer for our community.*
>
> *Tulare County has a lack of awareness, support, and accessibility around mental health.*
>
> *Many individuals suffering from mental health symptoms fall between the cracks and don't receive the support services they need, because they are considered just above the threshold to meet the criteria. Stigma is a major factor impacting individuals getting the help they need, but so is cost of care, poverty, and the cumbersome mental health system.*

*We need more opportunities to bring the community together to talk about mental health. Panels, presentations, outreach, to declutter the idea that "mental health" is one large problem, rather than many different struggles caused by many factors.*

*We need more culturally diverse staff, who can use their multilingual/ bilingual skills in Mental Health. Translation is lost when we use the language line. Use of social media in multiple languages to share information about mental health services, education to include connection with parents within the school system to help children/young adult receive help.*

The MHSA Team discussed the successes and challenges of previous focus groups and reviewed options for obtaining varied perspectives of the unserved, underserved, and inadequately served in the community, which would reduce barriers to participation and yet maintain safety while in a public health emergency. As a result of these discussions and in partnership with an external consulting group, the number of focus groups was similar to the last CPP at ten (10) planned focus groups. Focus groups were able to be conducted in-person this time.

## Focus Groups Priority Populations

- Older Adult Consumers
- Adult Consumers
- Family Members of Adult consumers*
- Family Members of Children/Youth consumers
- Spanish-speaking consumers
- Individuals experiencing homelessness
- LGBTQ+ individuals
- Transition Age Youth
- Hispanic/Latinx
- Native American
- Asian/Pacific Islander**

*Note that the Family Members of Adult Consumers was changed when the attendees for that focus group revealed they were all Adult Consumers. While we wanted to hear directly from a group of family members, the consultant did share that there were family members included at several focus groups, like the Native American focus group, in addition to hearing from Family Members of Children/Youth Consumers.

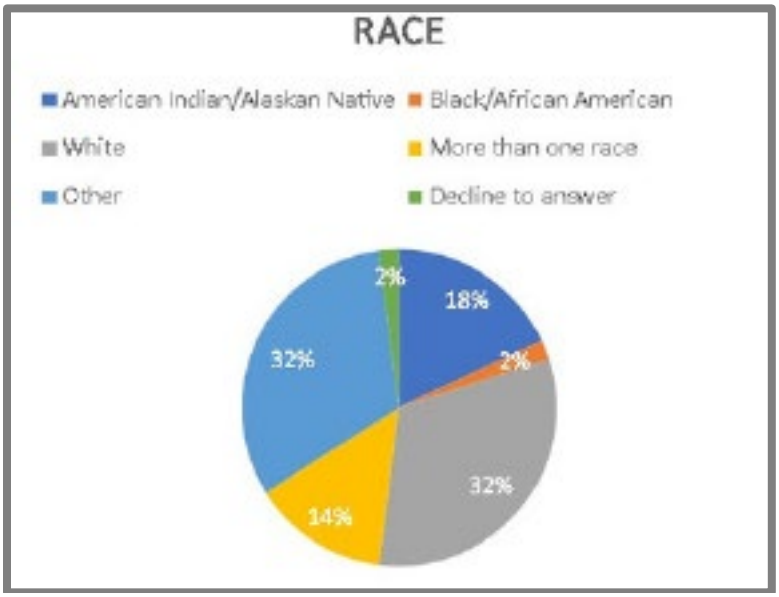
**Also note that the Asian/Pacific Islander focus group was not held. It is a focus population for the Branch and MHSA programs as we have historically been unable to meaningfully engage members for feedback and participation. Several attempts were made via staff and partners to reach out to consumers and ask them for their participation. When staff identified that a group could not be gathered, it was recommended to hold a key informant interview instead. Staff were unable to engage a representative within the time frame required. Discussion on additional strategies will continue to be held at committee meetings to improve on this outreach.

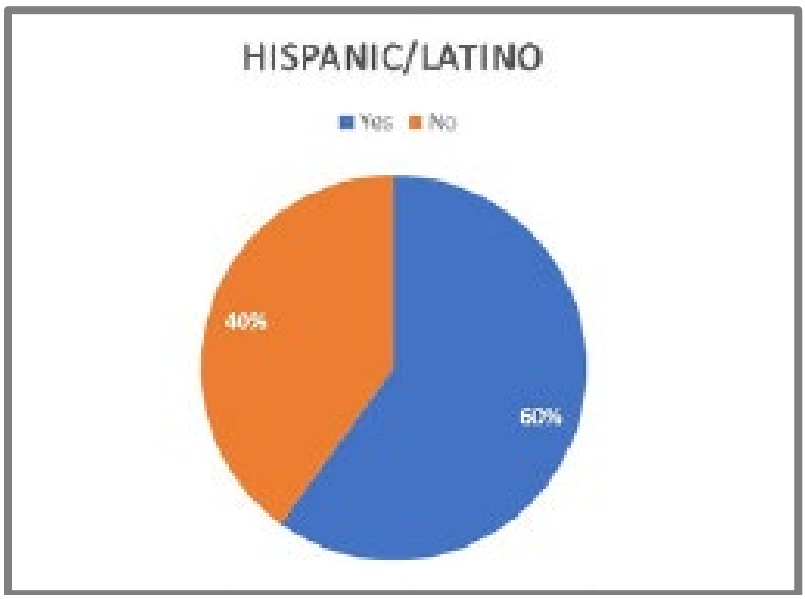
There were fifty (50) participants total for the nine (9) focus groups. Through mixed methods research, the consultant used the survey and additional focus group questions to gather information from diverse community members about their knowledge, attitudes, and experiences related to mental health programs and services in Tulare County.

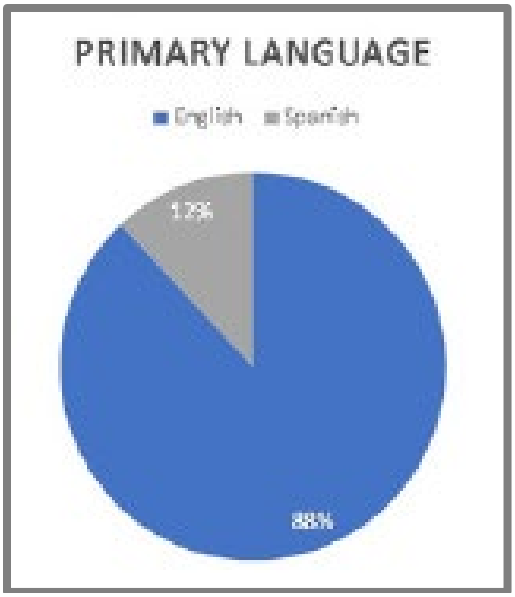
## Demographics – Focus Groups

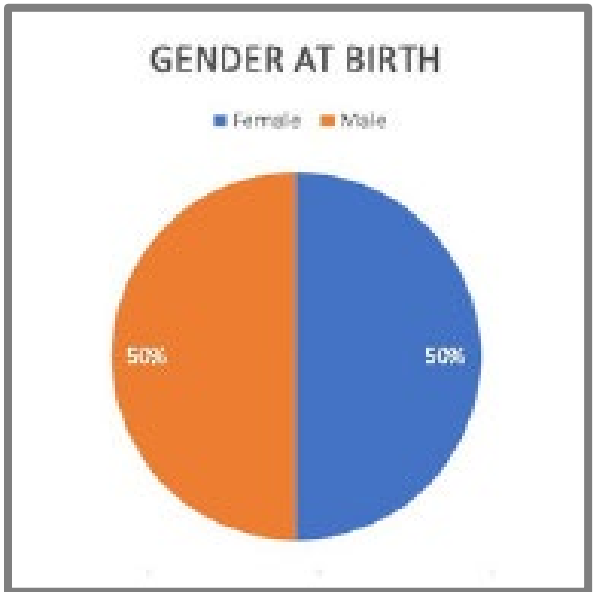
The demographics of the focus groups participants mirrors that of the larger survey respondents: mostly Adults, English as a main language, identify as Hispanic. There is more diversity within the races with only 32% identifying as White, and the participants were equally split between Male and

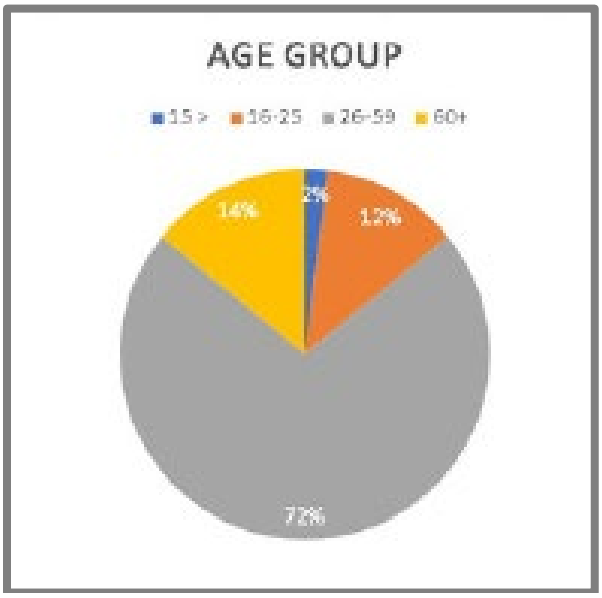
Female. Additionally, while most participants were from the three largest cities in the county, we were able to hear from rural community members as well.

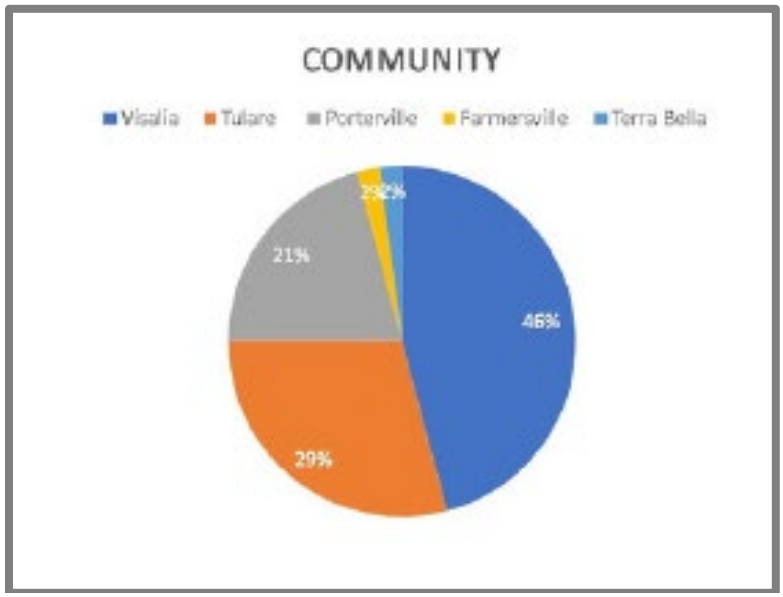



PRIMARY LANGUAGE
English
Spanish
12%
88%


GENDER AT BIRTH
Female
Male
50%
50%


AGE GROUP
15 >
16-25
26-59
60+
2%
12%
14%
72%




The focus group questions reviewed the following main areas: knowledge of mental health, barriers to access, motivational factors to accessing services, community or cultural beliefs and practices, and community needs.

As with the free-form comments from the surveys, timely access to services, workforce needs, culturally competent and diverse providers, support and services for children and families perhaps in schools, and resources and information were common themes.

The following focus areas were addressed during several of these committee meetings. These focus areas are a synthesis of the stakeholder meetings and feedback and will be used to guide practice and program over the course of the MHSA plan. These focus areas do not address every finding from prior 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 Behavioral Health.

- Continue programs and services for individuals experiencing homelessness or at risk of homelessness, while looking for opportunities to increase capacity throughout the spectrum of available safe spaces, including bridge housing, transitional housing, and developing more supports for those in permanent housing solutions.
- Continue efforts to educate the community about substance use disorder and programs and services available through collaborative efforts with the Substance Use Disorder Unit within the Mental Health Branch.
- Continue collaborating with partners such as Family Resource Centers and the Tulare County Office of Education to increase services to children and youth, and their families and support systems, and share the knowledge of available resources, reaching parents, teachers, and administrators.
- Continue to support efforts to address the needs of the whole person, including physical health and supportive services, incorporating changes with the State's California Advancing and Innovating Medi-Cal (CalAIM) initiative, which is a multi-year initiative from the

Department of Health Care Services to improve quality of life and health outcomes across the Medi-Cal program.

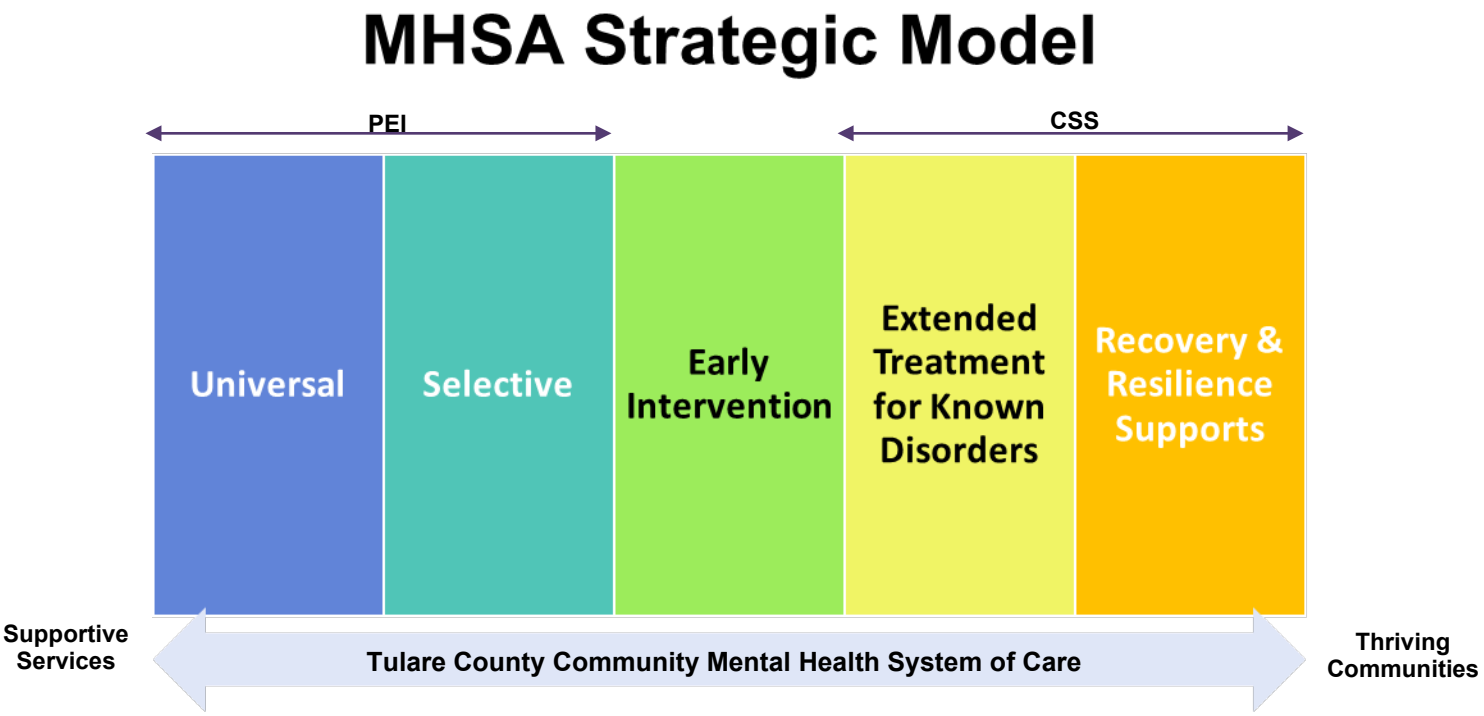
- Look for opportunities to partner with community and cultural leaders, especially in rural areas, to build trust within those communities, possibly expanding partnerships and service locations at community partner sites. Within this area, look to the needs of the Spanish-language population and how those are different from the English-language population in order to adequately reach the community.
- Build capacity for crisis continuum development such as Crisis Residential Treatment, Crisis Mobile Units, and youth crisis facilities.

Current programs and partnerships to address these focus areas are detailed further within this plan. Any new or revised programs developed from these focus areas and committee meetings will be detailed in upcoming annual updates.

The draft Tulare County MHSA Three-Year Plan for Fiscal Years 2023/2024 through 2025/2026 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 March 8, 2023, to April 8, 2023. A public hearing was then held during the Mental Health Board meeting on April 5, 2023. Discussion was held during the April 5 Mental Health Board meeting on this action item. Four public comments in the form of questions during the wellness center community meetings were received during the 30-day public comment period. No public comments were received during the public hearing held at the April 5 Mental Health Board meeting, and the Mental Health Board reached a quorum and voted to move the Annual Update Plan forward to the Board of Supervisors.

The Tulare County MHSA Three-Year Plan for Fiscal Years 2023/2024 through 2025/2026 was heard by the Board of Supervisors on June 27, 2023, and was approved for submission to the Mental Health Services Oversight and Accountability Commission and the Department of Health Care Services.

| Public Comment | Date Received/Location | Impact or Effect |
|---|---|---|
| Have you received Focus Group responses and what did you think about their feedback? | 2/2/2023<br>Visalia Wellness Center | No impact. Question answered during meeting. |
| Will the Plan be presented to the Wellness & Recovery Committee? | 2/2/2023<br>Visalia Wellness Center | No impact. Question answered during meeting. (Yes.) |
| Will those who participated in the Focus Group receive the report from the Focus Group? | 2/2/2023<br>Visalia Wellness Center | No impact. Question answered during meeting. (Report will be incorporated into MHSA Plan.) |
| Will the Plan be made available in Spanish? | 1/19/2023<br>Porterville Wellness Center | No impact. Question answered during meeting. (Yes.) |




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 and Annual Updates includes review of ongoing MHSA-funded 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. Programs will continue to have ongoing stakeholder involvement through the Mental Health Plan System of Care Councils (which include children, adults, 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.

New programs are highlighted with a box.

# 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 identified under these new titles within this plan.

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.

# 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.

# 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.

# 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.

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

# INNOVATIONS (INN) COMPONENT

MHSA Innovation (INN) funding is intended for development of new and effective practices or 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 unserved, 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. Merely addressing an unmet need is not sufficient for innovation funding. Further, and by their very nature, not all innovations will be successful.

The following section details the programs by age group.

# Children/Youth Programs

*Ages 0-15*

Tulare County MHSA understands that children have unique needs when it comes to their mental health. The following programs are specifically tailored to children in Tulare County.

# PREVENTION

**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.

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 services at partner locations that provide other services.

## 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.

During FY 21/22, the types of referrals to community partners increased for the London Prevention Program, from Cal-Fresh and CalWORKS referrals, to employment and housing referrals. Additionally, they distributed **650** mental health brochures to the community.

## #LEAD #GROW

The #LEAD #GROW program partners with the TulareWORKS Division and the Step Up Program to address consistent issues of high school dropout rates, teenage pregnancy, gang involvement, depression, and other factors that may cause dangerous disengagement from the community for children and youth. Specifically, the program will add a 30-minute mental health check-in per class to review and provide information on mental health wellness and resources.

| Challenges/Barriers | Strategies to address |
|---|---|
| Securing sites | Continued outreach to partners and potential partners. |
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |
| Restrictions on in-person meetings | Continue to have virtual methods available, as well as phone calls. As the pandemic reduces in severity, look to spaces that allow social distancing and/or reducing numbers of attendees at one meeting time. |

# EARLY INTERVENTION

**Priority Population:** Children and youth, including 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.

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 and 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 was initially 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, with minimal success. The program was moved to 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 that are sometimes prodromal for psychosis and to provide early intervention services to decrease the likelihood of a psychotic episode and negative outcomes related to untreated mental illness.

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |

| | |
|---|---|
| Referral process | Provide program information to referring providers as they may have had staff turnover as well. |
| Restrictions on in-person meetings | Continue to have virtual methods available, as well as phone calls. As the pandemic reduces in severity, look to spaces that allow social distancing and/or reducing numbers of attendees at one meeting time. |

***Children of Promise Successes***
Several students noticed differences in their attendance, saw an increase in grades, and one student noted the program "has helped me with my moods, friendships, grades, and just wanting to go to school." Another student noted that the program helped them not be mad anymore. Staff noted the program helps students learn coping skills and ways to deal with the issues and emotions they are feeling.

# ACCESS AND LINKAGE TO TREATMENT

**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.

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.

## 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. With 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.

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |
| Referral process | Provide program information to referring providers as they may have had staff turnover as well. |

| Program Name | # Children Served (0-15) |
|---|---|

| | |
|---|---|
| Safe Care | 359 |
| London Prevention | 82 |
| Parent Child Interaction Therapy | 82 |
| K-3 Early Intervention (Special Friends) | 4144 |
| Preschool Expulsion Reduction | 326 |
| Children of Promise | 499 |
| Insight Pro Youth | 220 |
| First Episode Psychosis | 127 |
| In-Home Parent Education | 109 |
| Totals | 8319 |

**Program Data:** Fiscal Year 2021-2022 (*Data source: Provider data*)

# SPECIALIZED MENTAL HEALTH SERVICES

**Priority Population:** Individuals who require a specialized service-delivery method tailored to meet their unique situation that 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.

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:

## Child Welfare Services Continuum of Care

Child Welfare Services (CWS) Continuum of Care 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, the Happy Trails Riding Academy, and the Tulare Youth Service Bureau. The overall goal of the 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.

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |
| Referral process | Provide program information to referring providers as they may have had staff turnover as well. |

# COUNTY FSP PROGRAM

**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.

The Tulare County Full-Service Partnership (FSP) services are currently provided at Tulare Youth Services Bureau (TYSB) and Porterville Youth Services (PYS) for individuals under 18.

## Full-Service Partnerships

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 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.

| | |
|---|---|
| Estimated Number to be served | 100 |

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |
| Referral process | Provide program information to referring providers as they may have had staff turnover as well. |

# WELLNESS & RECOVERY ACTIVITIES

**Priority Population:** Activities and services are targeted not only to current and former consumers of mental health services, such as the development of wellness centers, but also to 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.

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 their family members, activities for strengthening consumer engagement and increasing support networks, and peer-delivered 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 media, 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. Previously, the My Voice Media Center was only open to adults. During fiscal year 2020/2021, the MVMC planned to work with Visalia Youth Services to provide a pilot program specifically targeted toward youth however this was unable to begin due to the public health emergency and restrictions. In coming years, both programs hope to launch this collaboration.

| Challenges/Barriers | Strategies to address |
|---|---|
| Temporary location | Continuing programs on a reduced schedule to accommodate the smaller space. Widely sharing the new location's opening date! |

| Program Name | # Children Served (0-15) |
|---|---|
| CWS Continuum of Care | 3 |
| Happy Trails | 109 |
| PYS FSP | 0* |
| FSP - TYSB | 45 |
| Totals | 157 |

**Program Data:** Fiscal Year 2021-2022 (*Data source: Provider data*)

*Note that the Porterville Youth Services was closed for the large portion of FY 21/22 and the program referred to TYSB.

# Transitional Age Youth (TAY) Programs

*Ages 16–25*

The following are programs specifically tailored to transitional age youth within Tulare County.

# PREVENTION

**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.

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 services 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, and Adolescent Health, Family Resource Centers, 2-1-1, and Primary Care.

| Challenges/Barriers | Strategies to address |
|---|---|
| Securing sites | Continued outreach to partners and potential partners. |
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |

***Building Bridges successes***

Ten (10) mothers completed or ended the program, with all ten mothers deemed successful in treatment as they showed stability or improvement in their mental health functioning on evidence-based program measures, via self-report and clinical observations. This is a success rate of 100% which surpasses the initial program goal of 65% successful completions.

# COUNTY FSP PROGRAM

**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.

The Tulare County Full-Service Partnership (FSP) services for TAY are currently provided at the Visalia Adult Integrated Clinic (VAIC) and Porterville Adult Clinic (PAC) for individuals age 18 and older, and 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.

### Full-Service Partnerships

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 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.

| | |
|---|---|
| Estimated Number to be served (TAY) | 120 |

# ONE-STOP CENTERS

**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.

### North County One-Stop (Visalia)
### Central County One-Stop (Tulare)

## South County One-Stop (Porterville)

The One-Stop Centers provide an array of comprehensive mental health services for children and transitional age youth (age ranges 12–25) 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 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.

| | |
|---|---|
| Estimated Number to be served | 300 |

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |
| Struggles to meet timely access requirements | Largely due to staffing challenges, saw improved numbers through the year. |

***One Stop Successes***

South County: A twenty-year-old African American young individual with interpersonal communication, diminished relationships, diminished interest/hobbies, and unemployed functional impairments has successfully obtained employment at local wellness center. Consumer has struggled with communication, but with the learning of skills and therapy consumer has been working hard on skills. At the moment consumer is facilitating own groups at the wellness center. Consumer is able to identify trigger and practice skills to cope throughout the day. Consumer is also part of the TAY Housing program, able to be independent and learning life skills.

North County: (*Consumer who threw out the 1st pitch at the Mental Health Month Rawhide Game*) “My experience in throwing the first pitch, was stressful, overwhelming, scary being in the eyes of a large crowd. However it allowed me to challenge my fear in taking control of my social anxiety. I was proud of myself. In being able to stay focus in making this task fun, rather than scary. After leaving the game I came to realization that this task did not turn out to be as bad as I thought it was going to be. I know that in order to overcome my fear of being in large crowds, is to put myself in uncomfortable situations.”

# SUPPORTIVE HOUSING

**Priority Population:** Transitional Age Youth and Adults who 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.

## 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 homeless or at risk of homelessness 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.

| Challenges/Barriers | Strategies to address |
|---|---|
| Potential rent increases | Continue to research options |

***Community Impact stories***

- One youth enrolled in the program in December of 2021 was still in need of his High School diploma. This youth was able to enroll in the Porterville adult school in Spring off 2022 and achieved his high school diploma in June of 2022.
- Another youth from Porterville obtained employment as a Peer Support Specialist. He has been able to maintain his employment since transitioning successfully from the program in 2022. Recently he was promoted to Case Manager at the same facility.
- One participant from Visalia attended Fresno State while in the program to work towards a bachelors in the social work field. She has made significant progress in her educational goals. This past fiscal year of 21/22 she obtained full-time employment in a group home setting where she helps provide guidance for at risk youth.
- One of youth from Porterville obtained employment with the Porterville Wellness center as a Peer Support Specialist. The youth suffered from severe anxiety upon enrollment into the program and struggled in social settings. He has now been employed at the Porterville Wellness Center where he provides support and encouragement to the members/consumers. He has also progressed significantly in his role and he is now facilitating his own support groups at the center.
- One of our youth from Visalia successfully completed her two-year term and graduated from the program. Prior to her enrollment she had a strained relationship with her mother. While in the program she was able to rebuild her relationship with her mother. At transition she reunited with her mother. She enrolled at Porterville College while maintaining one of her jobs.
- As of this report, there were six (6) current or former youth from the program that are employed within the Tulare County Department of Mental Health community, in various positions -- . as Peer Support Specialists, a Volunteer Coordinator, a Case Manager, and one as a Job Coach. The youth employed throughout the community system demonstrates the effectiveness of the Crossroads program in not only supporting youth in meeting their own wellness goals but in also integrating and keeping the youth involved within the mental health community and supporting other individuals achieve wellness.

# SUICIDE PREVENTION

**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.

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 and MHSA 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.

## 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 County 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.

| Challenges/Barriers | Strategies to address |
|---|---|
| Restrictions on in-person meetings | Continue to have virtual methods available, as well as phone calls. As the pandemic reduces in severity, look to spaces that allow social distancing and/or reducing numbers of attendees at one meeting time. |

# WELLNESS & RECOVERY ACTIVITIES

**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.

## Supported Employment and Volunteer Program

The Supported Employment and Volunteer Program provides employment preparation and volunteer opportunities for consumers. 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 that 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.

| Challenges/Barriers | Strategies to address |
|---|---|
| Name recognition still in process | Continued marketing in tandem with TCMH, with brochures with new logo |
| Expanding employer pool | Continued outreach to various employers and businesses |

| Program Name | # TAY Served (16-24) |
|---|---|
| Building Bridges | 17 |
| County FSP | 135 |
| One Stops | 306 |
| Crossroads Transitional Housing | 29 |
| Supported Employment and Volunteer Program | 110 |
| Totals | 597 |

**Program Data:** Fiscal Year 2021-2022 (*Data source: Provider data*)

# Adult Programs

*Ages 25–59*

The following are adult programs within Tulare County.

# PREVENTION

**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.

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 services 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, and Adolescent Health, Family Resource Centers, 2-1-1, and Primary Care.

| Challenges/Barriers | Strategies to address |
|---|---|
| Securing sites | Continued outreach to partners and potential partners. |
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |

# COUNTY FSP PROGRAM

**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.

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.

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 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.

## Forensic Team

The Forensic Team is led by the Lead Psychologist based at the Visalia Adult Integrated Clinic and includes a Program Manager and case managers. This team was developed in support of programs like Mental Health Court and Assisted Outpatient Treatment and will serve the Branch well in anticipation of CARE Court. The Team will liaise with the Court system, the jail system, and work in partnership with the clinic teams to facilitate the various diversion programs now being developed.

## 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 criminality. This program provides the eligible adult population with judicially supervised, community-based treatment plans, which include 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 are mentally ill, centralized case management, and continuing supervision of treatment plan compliance.

## Assertive Community Treatment Team

The Assertive Community Treatment (ACT) Team, commenced in 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.

| | |
|---|---|
| Estimated Number to be served | 475 |

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |
| Placements (housing) | Continued collaboration with partners such as Housing Authority, Room and Board Operators, etc. |

# SUPPORTIVE HOUSING

**Priority Population:** Transitional Age Youth and Adults who 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.

The Supportive Housing Program is composed of supportive transitional and long-term housing programs. 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. 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 toward 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 therapies; decrease the incidence of serious mental health challenges; decrease traumatic life events; increase understanding of mental health challenges and decrease stigma; raise participants' level of hope, encouraging 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 they relate 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.

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 (e.g., Plumlees, Davis Home, Psynergy) are in support of specialty needs, like eating disorders, or in support of conserved consumers.

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |

## 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 ensure that the on-site training maximizes the clients' progress toward attaining wellness goals.

### Tulare Permanent Supportive Housing

The Tulare Permanent Supportive Housing opened in January 2020 and has ten (10) shared housing units (20 beds). Residents have an on-site wellness center that is staffed with a Peer Support Specialist available during business hours.

### Porterville Permanent Supportive Housing

The Porterville Permanent Supportive Housing opened in November 2019 and has eight (8) shared housing units (16 beds). Residents have an on-site wellness center that is staffed with a Peer Support Specialist available during business hours.

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |

## EFFORTS AND INITIATIVES REGARDING INDIVIDUALS EXPERIENCING HOMELESSNESS

### No Place Like Home Projects

As part of the No Place Like Home program with the state Housing and Community Development Department, supportive services are required to be provided for twenty years in partnership with county behavioral health at any No Place Like Home funded project. Currently, there are four approved No Place Like Home funded projects. First, Tulare County received approximately $925,000 for an integrated housing project, known as the non-competitive allocation. In partnership with Self-Help Enterprises, this non-competitive allocation was put toward the housing development called Sierra Village II in Dinuba. Second, an application for the No Place Like Home Competitive Round Two funding was submitted in partnership with UP Holdings, Inc., for a new construction project located in Porterville to be called Finca Serena.

For No Place Like Home Competitive Round Three funding, Self-Help Enterprises in partnership with HHSA was approved for two projects, one in Visalia and one in Tulare. To adhere to the requirements of the No Place Like Home program, Tulare County MHSA has agreed to provide supportive services at these projects.

### HOPE Ride-Along Program

MHSA pays for costs associated with Integrated Services staff time for the HOPE Ride-Along project, which partners a Community Health Worker with a Visalia Police Department Officer. The team

responds to calls involving persons experiencing homelessness, and the Community Health Worker is available to serve those with mental illness and/or in crisis.

| Challenges/Barriers | Strategies to address |
|---|---|
| Public Health Emergency restrictions | Able to resume ride-alongs after some time of being restricted. |

### Reaching Out and Assisting the Displaced (ROAD)

This is an administrative program in support of the **Projects for Assistance in Transition from Homelessness (PATH)** program and works as the County-required match for the PATH grant through the Substance Abuse and Mental Health Services Administration.

# SPECIALIZED MENTAL HEALTH SERVICES

**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.

Specialized mental health services offered through this program are rooted in the principles of wellness and 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:

### Access and Outreach and Engagement Team

The Access and 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, including evidence-based treatment such as Dialectical Behavioral Therapy (DBT) and Illness Management and Recovery (IMR), and

skill-building groups, including Wellness and Recovery Action Plan (WRAP) group and Life Skills group.

## Co-Occurring Disorder Program

The Co-Occurring Disorders Program provides individuals diagnosed with co-occurring mental health and substance abuse disorders 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.

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |
| Developing hybrid service schedules/availability | Resuming some in-person activities while also continuing to have telephone sessions; and technology available to access Zoom or other visual meeting options |

# WELLNESS & RECOVERY ACTIVITIES

**Priority Population:** Activities and services are targeted not only to current and former consumers of mental health services, such as the development of wellness centers, but also to 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.

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 Visalia and Porterville

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.

## 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 media, 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 enables an avenue for self-advocacy.

## Supported Employment and Volunteer Program

The Supported Employment and Volunteer Program provides employment preparation and volunteer opportunities for consumers. 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 that 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.

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |
| Developing hybrid service schedules/availability | Resuming some in-person activities while also continuing to have telephone sessions; and technology available to access Zoom or other visual meeting options |

***Community Impact stories***

Many of the employees in these programs are Peer Support Specialists and have been able to pursue Certification.

# METABOLIC SYNDROME PILOT

**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.

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 the 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 March 28, 2019. See report attached for details.

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues (Partnership with Public Health staff was stalled due to those doctors and nurses needing to address the Public Health Emergency.) | Look to expand on existing Locums agreements and utilize their staffing pool for filling nurse practitioner, medical assistant, or other positions.<br><br>Participation in the WET 5-year plan in partnership with TCMH. |
| Closure of outpatient facilities | Continue to try and engage those participants when they do come to the clinic. Continue to share information with participant's coordinators. |

# CONNECTEDNESS 2 COMMUNITY

**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 bridges a pathway for mental health consumers to increase their participation, to build on their spiritual connectedness, and to seek treatment.

Connectedness 2 Community (C2C) explores an innovative approach to foster a partnership between the mental health providers, 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 program develops 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.

Measures and performance indicators would be based upon data such as adherence to treatment plan, demonstrated new competencies of trained therapists, reflection of new populations served, perception of care, and status at reassessment of targeted clients. Additionally, we anticipate collection of the narrative – the stories that emerge from the connectedness work through the diverse partnerships established through this initiative.

The first partnerships are with New Life Ministries and The Source LGBTQ+ Center. Each partner has approached its respective communities in different ways this first year of the program (July 1, 2019, through June 30, 2020). See report attached for details.

## New Life Ministries

Focusing on the African American community, New Life Ministries (NLM) developed the following strategies in their effort to identify areas of need, opportunities to build trust, and provide information on mental health and wellness.

***Community Engagement*** NLM hosted a Juneteenth Celebration on June 19, 2021. The event coincided with the establishment of Juneteenth as a federal holiday that year. This event recognized the African American culture and the historic nature of what Juneteenth represents as a marker of the freeing of slaves in America. This free community event featured several speakers including an African American Tulare County Mental Health (TCMH) therapist Mallory Fowler and Dr. Juanita Alexander, founder of the Tulare County African American Women's Alliance and a college professor. They spoke about mental health and wellness within the African American community. City of Tulare officials were in attendance and provided a proclamation that the City of Tulare was recognizing Juneteenth and the contributions of African Americans to the city.

Approximately 300 community members attended the event. It welcomed over 15 informational booths, cultural artists/dancers, and Tulare County Alcohol and Drug Services. The event addressed the need for mental wellness and cultural stigma impacting access to services within the African American community. Community members who attended completed a needs assessment survey. Continuing and new partnerships with local African American churches, Kings View, Tulare County Alcohol & Drug Services, the 180 Youth Coalition, the African American Women's Alliance, the Tulare Association of Churches, City of Tulare staff, and Tulare County Supervisor Pete Vander Poel attended.

***Collaboration/Partnerships*** Some of the organizations that NLM developed new partnerships with include Kings View, the Tulare Association of Churches, the African American Historical Museum, the Tulare County African American Women's Alliance, The Source LGBT+ Center, and His Heart Beats.

***Community Assessment*** With input from community members, NLM developed a Community Needs Assessment survey, a simple nine-question survey that is available in both paper and electronic format. (Survey administered electronically at the 2021 Juneteenth Celebration, described above.) There is an interest in cultural social engagement, but there is a lack of opportunities for large groups of African Americans outside of religious gatherings that make it difficult to survey them. There continue to be no cultural centers within Tulare County that African Americans can gather at to disseminate information or build community. There are cultural pockets of African Americans in the geographic area stretching from Pixley to Visalia that requires strategic outreach.

## The Source LGBTQ+ Center

Focusing on the LGBT+ community, The Source developed the following strategies in their effort to identify areas of need, opportunities to build trust, and provide information on mental health and wellness. Over the course of this fiscal year, The Source was met with many challenges and obstacles. The shift to an online platform required an adjustment to the way they had to deliver services and support. During this time, they were able to focus on addressing the needs and concerns of the LGBTQ community and implementing training on culturally competent care. These were their main activities:

***Needs Assessment*** The Source began its process by developing a Community Needs Assessment with LGBTQ consumers. They also partnered with Out4MentalHealth to develop and distribute a Clinician Needs Assessment for Tulare County Mental Health Plan providers. The data collected from the survey responses will be used to develop trainings. Additionally, pre- and post-surveys were developed for LGBTQ consumers for The Source's groups. These will be added to the intake and referral processes in Year Two.

***Trainings*** The Source currently has three training modules but will use the needs assessment results to redesign them for a tailored approach to goals for mental health staff and contracted providers.

***Collaboration/Partnerships*** Collaboration with MHSA Team and clinic teams to increase access to LGBTQ participants in peer support groups and to develop best practices for trauma-informed LGBTQ assessments focused on Post-Traumatic Stress Disorder. Part of this effort will include looking at how the providers collect Sexual Orientation and Gender Identity Expression (SOGIE) data, working to ensure it is appropriate language, sensitive to the consumer, and reflective of needs.

Additionally, The Source has been partnering and collaborating with New Life Ministries on survey development, event planning, and strategies, as well as marketing and outreach.

For these next years, the C2C projects will continue to focus on community engagement, collaboration, reducing stigma, and providing ongoing trainings to clinical staff in an effort to better serve the LGBTQ+ and African American communities.

# ADVANCING BEHAVIORAL HEALTH

**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.

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, including the homeless or at-risk for homelessness 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 change the Branch name from Tulare County Mental Health to Tulare County Behavioral Health, which will include Mental Health and Substance Use Disorder.

This project was approved by the Mental Health Services Oversight and Accountability Commission in June 2020, with an implementation and start date of July 1, 2020. Staffing has been the main barrier to full implementation of the project. See attached report for details.

Since the start of ABH implementation in January 2022 through June 30, 2022, four (4) homeless individuals with whom the clinician engaged have completed the assessment and intake for mental health services along with the WHODAS 2.0 assessment and started to receive mental health clinical services. The numbers of contacts with the clinician until the four individuals agreed to have a mental health assessment and intake completed were 1, 5, 10, and 17 (with a mean of 8.25).

From January 1 through June 30, 2022, the outreach and engagement clinician made 156 contacts with 44 unique homeless individuals (for a mean of 3.5 contacts per individual).

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Look to expand on existing staffing resources, look to partners for collaborative opportunities. Participation in the WET 5-year plan |

| | |
|---|---|
| | in partnership with TCMH. |
| Closure of outpatient facilities | Continue to try and engage those participants when they do come to the clinic. Continue to share information with participant's coordinators. |

| Program Name | # Adults Served (25-59) |
|---|---|
| Building Bridges | 23 |
| County FSP | 414 |
| Supportive Housing | 169 |
| Specialized Mental Health Services | 1817 |
| Wellness & Recovery programs | 735 |
| Totals | 3,158 |

**Program Data:** Fiscal Year 2021-2022 (*Data source: Provider data*)

# Older Adult Programs

*Ages 60+*

The following are programs specifically tailored for older adults within Tulare County.

# SUICIDE PREVENTION

**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.

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.

## 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.

Note in FY 21/22, the program was paused due to the pandemic.

# ACCESS AND LINKAGE TO TREATMENT

**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.

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.

## 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.

## 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, doctors' offices, senior centers, and other sources. SCP distributes brochures in doctors' 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.

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | These program staff are few in number and were limited in what they could do to support Seniors during the lockdowns. Look to expand on existing staffing resources, look to partners for collaborative opportunities. Participation in the WET 5-year plan in partnership with TCMH. |
| Restrictions on in-person meetings | Continue to have virtual methods available, partnering with SPTF, as well as phone calls. |

***Community Impact***

The program started doing things differently due to the Covid-19 pandemic. The Social Service Worker (SSW) and the Client Advocate were forced to stop doing any client home visits and any in person contact. All Senior Centers were also closed due to Covid-19. Our BHS screens were conducted over the phone.

# WELLNESS AND RECOVERY ACTIVITIES

**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.

## Supported Employment and Volunteer Program

The Supported Employment and Volunteer Program provides employment preparation and volunteer opportunities for consumers and their 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 that 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.

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |
| Closure of facilities | Treatment shifted to mostly telephone sessions; assist consumers with technology to access Zoom or other visual meeting options |

| Program Name | # Older Adults Served (60+) |
|---|---|
| Older Adult Hopelessness Screening Program | 0 |
| Senior Counseling | 93 |
| Home-Bound Senior Outreach | 102 |
| Totals | 195 |

**Program Data:** Fiscal Year 2021-2022 (*Data source: Provider data*)

# All Ages

The following programs are intended for the general population and are not limited to any specific age groups.

# ACCESS AND LINKAGE TO TREATMENT

**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.

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.

## Access Line

Tulare County Access Line is a centralized call center that provides information and support to county residents. Staffed 24/7 by call specialists who help callers by listening to concerns and determining the best route for assistance. Linkage to community partners and the Providers within the Mental Health Plan including the Psychiatric Emergency Team is facilitated easily through the Access Line.

## 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.

## Integrated Services Branch
## Homeless Multidisciplinary Team

A new Branch within the Agency, the Integrated Services Branch is tasked with the implementation of CalAIM efforts for the Agency. One of the first items to roll out is the Enhanced Care Management (ECM) benefit. This entails coordination and collaboration with the Managed Care Plans for referrals and case management for those individuals agreeing to engage in services with the various programs within the Agency. As the first population of focus for ECM, the Homeless Multidisciplinary Team (HMDT) was a great fit to outreach and engage and connect with those unhoused individuals in our community. The HMDT is comprised of members from throughout the different Agency Branches, including Alcohol and Other Drug counselors, Self-sufficiency counselors, a social worker, and administrative staff to support reporting and partnerships.

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |
| Call volume increased | Ensure follow-up completed with callers |

# MOBILE SERVICES

**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.

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.

As programs to assist those individuals experiencing homelessness increase and include various sites throughout Tulare County, partnership with the Mobile Services may be one of those solutions implemented to provide services at these various sites.

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |
| Increased referrals | Increasing staff; connecting consumers to community partners like the wellness centers; working for successful transitions for continuous engagement and support after discharging. |

# SPECIALIZED MENTAL HEALTH SERVICES

**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.

Specialized mental health services offered through this program are rooted in the principles of wellness and 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:

### Psychiatric Emergency Team

The Psychiatric Emergency Team (PET) provides targeted outreach to consumers who are experiencing difficulty. Many of the consumers who are engaged by PET are individuals who have frequent contact with the emergency room and/or law enforcement. The team does work with all ages, working with children and youth when the children's service providers are unable to respond, and adults and older adults at any time as need arises. Through established and growing partnerships with law enforcement, the communication and collaboration for those consumers and individuals who may need PET's assistance and outreach is a coordinated response.

Services include psychiatric evaluation, consultation, and medication support; crisis intervention; and linkages to specialty mental health services including case management; primary and preventive health care referrals; psychological assessments; school-based counseling; co-occurring residential and outpatient services; clinical ancillary services; and criminal justice mental health services via contract.

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | Participation in the WET 5-year plan in partnership with TCMH. |
| Call volume increased | Partnering with Children's providers like Visalia Youth Services and TCOE Behavioral Health Services for youth calls |

# SUICIDE PREVENTION

**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.

### Tulare County Suicide Prevention Task Force

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 Depression Reduction Achieving

Wellness (DRAW) Program targeted to students at college and vocational school campuses, 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.

## 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.

***Community Impact***

South County Mobile Services: A 45-year-old Caucasian female, residing in Tulare with adult son, was staying in a hotel when she enrolled in the program. Now she is receiving the correct treatment for her chronic illness as she continues to attend to her primary care appointments and follows through the referral process to specialist to obtain proper care. While she continues to reside with her adult son, she continues to work on finding an affordable place of her own. She has shown an increase in keeping her appointments with treatment team, utilizing her coping skills as needed, staying busy at home between hobbies and household chores. She has also shown an increase in communication skills.

A 38-year-old Caucasian woman residing in Tulare with her two children and husband experienced impairments in social relationships. Since coming to the program, she has learned how to positively express herself at home and social settings. She has learned how to set boundaries and use assertive communication with others. She has also developed positive social relationships to improve her work performance.

| Program Name | # Served (all ages) |
|---|---|
| Community Warm Line | 4,492 |
| Mobile Services | 558 |
| Psychiatric Emergency Services | 11,975 |
| Suicide Prevention | 2,001 |
| Totals | |

**Program Data:** Fiscal Year 2021-2022 (*Data source: Provider data*)

# Other Programs & Efforts

The following are programs that fall in other categories and services not easily separated by age or target population but do address needs within Tulare County.

# PREVENTION

**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.

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.

### CalMHSA Private Fund Development Project

(Fund Development – Special Member Fee FY 18/19) The 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, including 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 2020/21, it is included because the data table below includes the funding for fiscal year 2018/19.*

# OUTREACH FOR INCREASING RECOGNITION FOR EARLY SIGNS OF MENTAL ILLNESS

**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.

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.

### 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 is now offered four times a year.

### 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.

## SUICIDE PREVENTION

**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.

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)

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.

# STIGMA AND DISCRIMINATION REDUCTION

**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.

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.

**CalMHSA Mini-Grants** is a new effort to offer an opportunity for creativity from community partners for events, messaging, trainings, etc. In partnership with CalMHSA, the MHSA Team will offer one-time grants in a varying amount to see what creative solutions the community develops. The hope is to involve new and different partners, encourage creativity and collaboration, and increase the efforts toward stigma reduction.

**Media efforts** such as opinion editorials in the *Visalia Times-Delta* newspaper and consumer stories in partnership with magazines such as *Breathe* and *Direct Magazine* highlight wellness, recovery, and resiliency. Sharing these experiences in media that 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, the Tulare County Board of Supervisors proclaims the month “Mental Health Matters Month.” Tulare County Mental Health offers myriad 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. Another valuable partner in the effort to reduce stigma and discrimination is the local chapter of the National Alliance on Mental Illness (NAMI Tulare County). 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.

In partnership with the My Voice Media Center, the No Stigma Speakers Bureau has started again, renewed with new staff and members. No Stigma Speakers Bureau members have shared their stories at various events.

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.

The Source LGBT+ Center continues to provide over 30 hours of training to community members, schools, institutions, and providers covering topics such as Suicide Prevention, LGBT101, Trans 101, and Trevor Project Lifeguard suicide awareness.

As the MHSA Program Review Plan of Correction is implemented, one of the areas of improvement will be tracking the methods and/or activities utilized for stigma and discrimination reduction and measuring change in knowledge and attitudes within the programs. During some of the technical assistance provider meetings which began in FY 21/22, stigma and discrimination efforts by programs were shared.

| Challenges/Barriers | Strategies to address |
|---|---|
| Staffing issues | These program staff are few in number and were limited in what they could do to support consumers during the lockdowns. Look to expand on existing staffing resources, look to partners for collaborative opportunities. Participation in the WET 5-year plan in partnership with TCMH. |
| Restrictions on in-person meetings | Continue to have virtual methods available as well as phone calls. |

# WORKFORCE DEVELOPMENT

**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.

Under the WET component, the California Department of Health Care Access and Information (HCAI) has allocated funds for a Five-Year Plan. In coordination with Regional Partnerships, counties have access to funds to address workforce challenges. Tulare County received approval through its Mental Health Board and Board of Supervisors to contribute a portion for the match to the Central Regional Partnership. This contribution combined with other counties' contributions resulted in approximately $8 million for the Central Regional Partnership for five years. These funds will be allocated per the Central Regional Partnership's determination between Pipeline Development, Scholarships, Loan Reimbursement, Stipends, and Retention activities. This Five-Year Plan goes from Fiscal Year 2020/21 through 2025.

The second round of Loan Reimbursement Program was opened in November 2022 and had 49 applicants from across the Mental Health Plan.

In addition to monitoring and ensuring participation in the Five-Year Plan, 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 is not limited to UC Davis Leadership training, Motivational Interviewing Training, clinical trainings, and Hazeldon CDP training.

The Branch is also collaborating with CalMHSA for the Peer Support Specialist Certification Program. Senate Bill 803 authorized the Department of Health Care Services (DHCS) to establish statewide requirements for Medi-Cal certification for Peer Support Specialists. CalMHSA will take the lead in implementation and administration of all components of the Peer Support Specialist Certification Program, including data collection, exam administration, and monitoring of training vendors. There is no funding tied to this initial phase of implementation and partnership with CalMHSA. Given the numerous programs that include Peer Support Specialists, the Branch along with stakeholders at the committees, supported the partnership with CalMHSA.

Currently, several programs throughout the Mental Health Plan employ Peer Support Specialists. These have provided upwards of 24,000 services. Peers are employed at the County-operated clinics, the County-operated housing programs, Mobile Services, One Stops, wellness programs, PATH and other programs working with individuals experiencing homelessness, just to name a few.

# RESIDENCY AND INTERNSHIP PROGRAMS

**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 needed experience.

In collaboration with Kaweah Delta Health Care District and A.T. Stills University, the Tulare County Health & 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 the Visalia Adult Integrated Clinic. Residents gain experience by shadowing lead psychiatrists and providing one-on-one services to County consumers, while medical students engage in shadowing and case studies with a psychiatrist.

Visalia Adult Integrated Clinic hosts psychiatry residents and 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 can ensure mental health professionals in the area are providing adequate care to County mental health consumers.

# CULTURAL COMPETENCY IN THE PUBLIC MENTAL HEALTH SYSTEM

**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.

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.

Participation in the committee had dropped off when the pandemic limited in-person meetings. In an effort to obtain more of the consumer and community diverse voices, TCMH has enlisted a consultant to assist with the Cultural Competence Plan development through the MH CCC.

# ELECTRONIC HEALTH RECORD (EHR) PROJECT

**Priority Population:** System Conversion – Target Population Workforce Users; Secondary Population is Consumers
**Program Goal:** Upgrade the current Practice Management and Electronic Medical Record Systems to an Enterprise Health Record System.

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.

As the statewide initiative of California Advancing and Innovating Medi-Cal (CalAIM) begins, one of the areas to address is the Electronic Health Record system. Through CalMHSA, a Joint Powers Authority, an **Innovation** project was put forward to the Mental Health Services Oversight and

Accountability Commission. The project is the Multi-County Collaborative Project to develop and test a new electronic health record system. Tulare County agreed to participate in the initial testing of the statewide EHR through a participation agreement. The initial planning for the new electronic health record was approved as an Innovation project in June 2022, with a start date of July 2022. Next, CalMHSA presented the Multi-County Collaborative Project as an Innovation project, which TCMH will participate in as well. This Multi-County Collaborative Project was approved by the MHSOAC in November 2022, with a start date of December 2022.

The benefits to the project are focused on the behavioral health workforce, improving the inputs by case coordinators and therapists on one side and improving the retrieval of data by administration staff on the other side. From the CalMHSA proposal:

"These downstream impacts to be evaluated seek to improve the method and ease of documentation for providers, thus increasing time available to treat individuals in need of care. Numerous studies have reiterated that one of, if not the, leading cause of provider burnout is the level of documentation and time therein required. The project hypothesizes that reducing the impacts of documentation will 1) improve provider satisfaction; 2) improve provider retention; and 3) improve patient care and outcomes."

Additionally, the goals include (also from the proposal):

- CalAIM Leveraging- CalAIM presents Counties with an optimal opportunity to blend County need with present policy initiatives. The time is ripe to prove efficacy of this model which can lend itself to future expansions. These future efforts will provide further optimization of systems and benefits for more Counties, providers, and individuals they serve.
- Improved Data Accessibility and Operability- Due to the scale and configurations available to a large-scale project, the participating counties will have more EHR operability and management opportunities. This will allow counties to have better, quicker access to data to improve programs, and an ability to define programs by their target populations to maximize outcomes.

TCMH pursued this as a 5-year Innovation project, with the total budget approximately $7,281,025, based on estimated costs from CalMHSA.

# PERSONAL HEALTH RECORD (PHR) PROJECT

**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.

The Personal Health Record (PHR) Project has enabled the 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.

As the new INN EHR Project gets underway, a personal health record portal is part of the system build. Peer Support Specialist staff and a small group of consumer users have been trained through the Wellness & Recovery Committee, where TCMH staff were also able to gain feedback from the peers and consumers.

The MyHealthPointe PHR was available and hardly used by consumers. The feedback from committee members included such sentiment as it's not user-friendly, it's hard to remember how and where to login, it doesn't provide reminders via text. This feedback will be brought to the INN EHR Project Team for additional consideration with the new system.

# Data Tables

The following data reflects services in Tulare County during the 2021/2022 fiscal year.

| Community Services & Supports | | | |
|---|---|---|---|
| | FSP | GSD | O&E |
| Children | 56 | 1,257 | |
| TAY | 135 | 1,113 | |
| Adult | 414 | 3,306 | |
| Older Adult | 51 | 370 | |
| Unknown/Undeclared | 0 | 108 | |
| Total | 656 | 6,154 | 916 |
| Total Served | | 7,726 | |
| Total Estimated MHSA Funds | | $19,583,900.14 | |
| Total Cost/Person Served | | $2,534.80 | |

**Program Data:** Fiscal Year 2021/2022
(*Data source: Provider data, Exhibit 6 Annual Summary FY21/22, OLGL Report 21/22*)

| Workforce Education & Training | |
|---|---|
| Total Served | 37 |
| Total Estimated MHSA Funds | $144,041.38 |
| Total Cost/Person Served | $3,893.01 |

**Program Data:** Fiscal Year 2021-2022
(*Data sources: Program data, OLGL FY 21/22)*

| Capital Facilities & Technology | |
|---|---|
| Total Estimated MHSA Funds | N/A |

**Program Data:** Fiscal Year 2021-2022
(*Data source: OLGL FY 21/22)*

| Prevention & Early Intervention | |
|---|---|
| | Total Served |
| Children | 5,948 |
| TAY | 195 |
| Adult | 278 |
| Older Adult | 93 |
| Unknown/Undeclared | 275 |
| Total Served | 6,789 |
| Total Estimated MHSA Funds | $3,858,658.69 |
| Total Cost/Person Served | $568.37 |

**Program Data:** Fiscal Year 2021-2022 (*Data source: Provider data*)

| Innovations | |
|---|---|
| Metabolic Syndrome Pilot Project | $100,000 |
| Connectedness 2 Community | $120,000 |
| Advancing Behavioral Health | n/a |
| Statewide EHR Planning Project Phase 1 | $1,000,000 |
| Statewide EHR Planning Project Phase 2 | $7,281,025, |

Note the amounts listed are contracted amounts for these projects that have been executed. The reporting year of FY 21/22 was impacted by the pandemic for all programs.

# REVENUE & 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 2023/2024. Further adjustments to the budget or programs may be necessary due to changing revenues or projected County expenditures. Note that per California Code of Regulations Section 3410, MHSA funds shall not be used to supplant state or other county funds used for programs and/or services that were in existence on November 2, 2004 (FY 2004/2005), except to enhance and expand mental health services.

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 the last five years. Based on the calculation, Tulare County Prudent Reserve cannot exceed $5,042,653.98.

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 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. 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.

Additionally, any programs and efforts within the CFTN and WET components must be funded via transfers of funds from the CSS component. The total allowable transfer amount between all three areas (Prudent Reserve, CFTN, and WET) must not exceed 20% of the average amount of the total funds including redistributed funds, which the State Controller distributed to the County's local Mental Health Services Fund over the previous five (5) fiscal years. Within these next three years, transfers to CFTN for infrastructure development and capacity building to build needed facilities will be completed.

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 — Donna L. Ortiz — 6/19/19

Local Mental Health Director (PRINT NAME) | Signature | Date

## FY 2023-24 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
## Funding Summary

County: Tulare Date: 3/3/23

| | 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 2023/24 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 42,760,029 | 14,334,643 | 9,919,870 | 0 | 0 | |
| 2. Estimated New FY2023/24 Funding | 37,785,973 | 9,444,170 | 2,570,292 | | | |
| 3. Transfer in FY2023/24[a/] | (6,008,836) | | | 250,000 | 5,423,078 | 335,758 |
| 4. Access Local Prudent Reserve in FY2023/24 | 0 | 0 | | | | 0 |
| 5. Estimated Available Funding for FY2023/24 | 74,537,166 | 23,778,813 | 12,490,162 | 250,000 | 5,423,078 | |
| **B. Estimated FY2023/24 MHSA Expenditures** | 27,451,875 | 5,709,976 | 3,043,700 | 250,000 | 6,481,250 | |
| **C. Estimated FY2024/25 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 47,085,291 | 18,068,838 | 9,446,462 | 0 | (1,058,172) | |
| 2. Estimated New FY2024/25 Funding | 35,633,355 | 8,906,016 | 2,428,672 | | | |
| 3. Transfer in FY2024/25[a/] | (250,000) | | | 250,000 | 0 | 0 |
| 4. Access Local Prudent Reserve in FY2024/25 | 0 | 0 | | | | 0 |
| 5. Estimated Available Funding for FY2024/25 | 82,468,646 | 26,974,854 | 11,875,134 | 250,000 | (1,058,172) | |
| **D. Estimated FY2024/25 Expenditures** | 27,451,875 | 5,709,976 | 3,043,700 | 250,000 | 0 | |
| **E. Estimated FY2025/26 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 55,016,771 | 21,264,878 | 8,831,434 | 0 | (1,058,172) | |
| 2. Estimated New FY2025/26 Funding | 37,415,023 | 9,351,317 | 2,550,106 | | | |
| 3. Transfer in FY2025/26[a/] | (300,000) | | | 300,000 | 0 | 0 |
| 4. Access Local Prudent Reserve in FY2025/26 | 0 | 0 | | | | 0 |
| 5. Estimated Available Funding for FY2025/26 | 92,131,794 | 30,616,195 | 11,381,539 | 300,000 | (1,058,172) | |
| **F. Estimated FY2025/26 Expenditures** | 27,451,875 | 5,709,976 | 1,521,850 | 250,000 | 0 | |
| **G. Estimated FY2025/26 Unspent Fund Balance** | 64,679,919 | 24,906,219 | 9,859,689 | 50,000 | (1,058,172) | |

| **H. Estimated Local Prudent Reserve Balance** | |
|---|---|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2023 | 5,042,654 |
| 2. Contributions to the Local Prudent Reserve in FY 2023/24 | 335,758 |
| 3. Distributions from the Local Prudent Reserve in FY 2023/24 | 0 |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2024 | 5,378,412 |
| 5. Contributions to the Local Prudent Reserve in FY 2024/25 | 0 |
| 6. Distributions from the Local Prudent Reserve in FY 2024/25 | 0 |
| 7. Estimated Local Prudent Reserve Balance on June 30, 2025 | 5,378,412 |
| 8. Contributions to the Local Prudent Reserve in FY 2025/26 | 0 |
| 9. Distributions from the Local Prudent Reserve in FY 2025/26 | 0 |
| 10. Estimated Local Prudent Reserve Balance on June 30, 2026 | 5,378,412 |

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 2023-24 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
## Community Services and Supports (CSS) Component Worksheet

County: Tulare Date: 3/3/23

| | Fiscal Year 2023/24 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 3,470,507 | 4,000,000 | 326,177 | | | |
| 2. United for Health Mobile Unit Programs | 1,400,000 | 1,400,000 | 190,160 | | | |
| 3. County FSP Programs | 5,417,554 | 6,000,000 | 744,973 | | | |
| 4. Supportive Housing | 3,583,302 | 4,000,000 | 0 | | | |
| 5. Specialized Mental Health Services | 3,707,818 | 4,000,000 | 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 | | | | | |
| **Non-FSP Programs** | | | | | | |
| 1. One Stop Center Programs | 804,132 | 850,000 | 252,081 | | | |
| 2. United for Health Mobile Unit Programs | 1,057,520 | 1,100,000 | 221,383 | | | |
| 3. Specialized Mental Health Services | 1,717,141 | 1,800,000 | 1,006 | | | |
| 4. Wellness & Recovery Actvities | 1,889,742 | 2,400,000 | 137,485 | | | |
| 5. | 0 | 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 | | | | | |
| **CSS Administration** | 1,901,875 | 1,901,875 | | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 24,949,591 | 27,451,875 | 4,571,487 | 0 | 0 | 0 |
| **FSP Programs as Percent of Total** | 70% | | | | | |

## FY 2023-24 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
## Community Services and Supports (CSS) Component Worksheet

County: Tulare Date: 3/3/23

| | Fiscal Year 2024/25 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 3,470,507 | 4,000,000 | 326,177 | | | |
| 2. United for Health Mobile Unit Programs | 1,400,000 | 1,400,000 | 190,160 | | | |
| 3. County FSP Programs | 5,417,554 | 6,000,000 | 744,973 | | | |
| 4. Supportive Housing | 3,583,302 | 4,000,000 | 0 | | | |
| 5. Specialized Mental Health Services | 3,707,818 | 4,000,000 | 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 | | | | | |
| **Non-FSP Programs** | | | | | | |
| 1. One Stop Center Programs | 804,132 | 850,000 | 252,081 | | | |
| 2. United for Health Mobile Unit Programs | 1,057,520 | 1,100,000 | 221,383 | | | |
| 3. Specialized Mental Health Services | 1,717,141 | 1,800,000 | 1,006 | | | |
| 4. Wellness & Recovery Actvities | 1,889,742 | 2,400,000 | 137,485 | | | |
| 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 | | | | | |
| **CSS Administration** | 1,553,462 | 1,553,462 | | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 24,601,178 | 27,103,462 | 3,631,019 | 0 | 0 | 0 |
| **FSP Programs as Percent of Total** | 71% | | | | | |

## FY 2023-24 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
## Community Services and Supports (CSS) Component Worksheet

County: Tulare Date: 3/3/23

| | Fiscal Year 2025/26 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 3,470,507 | 4,000,000 | 326,177 | | | |
| 2. United for Health Mobile Unit Programs | 1,400,000 | 1,400,000 | 190,160 | | | |
| 3. County FSP Programs | 5,417,554 | 6,000,000 | 744,973 | | | |
| 4. Supportive Housing | 3,583,302 | 4,000,000 | 0 | | | |
| 5. Specialized Mental Health Services | 3,707,818 | 4,000,000 | 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 | | | | | |
| **Non-FSP Programs** | | | | | | |
| 1. One Stop Center Programs | 804,132 | 850,000 | 252,081 | | | |
| 2. United for Health Mobile Unit Programs | 1,057,520 | 1,100,000 | 221,383 | | | |
| 3. Specialized Mental Health Services | 1,717,141 | 1,800,000 | 1,006 | | | |
| 4. Wellness & Recovery Actvities | 1,889,742 | 2,400,000 | 137,485 | | | |
| 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 | | | | | |
| **CSS Administration** | 1,553,462 | 1,553,462 | | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 24,601,178 | 27,103,462 | 3,631,019 | 0 | 0 | 0 |
| **FSP Programs as Percent of Total** | 71% | | | | | |

## FY 2023-24 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
## Prevention and Early Intervention (PEI) Component Worksheet

County: Tulare Date: 3/3/23

| | Fiscal Year 2023/24 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 298,037 | 298,037 | | | | |
| 2. SafeCare | 860,388 | 860,388 | | | | |
| 3. London Prevention Program | 98,762 | 99,550 | | | | |
| 4. #LEAD/#GROW | 50,000 | 50,000 | | | | |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 11. Family Interaction Program | 136,364 | 137,000 | | | | |
| 12. K-3 Early Intervention | 449,095 | 451,095 | | | | |
| 13. Preschool Expulsion Reduction | 130,292 | 159,410 | | | | |
| 14. Children of Promise | 260,209 | 288,227 | | | | |
| 15. First Episode Psychosis | 174,736 | 195,700 | | | | |
| 16. Insight Program | 84,095 | 98,987 | | | | |
| **PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness** | | | | | | |
| 1. Crisis Intervention Team Training | 46,696 | 46,696 | | | | |
| 2. Mental Health First Aid | 8,120 | 8,120 | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| **PEI Programs - Suicide Prevention** | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. ASIST Training | 25,056 | 25,056 | | | | |
| 2. Slick Rock Film Festival | 30,000 | 30,000 | | | | |
| 3. Older Adult Hopelessness Screening | 149,715 | 149,715 | | | | |
| 4. Suicide Prevention Task Force | 318,808 | 318,808 | | | | |
| 5. | | | | | | |
| **PEI Programs - Access and Linkage to Treatment** | | | | | | |
| 1. In-Home Parent Education | 365,276 | 373,741 | | | | |
| 2. Community Warm Line | 291,619 | 292,084 | | | | |
| 3. Senior Counseling | 147,223 | 147,233 | | | | |
| 4. Homebound Senior Outreach | 82,629 | 184,287 | | | | |
| 5. Integrated Services HMDT | 500,000 | 500,000 | | | | |
| **PEI Programs - Stigma and Discrimination Reduction** | | | | | | |
| 1. Media efforts | 24,665 | 250,000 | | | | |
| 2. Mental Health Awareness Month | 50,000 | 50,000 | | | | |
| 3. The Source LGBT Center | 25,020 | 25,020 | | | | |
| 4. CalMHSA Mini-Grants | 500,000 | 500,000 | | | | |
| 5. | | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **PEI Administration** | 170,821 | 170,821 | | | | |
| **PEI Assigned Funds** | 0 | | | | | |
| **Total PEI Program Estimated Expenditures** | 5,277,626 | 5,709,976 | 0 | 0 | 0 | 0 |

| | Fiscal Year 2024/25 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 298,037 | 298,037 | | | | |
| 2. SafeCare | 860,388 | 860,388 | | | | |
| 3. London Prevention Program | 98,762 | 99,550 | | | | |
| 4. #LEAD/#GROW | 50,000 | 50,000 | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 1. Family Interaction Program | 136,364 | 137,000 | | | | |
| 2. K-3 Early Intervention | 449,095 | 451,095 | | | | |
| 3. Preschool Expulsion Reduction | 130,292 | 159,410 | | | | |
| 4. Children of Promise | 260,209 | 288,227 | | | | |
| 5. First Episode Psychosis | 174,736 | 195,700 | | | | |
| 6. Insight Program | 84,095 | 98,987 | | | | |
| **PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness** | | | | | | |
| 1. Crisis Intervention Team Training | 46,696 | 46,696 | | | | |
| 2. Mental Health First Aid | 8,120 | 8,120 | | | | |
| **PEI Programs - Suicide Prevention** | | | | | | |
| 1. ASIST Training | 25,056 | 25,056 | | | | |
| 2. Slick Rock Film Festival | 30,000 | 30,000 | | | | |
| 3. Older Adult Hopelessness Screening | 149,715 | 149,715 | | | | |
| 4. Suicide Prevention Task Force | 318,808 | 318,808 | | | | |
| 5. | | | | | | |
| **PEI Programs - Access and Linkage to Treatment** | | | | | | |
| 1. In-Home Parent Education | 365,276 | 373,741 | | | | |
| 2. Community Warm Line | 291,619 | 292,084 | | | | |
| 3. Senior Counseling | 147,223 | 147,233 | | | | |
| 4. Homebound Senior Outreach | 82,629 | 184,287 | | | | |
| 5. Integrated Services HMDT | 500,000 | 500,000 | | | | |
| **PEI Programs - Stigma and Discrimination Reduction** | | | | | | |
| 1. Media efforts | 24,665 | 250,000 | | | | |
| 2. Mental Health Awareness Month | 50,000 | 50,000 | | | | |
| 3. The Source LGBT Center | 25,020 | 25,020 | | | | |
| 4. CalMHSA Mini-Grants | 500,000 | 500,000 | | | | |
| **PEI Administration** | 170,821 | 170,821 | | | | |
| **PEI Assigned Funds** | 0 | | | | | |
| **Total PEI Program Estimated Expenditures** | 5,277,626 | 5,709,976 | 0 | 0 | 0 | 0 |

| | Fiscal Year 2025/26 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 298,037 | 298,037 | | | | |
| 2. SafeCare | 860,388 | 860,388 | | | | |
| 3. London Prevention Program | 98,762 | 99,550 | | | | |
| 4. #LEAD/#GROW | 50,000 | 50,000 | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 1. Family Interaction Program | 136,364 | 137,000 | | | | |
| 2. K-3 Early Intervention | 449,095 | 451,095 | | | | |
| 3. Preschool Expulsion Reduction | 130,292 | 159,410 | | | | |
| 4. Children of Promise | 260,209 | 288,227 | | | | |
| 5. First Episode Psychosis | 174,736 | 195,700 | | | | |
| 6. Insight Program | 84,095 | 98,987 | | | | |
| **PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness** | | | | | | |
| 1. Crisis Intervention Team Training | 46,696 | 46,696 | | | | |
| 2. Mental Health First Aid | 8,120 | 8,120 | | | | |
| **PEI Programs - Suicide Prevention** | | | | | | |
| 1. ASIST Training | 25,056 | 25,056 | | | | |
| 2. Slick Rock Film Festival | 30,000 | 30,000 | | | | |
| 3. Older Adult Hopelessness Screening | 149,715 | 149,715 | | | | |
| 4. Suicide Prevention Task Force | 318,808 | 318,808 | | | | |
| 5. | | | | | | |
| **PEI Programs - Access and Linkage to Treatment** | | | | | | |
| 1. In-Home Parent Education | 365,276 | 373,741 | | | | |
| 2. Community Warm Line | 291,619 | 292,084 | | | | |
| 3. Senior Counseling | 147,223 | 147,233 | | | | |
| 4. Homebound Senior Outreach | 82,629 | 184,287 | | | | |
| 5. Integrated Services HMDT | 500,000 | 500,000 | | | | |
| **PEI Programs - Stigma and Discrimination Reduction** | | | | | | |
| 1. Media efforts | 24,665 | 250,000 | | | | |
| 2. Mental Health Awareness Month | 50,000 | 50,000 | | | | |
| 3. The Source LGBT Center | 25,020 | 25,020 | | | | |
| 4. CalMHSA Mini-Grants | 500,000 | 500,000 | | | | |
| **PEI Administration** | 170,821 | 170,821 | | | | |
| **PEI Assigned Funds** | 0 | | | | | |
| **Total PEI Program Estimated Expenditures** | 5,277,626 | 5,709,976 | 0 | 0 | 0 | 0 |

## FY 2023-24 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
## Innovations (INN) Component Worksheet

County: Tulare Date: 3/3/23

| | Fiscal Year 2023/24 | | | | | |
|---|---|---|---|---|---|---|
| | 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 |
| **INN Programs** | | | | | | |
| 1. Addressing Metabolic Syndrome | 295,135 | 295,135 | | | | |
| 2. Connectedness 2 Community | 262,206 | 262,206 | | | | |
| 3. Advancing Behavioral Health | 1,164,280 | 1,164,280 | | | | |
| 4. Semi-Statewide EHR Phase 1 | 0 | 0 | | | | |
| 5. Semi-Statewide EHR Phase 2 | 1,294,305 | 1,294,305 | | | | |
| **INN Administration** | 27,774 | 27,774 | | | | |
| **Total INN Program Estimated Expenditures** | 3,043,700 | 3,043,700 | 0 | 0 | 0 | 0 |

## FY 2023-24 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
## Innovations (INN) Component Worksheet

County: Tulare Date: 3/3/23

| | Fiscal Year 2024/25 | | | | | |
|---|---|---|---|---|---|---|
| | 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 |
| **INN Programs** | | | | | | |
| 1. Addressing Metabolic Syndrome | 295,135 | 295,135 | | | | |
| 2. Connectedness 2 Community | 262,206 | 262,206 | | | | |
| 3. Advancing Behavioral Health | 1,164,280 | 1,164,280 | | | | |
| 4. Semi-Statewide EHR Phase 1 | 0 | 0 | | | | |
| 5. Semi-Statewide EHR Phase 2 | 1,247,019 | 1,247,019 | | | | |
| **INN Administration** | 27,774 | 27,774 | | | | |
| **Total INN Program Estimated Expenditures** | 2,996,414 | 2,996,414 | 0 | 0 | 0 | 0 |

| | Fiscal Year 2025/26 | | | | | |
|---|---|---|---|---|---|---|
| | 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 |
| **INN Programs** | | | | | | |
| 1. Addressing Metabolic Syndrome | 295,135 | 295,135 | | | | |
| 2. Connectedness 2 Community | 262,206 | 262,206 | | | | |
| 3. Advancing Behavioral Health | 1,164,280 | 1,164,280 | | | | |
| 4. Semi-Statewide EHR Phase 1 | 0 | 0 | | | | |
| 5. Semi-Statewide EHR Phase 2 | 1,260,292 | 1,260,292 | | | | |
| **INN Administration** | 27,774 | 27,774 | | | | |
| **Total INN Program Estimated Expenditures** | 3,009,687 | 3,009,687 | 0 | 0 | 0 | 0 |

## FY 2023-24 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
## Workforce, Education and Training (WET) Component Worksheet

County: Tulare Date: 3/3/23

| Note: These program titles are in line with the titles prescribed by DHCS within the MHSA Revenue and Expenditure Report | Fiscal Year 2023/24 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated WET Funding | Estimated Medi Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **WET Programs** | | | | | | |
| 1. Workforce Staffing Support | 0 | 0 | | | | |
| 2. Training and Technical Assistance | 250,000 | 250000 | | | | |
| 3. Mental Health Career Pathways Program | 0 | 0 | | | | |
| **WET Administration** | 0 | | | | | |
| **Total WET Program Estimated Expenditures** | 250,000 | 250,000 | 0 | 0 | 0 | 0 |

## FY 2023-24 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
## Workforce, Education and Training (WET) Component Worksheet

County: Tulare Date: 3/3/23

| | Fiscal Year 2024/25 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated WET Funding | Estimated Medi Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **WET Programs** | | | | | | |
| 1. Workforce Staffing Support | 0 | 0 | | | | |
| 2. Training and Technical Assistance | 250,000 | 250000 | | | | |
| 3. Mental Health Career Pathways Program | 0 | 0 | | | | |
| **WET Administration** | 0 | | | | | |
| **Total WET Program Estimated Expenditures** | 250,000 | 250,000 | 0 | 0 | 0 | 0 |

## FY 2023-24 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
## Workforce, Education and Training (WET) Component Worksheet

County: Tulare Date: 3/3/23

| | Fiscal Year 2025/26 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated WET Funding | Estimated Medi Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **WET Programs** | | | | | | |
| 1. Workforce Staffing Support | 0 | 0 | | | | |
| 2. Training and Technical Assistance | 250,000 | 250000 | | | | |
| 3. Mental Health Career Pathways Program | 0 | 0 | | | | |
| **WET Administration** | 0 | | | | | |
| **Total WET Program Estimated Expenditures** | 250,000 | 250,000 | 0 | 0 | 0 | 0 |

## FY 2023-24 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
## Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Tulare Date: 3/3/23

| | Fiscal Year 2023/24 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CFTN Funding | Estimated Medi Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **CFTN Programs - Capital Facilities Projects** | | | | | | |
| 1. Crisis or Housing Capacity building | 6,000,000 | 6,000,000 | | | | |
| 2. | 0 | | | | | |
| 3. | 0 | | | | | |
| 4. | 0 | | | | | |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| 11. Electronic Health Records (existing) | 469,000 | 469,000 | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **CFTN Administration** | 12,250 | 12,250 | | | | |
| **Total CFTN Program Estimated Expenditures** | 6,481,250 | 6,481,250 | 0 | 0 | 0 | 0 |

## FY 2023-24 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
## Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Tulare Date: 3/3/23

| | Fiscal Year 2024/25 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CFTN Funding | Estimated Medi Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **CFTN Programs - Capital Facilities Projects** | | | | | | |
| 1. | 0 | | | | | |
| 2. | 0 | | | | | |
| 3. | 0 | | | | | |
| 4. | 0 | | | | | |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| 11. Electronic Health Records (existing) | 469,000 | 469,000 | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **CFTN Administration** | 12,250 | 12,250 | | | | |
| **Total CFTN Program Estimated Expenditures** | 481,250 | 481,250 | 0 | 0 | 0 | 0 |

## FY 2023-24 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
## Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Tulare Date: 3/3/23

| | Fiscal Year 2025/26 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CFTN Funding | Estimated Medi Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **CFTN Programs - Capital Facilities Projects** | | | | | | |
| 1. | 0 | | | | | |
| 2. | 0 | | | | | |
| 3. | 0 | | | | | |
| 4. | 0 | | | | | |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| 11. Electronic Health Records (existing) | 469,000 | 469,000 | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **CFTN Administration** | 12,250 | 12,250 | | | | |
| **Total CFTN Program Estimated Expenditures** | 481,250 | 481,250 | 0 | 0 | 0 | 0 |

Attachment 1
Key Terms

# 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 2
CPP Timeline

# Community Planning Process
# 3-Year Plan FY 23/24 – 24/25 – 25/26
# Process - Time line to submit by June 30, 2023

| Phase I – Drafting | Phase II – Community Engagement | Phase III – Public Review Period | Phase IV – Approvals |
|---|---|---|---|
| • Begin adding data<br>• Revise survey questions<br>  ○ Release Dec. 1; close Feb. 1<br>• Create additional slides for Phase II<br>  ✓ Budget<br>  ✓ Branch Priorities<br>  ✓ Strategies<br>• Schedule community and committee meetings for Dec/Jan.<br>• Media plan | • **February 21** = Present plan to MHB Executive Committee for March meeting<br>• Share draft at committees<br>  ○ ASIC<br>  ○ CSIC<br>  ○ MHCCC<br>  ○ W&R | • Present plan to Mental Health Board (**Mar 7**)<br>• Post for 30-day Public Comment (**Mar 8-Apr 8**)<br>• Hold Public Hearing at MHB (**April 4, 2023**) | • Revise & finalize plan as needed per public comments (**April 2023**)<br>• Present Plan to Board of Supervisors (**May 2023**) |
| **Phase I** Nov. 2022 | **Phase II** February 2023 | **Phase III** March - April 2023 | **Phase IV** April - May 2023 |

Attachment 3
Public Comments from 30-day Public Post Period
March 8, 2023 through April 8, 2023

Public Comments received:

| Public Comment | Date Received/Location | Impact or Effect |
|---|---|---|
| Have you received Focus Group responses and what did you think about their feedback? | 2/2/2023<br>Visalia Wellness Center | No impact. Question answered during meeting. |
| Will the Plan be presented to the Wellness & Recovery Committee? | 2/2/2023<br>Visalia Wellness Center | No impact. Question answered during meeting. (Yes.) |
| Will those who participated in the Focus Group receive the report from the Focus Group? | 2/2/2023<br>Visalia Wellness Center | No impact. Question answered during meeting. (Report will be incorporated into MHSA Plan.) |
| Will the Plan be made available in Spanish? | 1/19/2023<br>Porterville Wellness Center | No impact. Question answered during meeting. (Yes.) |

Attachment 4
Metabolic Syndrome Pilot Project
Annual Report

## Tulare County MHSA Metabolic Syndrome Innovation Project: "Addressing Metabolic Syndrome and Its Components in Consumers Taking Antipsychotic Medication" 2020/2021 and 2021/2022 Interim Report

The implementation of this project was halted due to the COVID-19 pandemic. The last day of operation was March 11, 2020. It has not resumed operation since. However, since March 22, 2021, the Metabolic Syndrome Project Team of Tulare County Mental Health has been working to restart implementation.

Population

Until the implementation of this project stopped, the population served has been consumers at VAIC who receive injectable antipsychotics. On March 21, 2021, Tulare County Mental Health's Medical Director proposed expanding the population to include consumers who take oral antipsychotics on a long-term basis. These individuals are at an elevated risk of developing metabolic syndrome, as are those who take injectable antipsychotics. There are also more consumers who take oral antipsychotics than those who take injectables, and some of these consumers have expressed interest in being included in the project. The budget is sufficient to expand the population served, so we have included it in the tentative plan. The number to be served will depend upon the available staff time, which has not been finalized. The project will start with VAIC consumers who receive injectable antipsychotics and want to participate and then add consumers on long-term oral antipsychotics who want to participate.

Appointment Frequency

Before COVID stopped the project, participants were scheduled for appointments every three months. In the new implementation, the plan is for participants to be scheduled for appointments every month. However, measurements, vitals, and blood will be taken and analyzed every three months. Other appointments can be remote. The purpose of the increased appointment frequency is to provide participants with more accountability, expert advice, and motivation as they try to make positive changes in their health-related behaviors. Initial appointments will be hour-long, with half-hour appointments thereafter.

Staffing

Staffing has been the barrier to restarting implementation. Prior to COVID, all staff were County of Tulare employees. They included the medical provider, Public Health Nurse (PHN), Health Education Assistant (HEA), and Medical Assistant (MA), who were all employees of Tulare County Public Health (TCPH). Project leadership as well as administrative and clerical support were provided by Tulare County Mental Health (TCMH) staff.

Discussions about staffing started on March 21, 2021. At that time, TCPH's top priority was addressing COVID 19, and it no longer had staff available to allocate to the Metabolic Syndrome Project. (As of April 7, 2021, PHC's Visalia Health Care Center only had one full-time medical provider. Other physicians came in 1-2 days a week and had to attend at the hospital.) In response, the Project Team discussed contracting with locum tenens (locums) companies to provide staff on a contractual basis. As of August 2022, TCMH has agreements with two locums companies.

In the original implementation plan, the participating consumer met every three months with the medical provider (an MD). The MA took measurements and vitals, drew blood, and operated on-site blood analysis

machines. The medical provider reviewed this information, made any necessary diagnoses, and counseled the participant. Immediately following the medical provider appointment, the PHN or HEA met with the participant and reviewed the participant's responses that day on the Staying Healthy Assessment, discussed the participant's recent health behaviors, and developed or revised – with the participant – a customized Modifiable Health Behavior Improvement Plan.

In the new implementation, the plan is for an MA or Licensed Vocational Nurse (LVN) to perform the MA's duties described in the paragraph above as well as scan assessments and forms and enter data into the project database and TCMH's Electronic Health Records system. The medical provider may be an MD but could also be a Physician Assistant (PA) or Nurse Practitioner (NP). The medical provider will not only do the work of the medical provider, described in the paragraph above, but also the work of the PHN/HEA in the previous implementation of this project.

- July 2021: The Project Team received administrative approval to hire locums staff for this project. The team developed interview questions and scheduled interviews.
- August 2021: The Project Team aimed for a mid-September 2021 start date. There was an initial pool of 8-10 locums candidates to interview. One MA candidate was interviewed. The decision was made to contract for her services. However, at about this time another severe wave of COVID hit, which required a reduction in in-person clinic services. Partly due to COVID, the MA did not start work until February 2022.
- November 2021: A NP candidate interviewed well; the interviewers decided to contract for her services, if she was available. At that time, the Project Team intended to restart implementation in January 2022. The NP candidate declined waiting to start work in January 2022.
- February 2022: The locums MA started work. She received training to enable her to work as part of this project, but the inability of a locums company to find candidates for the medical provider position prevented implementation from starting at that time. The MA was assigned to TCMH's Alcohol and Other Drugs Unit, where she is working as of August 2022.
- June 2022: A locums medical provider, who successfully completed the interview process, was ready to start work in August 2022. He has expressed a willingness to work with the project when implementation begins again.
- July 2022: The Project Team was informed that it is legally required to use TCPH staff on the project as much as possible, only using locums staff to fill in gaps that TCPH staff cannot fill. TCPH stated that, starting in three to six months (October 2022 – January 2023), they will be able to offer one medical provider and one MA for up to four hours per week. Three to six months later, they will be able to provide them for up to eight hours per week.

If the desired amount of staffing can be allocated to the project, the Project Team aims for it to operate 32 hours per week and serve 250 or more consumers.

Other Progress

- Participant recruitment flyer: A two-page flyer for VAIC treatment team case managers to share with consumers was finalized on August 4, 2021. The aesthetically appealing flyer includes calls to action and basic information on one side and additional details on the other.
- Pedometers: In April 2022, the Project Team decided that it would be good to give all project participants a pedometer as a means of encouraging them to get more exercise (which helps improve several elements of metabolic syndrome). It is worn on the wrist and records distance walked and estimated calories burned. The pedometer also serves as a small incentive for consumers to participate in

the project. The indicator of steps taken since a participant's last visit has been added to the project evaluation.

- Equipment: The equipment (including blood testing machines) has been serviced and is ready to use when implementation starts again.
- VAIC staff trainings: On February 22, 2022, the Medical Director trained psychiatrists on metabolic syndrome and this project. On March 17, he trained case managers and clinicians who serve on the Recovery-Oriented Support Team (ROST). Members of the Assertive Community Treatment (ACT) Team, which provides more intensive services, will be trained before the start of implementation.
- Surveys: We have administered pre-training surveys to psychiatrists as well as to ROST case managers and clinicians. After filling out these surveys, they received training on metabolic syndrome. We have been administering post-training surveys to these two groups. As the start of implementation nears, we will administer a pre-survey to ACT case managers and clinicians. After they have filled out the survey, we will provide them with a training on metabolic syndrome and then administer a post-survey to them.
- Metabolic syndrome index: In February 2021, the Medical Director decided that the project should use the Metabolic Syndrome Severity Score (published in 2017[1]) when implementation starts again. This score will enable the project to track metabolic syndrome in a more sophisticated manner. Instead of a binary yes/no for whether a participant has metabolic syndrome, the Severity Score will enable the numerical tracking of the severity of a participant's metabolic syndrome over time. We aim for a reduction in the number of participants with metabolic syndrome and a decrease in the severity of metabolic syndrome of participants who still have the condition.

Attachment 5
Connectedness 2 Community
Annual Report
The Source LGBT+ Center
And
New Life Ministries

# Tulare County Mental Health MHSA
# Connectedness 2 Community Innovation Project
# 2020/21 Update

## Summary of the Proposed Plan

Connectedness 2 Community (C2C) will explore an innovative approach to foster a partnership between the mental health providers and faith-based leaders throughout Tulare County. There has long been a debate on the importance of incorporating spiritual beliefs into everyday treatment planning. For this partnership to be effective, the mental health providers must be open to spirituality, and faith-based leaders must be better informed about mental health and illness. This will include training modules from both sides of the partnership as well as round-table discussions. We want our partners to educate one another on the perspective and wisdom in dealing with spirituality in practice.

United, we hope the approach of collaboration and knowledge will bridge a pathway for our mental health consumers to increase their participation, to build on their spiritual connectedness, and seek treatment once again. The support individuals derive from the members, leaders, and clergy is widely considered one of the key mediators between spirituality and mental health.

Many studies have broadened the term "spirituality" to incorporate a wide range of positive psychological concepts, such as purpose in life, hopefulness, social connectedness, peacefulness, and well-being in general.

Key aspects of the program are:

- Examine the dual nature of religion and spirituality, as vital resources for health and well-being.
- Training professional/licensed providers to approach the processes of incorporating spirituality with knowledge, sensitivity, and care.
- Recruit subject matter experts and/or spiritual leaders who represent different religious and spiritual traditions and different professional traditions.
- Utilize a spiritual assessment to assist providers with ways to initiate the conversation when addressing spirituality in practice.
- Establish goals and objectives that cut across a range of demographic variables and religious traditions while preserving their distinctive and substantive characteristics.
- Explore the impact of mental health on the different expressions of spirituality.

Our learning goals are:

1. To train our community therapists on the sensitivity of addressing spirituality to multiple cultures.
2. To lead to a wider variety of treatment solutions.
3. To create an established protocol incorporating spiritual beliefs and cultures as part of our mental health therapeutic strategies.

## Broadened Project Scope

The proposed plan is focused on spirituality in a broad sense. We have opted to widen the scope of this project even further, from spirituality to culture in general. Culture is interpreted broadly. As a reference, the second goal of Tulare County Mental Health's Cultural Competence Committee is "Promote knowledge, awareness, appreciation, and sensitivity to sociocultural diversities, deaf and hearing-impaired, visually impaired, gender, age, sexual orientation/identities, socioeconomic status, disabilities, religion, spirituality, and ethnic/racial

identities." Individuals who are part of groups in the categories listed above have their own distinct cultures, and individuals can be part of multiple cultures.

## Communities Served

This broadened focus has informed our selection of high-need communities to serve with this project. The two communities that are being served include:

1. The African American community, helped by subject matter experts New Life Ministries (NLM).
2. The LGBTQ+ community, helped by subject matter experts The Source LGBT+ Center.

It is important to state that, despite its name, NLM is not a church. It is a 501(c)(3) charitable organization. In this project, it serves the entire African American community, regardless of individuals' religious or spiritual beliefs or lack thereof. NLM does not proselytize.

## African American Community Update

### Introduction

The C2C project needs to be centered around the question: "How does Tulare County Mental Health keep the African American client engaged in their mental health services?" Based on Tulare County's statistics, the county mental health system can get the African American client to the initial intake, but most of the time the client does not come back to finish their mental health program. NLM managed this scope of work with its Executive Director and support staff to work to achieve the following goals:

- Engage the African American community in a dialogue to discuss isolation/stigma and the lack of culturally competent services for the African American client engaged in mental health services.
- Identify how to bridge cultural gaps by engaging in conversations around mental health in the African American community.
- Identify and establish a network of logical community partners and cultural organizations.
- Develop links and connections with new stakeholders and partners that address barriers.
- Explore and identify core values within the cultural group including faith-based populations that may harbor bias against its members accessing and continuing mental health treatment.
- Serve as cultural brokers within the African American community to build relationships within faith-based communities, community partners, and traditional community service providers in making mental health connections.
- Host and/or attend community events to reach out to the community.
- Utilize these outreach opportunities to:

  * Network and advertise planned community meetings.

  * Garner feedback about community needs.

*Outreach*

NLM hosted a Juneteenth Celebration on June 19, 2021. The event coincided with the establishment of Juneteenth as a federal holiday that year. This event recognized the African American culture and the historic nature of what Juneteenth represents as a marker of the freeing of slaves in America. This free community event featured several speakers including an African American Tulare County Mental Health (TCMH) therapist Mallory Fowler and Dr. Juanita Alexander, founder of the Tulare County African American Women's Alliance and a college professor. They spoke about mental health and wellness within the African American community. City of Tulare officials were in attendance and provided a proclamation that the City of Tulare was recognizing Juneteenth and the contributions of African Americans to the city.

Approximately 300 community members attended the event. It welcomed over 15 informational booths, cultural artists/dancers, and Tulare County Alcohol and Drug Services. The event addressed the need for mental wellness and cultural stigma impacting access to services within the African American community. Community members who attended completed a needs assessment survey. Continuing and new partnerships with local African American churches, Kings View, Tulare County Alcohol & Drug Services, the 180 Youth Coalition, the African American Women's Alliance, the Tulare Association of Churches, City of Tulare staff, and Tulare County Supervisor Pete Vander Poel attended.

We discovered the following at our outreach event:

1) The conversations around mental health within the African American community need to continue.

   a) Formats for open discussion and/or presentations must be done by culturally competent, and culturally familiar people are critical to bridging the gap in services.

   b) Events that are free to the public are better attended than fee-based events.

   c) Well-organized events that honor and celebrate African American culture create an atmosphere of willingness to listen to the subject matter and promote engagement.

2) Building rapport and relationships within a multi-generational cross-section of the African American community is a key to gaining buy-in and trust within the community.

   a) The result of this Juneteenth event was a widespread agreement that wellness is important; a new relationship with youth groups and civic leaders was forged; and a more diverse cross-section of the African American community was engaged.

   b) Our director participated in this relevant discussion and gathered feedback from a Tulare County African American therapist to discuss barriers and system limitations and how to improve that for African Americans.

   c) We have utilized the Zoom remote meeting platform during the pandemic as we continue to assess the needs within the African American community.

3) The African American community members expressed a desire for more culturally relevant events that promote positive and uplifting aspects of their culture to promote mental wellness.

   Moving forward, we need to continue to build relationships within the African American community as new social issues emerge.

*Needs Assessment*

With input from community members, NLM developed a Community Needs Assessment survey, a simple nine-question survey that is available in both paper and electronic format. (We administered this survey electronically at the 2021 Juneteenth Celebration, described above.)

There is an interest in cultural social engagement, but there is a lack of opportunities for large groups of African Americans outside of religious gatherings that make it difficult to survey them.

There continue to be no cultural centers within Tulare County that African Americans can gather at to disseminate information or build community. There are cultural pockets of African Americans in the geographic area stretching from Pixley to Visalia that requires strategic outreach.

Discoveries from our needs assessment survey in 2020/21 include

- Over three-quarters (76%) of the 85 individuals who filled out the survey responded that they, a family member, or a friend has ever been diagnosed with a mental disorder.
- Nearly six in ten (57%) individuals who answered the question responded that African Americans do not have equal access to mental health services.
- However, 94% of the individuals who filled out the survey respond that if they needed mental health services, they would seek them.
- Of those who reported experience with mental health services, 85% reported their overall experience as positive, and 15% reported it as negative.
- When asked, "In your opinion, how could the public mental health services field be improved upon for African-Americans?," responses include:
    - "More black doctors," "More African Americans working in mental health," "Having more African American specialists," "More representation. I think representation matters," "I am not sure but maybe get more case workers that are African American in mental health," and "Hire people that know the community and the community needs."
    - "Make sure we have access to the services," "More services and help," "More services for children and quicker and easier access to services," "More places to go and feel more comfortable," "Need clinics in black communities," and "Have access to it in the schools."
    - "More visibility in our community!!," "Awareness," "Awareness and marketing," "Encourage more to get help," and "More outreach efforts"
    - "Make it ok to ask for help," "Role models revealing that they have suffered," and "They can be healed."
    - "Get the church involved."

Other discoveries in Year Two include:

- There is a general unawareness of the prevalence of mental illness in the community.
- There has been loss of interest in mental health services because of underrepresentation of African Americans as providers.
- The non-African American participants also reported that there is an underrepresentation of African Americans as providers.

- In the African American community there is a cultural stigma of "what happens at home stays at home," systemic mistrust, and a cultural attitude of not seeking help. These were identified as barriers to seeking and maintaining services.
- Due to the pandemic and the barrier of social distancing, it was difficult to disseminate our needs assessment surveys.
- We found that the pandemic precluded us from surveying the number of people we otherwise would have at places such as African American church services and at in-person events that would have taken place, if not for the pandemic.
- There have been failed attempts to connect with potential consumers of mental health services after they expressed initial interest in services.

Regarding work that needs to be done in the area of needs assessment, we need to continue to survey more people. Review and revise the survey questions to garner the intended information. Develop ways to reach more rural isolated communities.

We also still need to develop pre and post surveys for African American consumers of mental health services. The pandemic has slowed our progress on the development of these surveys.

We have explored and are furthering our use of technology, including Zoom, to engage our partners and the community in disseminating surveys to garner stakeholder feedback.

To further connect with the African American community, our director had suggestion boxes strategically placed in the African American beauty salon Royalty Hair Care and in the Sportsman Barbershop in Tulare.

We will also survey mental health service provider office staff to determine areas of need for training. The information from this survey will help us to develop a training or make recommendations for a training for staff on the unique needs of the African American community.

*Coordination and Partnerships*

In our effort to participate with the TCMH Cultural Competency Committee, our director met with the director of The Source LGBT+ Center as a partner to leverage the needs of both populations. The Source reviewed our survey to ensure that the LGTBQ community members' identity is appropriately identified. Open discussion continues to occur about the similarities and differences between the populations and how best to collaborate in the development of the connectedness measures of inclusion.

We developed new partnerships with Kings View, the Tulare Association of Churches, the African American Historical Museum, the Tulare County African American Women's Alliance, The Source LGBT+ Center, and His Heart Beats.

*Sexual Orientation, Gender Identity, and Gender Expression (SOGIE)*

In our work on SOGIE data implementation on MHSA intake forms and electronic records to track data, we sought to understand and clarify appropriate language to use on our survey to identify gender identity and expression in a socially appropriate way that promotes inclusion.

As noted in the Collaboration and Partnerships section above, our director met with the director of The Source LGTQ+ Center as a partner. The Source provided input during the development of our survey to ensure that LGTBQ community members' identities are appropriately identified. Open discussion continues to occur

regarding the similarities and differences between the demographic categories and how best to collaborate with The Source on inclusive measures.

We need to make sure all our future surveys include the most appropriate language for SOGIE.

## LGBTQ+ Community 2020/21 Update

Introduction

The purpose of this project is to increase awareness and access to services for hard-to-reach communities identified by MHSA, including but not limited to LGBTQ+ and African Americans. The method is a community-centered approach focused on building trust, assessing needs, and providing community-developed and -driven solutions to improve outcomes for marginalized and underserved populations.

Over the course of this fiscal year, we have been met with many challenges and obstacles. The shift to an online platform required an adjustment to the way we had to deliver services and support. During this time, we were able to focus on addressing the needs and concerns of the LGBTQ community and implementing training on culturally competent care. These were our main activities:

Needs Assessment

- In collaboration with the community, we developed and distributed a Community Needs Assessment for LGBTQ+ consumers.
- In partnership with Out 4 Mental Health, we developed and distributed a Clinician Needs Assessment with TCMH and TCMH-contracted partner providers in Tulare County.
- We administered needs assessment to both populations:
    - Forty-seven (47) consumers filled out an LGBTQ+ Mental Health Needs Assessment Survey between September 21, 2020, and January 24, 2021.
    - Fifty-three (53) service providers and five (5) supervisors filled out an LGBTQ Awareness Survey between February 19 and March 16, 2021.
- Evaluated needs assessment
    - We analyzed the surveys and wrote reports about them. Training will address gaps in knowledge and awareness for both clients and providers.
- Develop pre and post surveys for LGBTQ consumers
    - This step will be done with consumer input and during focus groups around our report and findings.

Development of Training

- Develop training modules for mental health staff and contracted providers
    - This project will take place in Year 3 and is in development using the data gathered from our surveys.
    - Our analysis of the provider survey leads us to believe that the supervisors and providers are lacking adequate training on LGBT+ issues. Since most of the employees identify as straight and cisgender, the need to educate on LGBT+ experiences seems necessary. A two-hour introductory training would be a wonderful opportunity to teach LGBT 101, focusing on sex, gender, identity,

and sexual orientation. This will help build a foundation of knowledge with terminology and provide proper language usage of pronouns and other terms needed to understand the LGBT+ community. Along with the LGBT 101, an awareness activity about coming out would help place providers in the shoes of an LGBT+ individual. This would allow for empathy to grow and a better understanding of where someone who is LGBT+ might need support that differs from cisgender/heterosexual counterparts. Lastly, the training would wrap up with learning about creating welcoming spaces and the risk factors of LGBT+ individuals, especially when they lack adequate and proper support.

Mental Health Services and Assessments

- Provide in-house mental health services and assessments in partnership with our Clinical Advisor, LMFT Interns, and TCMH to increase access to mental health services for our community.
    - We continue to partner with the Heartworks, Inc. therapy practice to provide PEI modalities, gap mental health services, and groups.
    - When a referral is needed, we work with a TCMH clinician to get that person assessed.
    - Because of COVID-19, we were unable to build out this process but will continue to move forward with a streamlined in-house referral process. We would like to address PTSD in an earlier assessment to obtain eligibility.

- Provide MHSA with access to our LGBTQ participants in peer support groups. (In the past, the peer support groups were run in-house, but now we are opening our groups to allow MHSA providers to provide presentations and resources to peer support groups.)
    - Peer support groups remained strong in 2020/21. Our HIV support program grew from 1 time a month, to several groups meeting a total of 6 times a month.
    - MHSA providers are welcome to present to all groups. We are working with MHSA providers to have them present resources to clients about services that they provide.
- Work with MHSA to develop best practices for trauma-informed LGBTQ assessments focused on PTSD.
    - This work is in progress.

Coordination and Partnerships

- Coordinated efforts with NLM and other C2C Partners:
    - Survey development
    - Event planning and strategy
    - Marketing and outreach
    - These efforts have been very difficult due to COVID-19.

- Attended TCMH's Cultural Competency Committee quarterly meetings and partnered with other organizations to provide them with training.

SOGIE

- SOGIE data implementation on MHSA intake forms and electronic records to track data:

- We have been working with TCMH on including SOGIE at intake. We have made progress with collecting SOGIE. TCMH's electronic health records system does not yet collect SOGIE data, so TCMH created another form to collect the SOGIE data.
- We have made strides with partners like the Kings/Tulare Homeless Alliance, and they are now collecting comprehensive SOGIE data on the individuals they serve.

- Collect SOGIE data and survey data to evaluate the progress of our work.
  - In progress and ongoing

Training Attendance

We attended the following trainings:

- Best and Promising Practices Training in California
- CenterLink LGBT Conference
- Out 4 Mental Health Statewide Convening
- Gender Spectrum Conference

Attachment 6
Advancing Behavioral Health
Annual Report

# Tulare County Mental Health MHSA
# Advancing Behavioral Health Innovation Project
# 2020/21 and 2021/22 Update

Although we are only required to submit an update for the 2020/21 fiscal year at this time, we also include information on 2021/22. Implementation was delayed by the COVID-19 pandemic, so 2020/21 and the first half of 2021/22 were spent planning and preparing for implementation.

## Summary of the Proposed Plan

Advancing Behavioral Health (ABH) will serve individuals who are homeless. It will provide traditional clinical services to part of the targeted population group (called the "traditional clinical setting") and will provide the other part of the targeted population group (called the "community clinical setting") with community-based clinical access/services. The goal is to determine which mental health clinical setting provides better outcomes for the consumer. This project will provide services to consumers utilizing a Whole Person Care (WPC) delivery system model and a multidisciplinary team (MDT) approach.

Participants in both target groups will be administered a World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) rating instrument (12-question interview version) so that pre and post services mental health-related indicators can be measured for both groups. As additional outcomes, we will track rates of no show, discharges due to not returning for services, discharges with goals met, and discharges with goals partially met for both groups. We also track the numbers of contacts with individuals who have been reached out to by the outreach and engagement clinician before their intake assessment was completed.

## Current Status

### Start of Implementation

This project was scheduled to begin on July 1, 2020. Unfortunately, the COVID-19 pandemic struck California in March 2020. The pandemic had a profound impact on this project, as it includes in-person outreach to and engagement with homeless individuals. This was not possible during the pandemic. ABH started its outreach to and engagement with the homeless in early January 2022.

### Comparison Groups

With the goal of determining which clinical setting benefits homeless consumers more, we will compare the outcome measures across two groups:

1. Community Clinical Setting Group: Homeless individuals who are reached out to and engaged in the field and choose to be assessed and then start to receive mental health clinical services. Most services are provided in the field. (All or nearly all psychiatric services will be provided at the clinic, although some could be provided via telehealth in the field.) These individuals will be served by the Visalia Adult Integrated Clinic's Assertive Community Treatment (ACT) Team.
2. Traditional Clinical Setting Group: Individuals who are homeless who seek out mental health services or are referred by other organizations or programs. All or nearly all services are provided at the clinic or via telehealth. These individuals will be served by the clinic's Recovery-Oriented Services Team (ROST).

Individuals may move between groups. ACT provides a more intensive level of care than ROST. If an individual who is served by ACT is doing better, and it is determined that she no longer needs as intensive a level of care, she can be stepped down to ROST. On the other hand, an individual served by ROST could be found to need a more intensive level of care and be stepped up to ACT. We will take this movement between groups into account in our analyses.[2]

Outreach to and Engagement with Homeless Individuals

The project's outreach and engagement clinician (a Licensed Clinical Social Worker) rides along with a police officer in a marked police vehicle three days a week across the city of Visalia, covering areas known to have a large homeless population. Maintaining confidentiality, he works to engage respectfully with individuals whom he judges may have a mental illness and attempts to share with them the benefits of accepting mental health services. If they are willing, the clinician electronically completes a mental health assessment and treatment plan in the field and schedules their first appointment with an ACT clinician and case manager. The outreach and engagement clinician also provides the homeless individual with the treatment team members' contact information.

Since the start of ABH implementation in January 2022 through June 30, 2022, four (4) homeless individuals with whom the clinician engaged have completed the assessment and intake for mental health services along with the WHODAS 2.0 assessment and started to receive mental health clinical services. The numbers of contacts with the clinician until the four individuals agreed to have a mental health assessment and intake completed were 1, 5, 10, and 17 (with a mean of 8.25).

From January 1 through June 30, 2022, the outreach and engagement clinician made 156 contacts with 44 unique homeless individuals (for a mean of 3.5 contacts per individual).

Beginning on August 1, 2022, additional outreach efforts by the Enhanced Care Management (ECM) team will be included in this project. This team is comprised of a licensed clinical supervisor, a community health worker, and a lead care manager. This team will receive referrals from local Managed Care Plans (MCPs) to begin outreach to community members who are identified as homeless and who are also likely experiencing severe mental illness and/or substance use disorders. This team will work with the identified community members over the course of several months via multiple community-based contacts to determine their WPC needs and to refer and link them to appropriate services, including mental health services. Individuals who accept a referral for mental health treatment via the ECM team will complete the intake assessment and WHODAS 2.0 with a team member from the Visalia Adult Integrated Clinic and begin mental health treatment. The ECM team may provide some ongoing outreach and support services in collaboration with the mental health treatment team members, following an MDT approach.

Provision of Mental Health Services

For homeless individuals in the Community Clinical Setting Group, most mental health services will be provided in the field. All or nearly all psychiatric services will be provided at the clinic, although some could be provided in the field via telehealth.

[2] We recognize that the two comparison groups of homeless individuals are likely to differ greatly. The Traditional Clinical Setting Group consumers sought out mental health services or were referred by other organizations or programs (with few having been reached out to and engaged in the field). The Community Clinical Setting Group consumers were all reached out to and engaged by a clinician in the field. In most cases, the clinician spent a significant amount of time trying to help individuals recognize their need for and the benefits of mental health services. We cannot assume that the clinical setting (in the field versus at the clinic) alone will explain any variations in outcomes we observe over the course of this project.

When providing services to Community Clinical Setting Group members in the field is not possible, an ACT Team case manager or therapist can provide homeless individuals with transportation to the clinic for appointments, if needed and possible, working with the outreach and engagement clinician to ascertain the location of the individual. (Transportation to the clinic can be provided, if needed, to consumers in both comparison groups.)

Individuals who are homeless in the Traditional Clinical Setting Group will receive most (probably the vast majority) of their services at the clinic or via telehealth.

Connecting to Other Services

The process of helping homeless individuals in need of mental health services recognize the value of them and accept them usually takes a significant amount of time. The outreach and engagement clinician works to build a positive rapport with the individuals, helping them connect with a variety of services in domains other than behavioral health. Research has shown that outreach efforts are rarely successful during the initial contact, and it may take 30 or more contacts before referrals to services are accepted. If the outreach and engagement clinician can help a homeless individual obtain needed services in domains other than behavioral health, it may help the clinician develop a stronger, more trusting relationship with the individual that may pave the way for her or him to accept behavioral health services.

The outreach and engagement clinician works with community partners to connect the homeless individuals to a variety of services, including services in the domains of housing, food, welfare assistance, somatic health, and alcohol and other drugs services. (The latter are frequently needed but, like mental health services, it can be challenging to help homeless individuals recognize their need for and the benefits of alcohol and other drugs services to the degree that they make the decision to accept them.[3]) For homeless individuals who report a need, every effort is made to connect them directly with the service that day or in no more than three days.

Once a homeless individual has completed an assessment and intake for mental health services, the case manager on the individual's treatment team will work to address the individual's needs in domains other than mental health, as per the WPC model.

From January 1 through June 30, 2022, the outreach and engagement clinician made 656 offers of referrals to 44 unique homeless individuals in the domains of housing, welfare assistance, primary somatic healthcare, Social Security, and alcohol and other drugs services; 653 offers were refused. (In the domain of alcohol and other drugs services, 23 individuals refused referral offers.) Three (3) offers of referrals (for housing, primary healthcare, and Social Security) were accepted by one (1) individual. In addition, one (1) individual was seen by the Psychiatric Emergency Team for danger to self.

There were many refused referral offers and few referrals accepted and made. A main reason is the challenging nature of the population. The following are the factors the outreach and engagement clinician discussed in July 2022:

1. Many homeless individuals have mental illness and/or use substances. They may not recognize that they have either problem and may therefore not recognize their need for help. If they do have a mental health or substance use disorder and recognize it, they still may not feel motivated to accept services. They may be content to keep using substances. Or they may think that the barriers to accessing the services are too high. Participation in mental health services, alcohol and other drugs services, and other services is voluntary.

[3] One helpful factor is that the Visalia Adult Integrated Clinic provides both mental health and alcohol and other drugs services under one roof. Appointments in both domains can be scheduled back-to-back.

2. If they are under the influence when the outreach and engagement clinician is speaking with them, that may decrease their motivation for getting help with any need, even somatic health needs or basic needs. This is a frequent occurrence.

3. Many are content in their current location and may not want to leave it to access services or supports (including housing). The longer they are homeless, the more they get used to the lifestyle. Some have pets that they want to keep with them at all times.

4. Many have a history that includes such issues as trauma, neglect, and otherwise poor parenting that impact their ability and willingness to accept services and supports and to follow the rules that generally accompany them. Specifically, regarding housing, there may be shelter or housing available, but the individuals may not be willing to follow the rules that the shelter or housing programs established (e.g., staying sober). They may have learned unhealthy coping skills.

5. They may not trust the outreach and engagement clinician enough to open up to him about their needs or trust him (or the system) to address them. The clinician may be a stranger to them. (While he visits homeless encampments frequently, he often encounters new people.) He is also accompanied by a police officer, arriving with him in a police vehicle. Some homeless people mistrust law enforcement. (The clinician has heard after the fact that a homeless individual is receiving government benefits, but the individual did not reveal this to the clinician when he was offering a referral in this domain.)

The outreach and engagement clinician believes that the most effective way to help homeless individuals who have mental illness access services and supports is to help them recognize the value of mental health services and their need for them enough to agree to be assessed and to start receiving services. When this happens, a clinician and a case manager are assigned to the individual. In the WPC model, the case manager works with the individual to get her or his needs – including but not limited to behavioral health needs – addressed.

**Evaluation**

Data collection is underway.

Data on many of the measures are routinely collected and recorded in the Mental Health Plan's Electronic Health Records (EHR) system. At a minimum, the data to be collected and analyzed include:

- Number of mental health services provided
- Number of appointment no-shows
- Number of discharges due to not returning for services
- Number of discharges with goals met
- Number of discharges with goals partially met

In 2022, the project had added to the EHR:

- The WHODAS 2.0 instrument (12-question interview version)

Initial WHODAS 2.0 assessments have been completed and recorded in the EHR for all four (4) homeless individuals who were contacted by the outreach and engagement clinician and who completed an intake for and started to receive mental health services.

In 2022/23, the WHODAS 2.0 will be administered to all homeless individuals who are served by the ACT or ROST teams. It will be administered at the following time points:

- Intake to ACT/ROST
- Every six months thereafter
- When leaving ACT/ROST

- At discharge from the clinic

A database is being used to track the outputs and outcomes related to the outreach and engagement clinician. These data include the number of contacts made, the number of unique individuals contacted, the individuals' age groups, and numbers of referrals to services and supports offered and accepted. The database also enables the project to track the following measure:

- Number of contacts with homeless individuals prior to completion of the intake assessment (Community Clinical Setting Group) [process measure]

Attachment 7
MHSA Stakeholder training materials

# MENTAL HEALTH SERVICES ACT
# COMMUNITY PROGRAM PLANNING PROCESS
# THREE YEAR PLAN

## 2023/2024 – 2024/2025 – 2025/2026

HHSA Mental Health

1

## Welcome

- **Agenda**
  - MHSA 101
  - Community Planning Process
  - Timeline and Next Steps
  - MHSA Components
  - Branch Priorities

2


3

## MHSA 101

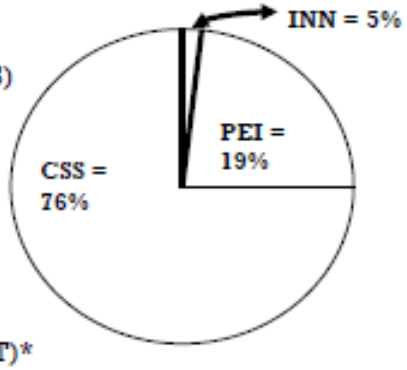
- Proposition 63, also known as the Mental Health Services Act (MHSA)
  - Passed by California voters November 2004
  - Went into effect January 2005
- Act is funded by 1% tax surcharge on personal income over $1million per year

4

# MHSA 101

❖5 Components - Funding

- **Community Services and Supports (CSS)**
- **Prevention and Early Intervention (PEI)**
- **Innovation Projects (INN)**
- **Workforce Education and Training (WET)***
- **Capital Facilities & Technology Needs (CFT)***

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# MHSA 101

❖5 essential elements

- Community Collaboration
- Cultural Competency
- Consumer and Family Driven Services
- Focus on Wellness, Recovery, Resiliency
- An Integrated Service Experience

6

# COMMUNITY PLANNING PROCESS

- Planning of services shall be consistent with the philosophy, principles and practices of the Recovery Vision of mental health consumers:
  - To promote concepts key to the recovery for individuals
  - To promote consumer-operated services as a way to support recovery
  - To reflect the cultural, ethnic, and racial diversity of mental health consumers
  - To plan for each consumer's individual needs

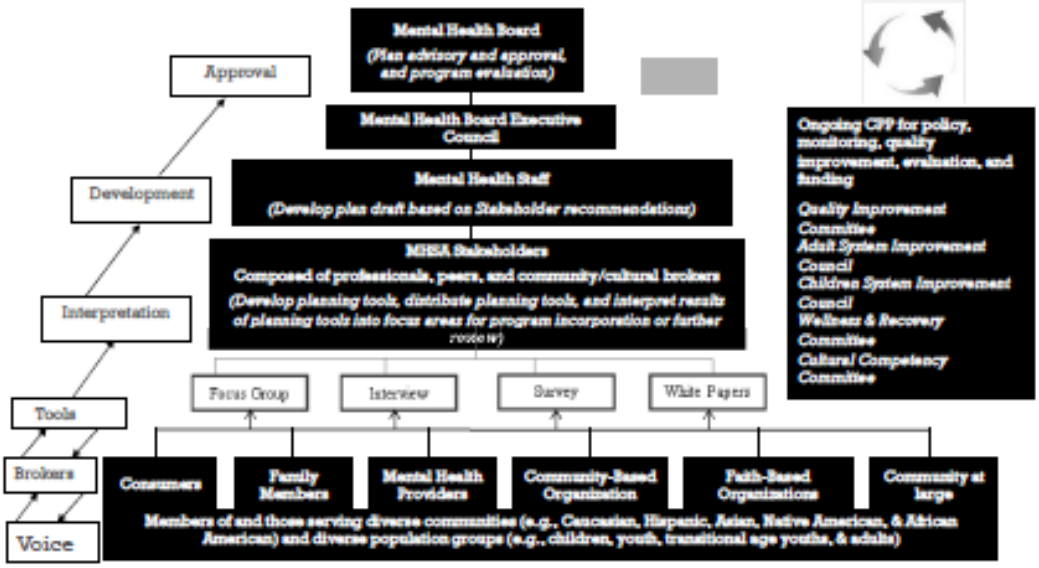
  [WIC Section 7, 5813.5 (d)]

- Counties shall demonstrate a **partnership with constituents and stakeholders** throughout the process that includes meaningful stakeholder involvement in mental health program planning. [WIC Section 5848. (a)]

- **Required by**
  - California Code Regulations (CCR)
  - Welfare Institutions Code (WIC)

7

# COMMUNITY PLANNING PROCESS

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# Timeline and Next Steps

**2023 Community Planning Process**

**Timeline to submit by June 30, 2023**

**Phase II**
**Community Engagement**

- Focus groups and Surveys
- Media Plan
  Social Media Website Partners
- Review Branch Priorities and Strategies at committees
  MHB ASIC MHCCC
  CSIC W&R
- Community meetings
  VWC PWC MVMC

**Phase II**
Dec 2022 – Feb 2023

9

# Timeline and Next Steps

**2023 Community Program Process**

**Timeline to submit by June 30, 2023**

**Phases III and IV**
**Public Review Period and Plan Approval Process**

- Present plan to Mental Health Board (***March 7***)
- Post for 30-day Public Comment (***March 8 - April 8***)
- Hold Public Hearing at MHB (***April 4***)
- Revise & finalize plan
- Present Plan to Board of Supervisors (***May***)
- Submit Plan to state agencies (***June***)

**Phases III and IV**
Mar – June 2023

10

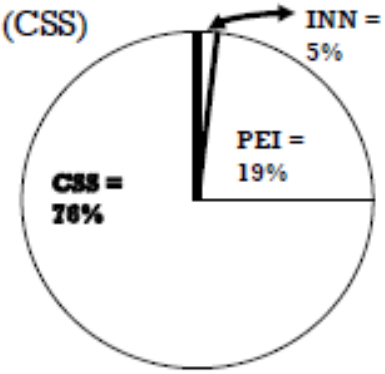
# MHSA Components

What does MHSA do?

11

# MHSA Components

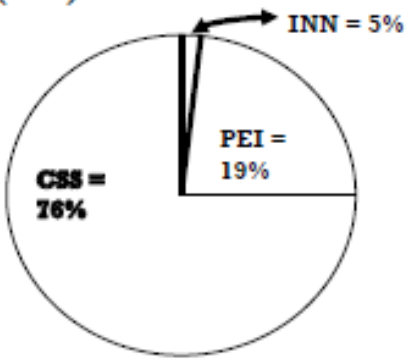
- **Community Services and Supports** (CSS)
  - Full Service Partnership Program
    - ✓ 51% of $
  - Direct services
  - Wellness Supports
  - Housing Supports
  - Homelessness efforts (O&E)




12

# MHSA Components

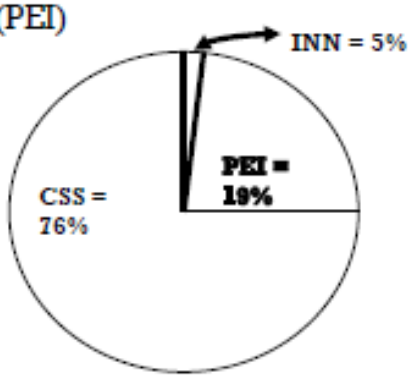
- **Community Services and Supports** (CSS)
  - *Also funds any WET efforts
    - ✓5-Year Plan 2020-2025
  - *Also funds any CFTN efforts
    - ✓ Potential Hillman site




13

# MHSA Components

- **Prevention and Early Intervention** (PEI)
  - State areas of focus
    - ✓Childhood trauma PEI
    - ✓Youth O&E – target TAY at college
    - ✓Older adults
    - ✓Early psychosis detection, suicide prevention
    - ✓Culturally aware PEI



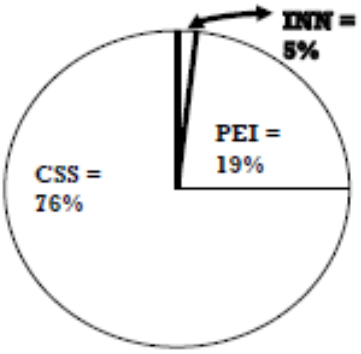

14

# MHSA Components

- **Innovation Projects** (INN)

- Continuing
  - ✓ Metabolic Syndrome Pilot Project
  - ✓ Connectedness 2 Community
  - ✓ Advancing Behavioral Health

- Newly approved
  - ✓ Statewide EHR Project

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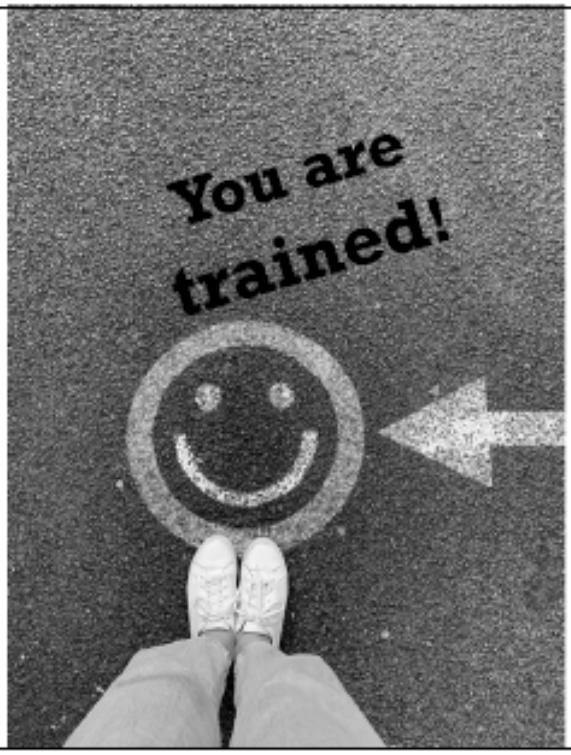


16

# Branch Priorities

- Children & Youth Services & Prevention Efforts
- Crisis Services & Infrastructure
- Criminal Justice
- Homelessness & Housing
  - CARE Court
- Workforce Development
- CalAIM Implementation

17

# Revenue

**MHSA Statewide Estimated Revenues**
**(Cash Basis-Millions of Dollars)**

| | Fiscal Year | | | |
|---|---|---|---|---|
| | 19/20 | 20/21 | 21/22 | 22/23 |
| Cash Transfers | $1,452.1 | $2,090.4 | $1,921.9 | $1,939.2 |
| Annual Adjustment | $443.6 | $523.0 | $900.0 | $450.0 |
| Interest | $10.7 | $10.7 | $10.7 | $10.7 |
| Total | $1,906.4 | $2,624.1 | $2,832.6 | $2,399.9 |

18

# Revenue

**MHSA Statewide Estimated Revenues**
(Cash Basis-Millions of Dollars)

| | Fiscal Year | | | | |
|---|---|---|---|---|---|
| | Estimated | | | | |
| | 20/21 | 21/22 | 22/23 | 23/24 | 24/25 |
| Cash Transfers | $2,574.8 | $2,725.3 | $3,140.0 | $3,146.3 | $3,155.7 |
| Annual Adjustment | $523.0 | $789.0 | $376.2 | $939.5 | $650.0 |
| Interest | $2.6 | $1.9 | $1.9 | $2.0 | $2.0 |
| Total | $3,100.4 | $3,516.2 | $3,518.1 | $4,087.8 | $3,807.7 |

19

# Revenue

**MHSA Estimated Component Funding**
(Cash Basis-Millions of Dollars)

| | Fiscal Year | | | | |
|---|---|---|---|---|---|
| | Estimated | | | | |
| | 20/21 | 21/22 | 22/23 | 23/24 | 24/25 |
| CSS | $2,198.7 | $2,422.12 | $2,439.0 | $2,850.3 | $2,648.1 |
| PEI | $549.7 | $605.53 | $609.7 | $712.6 | $662.0 |
| Innovation | $144.7 | $159.35 | $160.5 | $187.5 | $174.2 |
| Total | $2,893.1 | $3,187.0 | $3,209.2 | $3,750.4 | $3,484.3 |

20

# Your input!

- Surveys & Focus Groups
- Public Comment Period
  - Beginning March 8
  - Public Hearing April 4
  - Close of Public Comment Period April 8

21

# THANK YOU

- www.tchhsa.org
  - Mental Health
    - Mental Health Services Act

MHSA@tularecounty.ca.gov

WELLNESS • RECOVERY • RESILIENCE

22