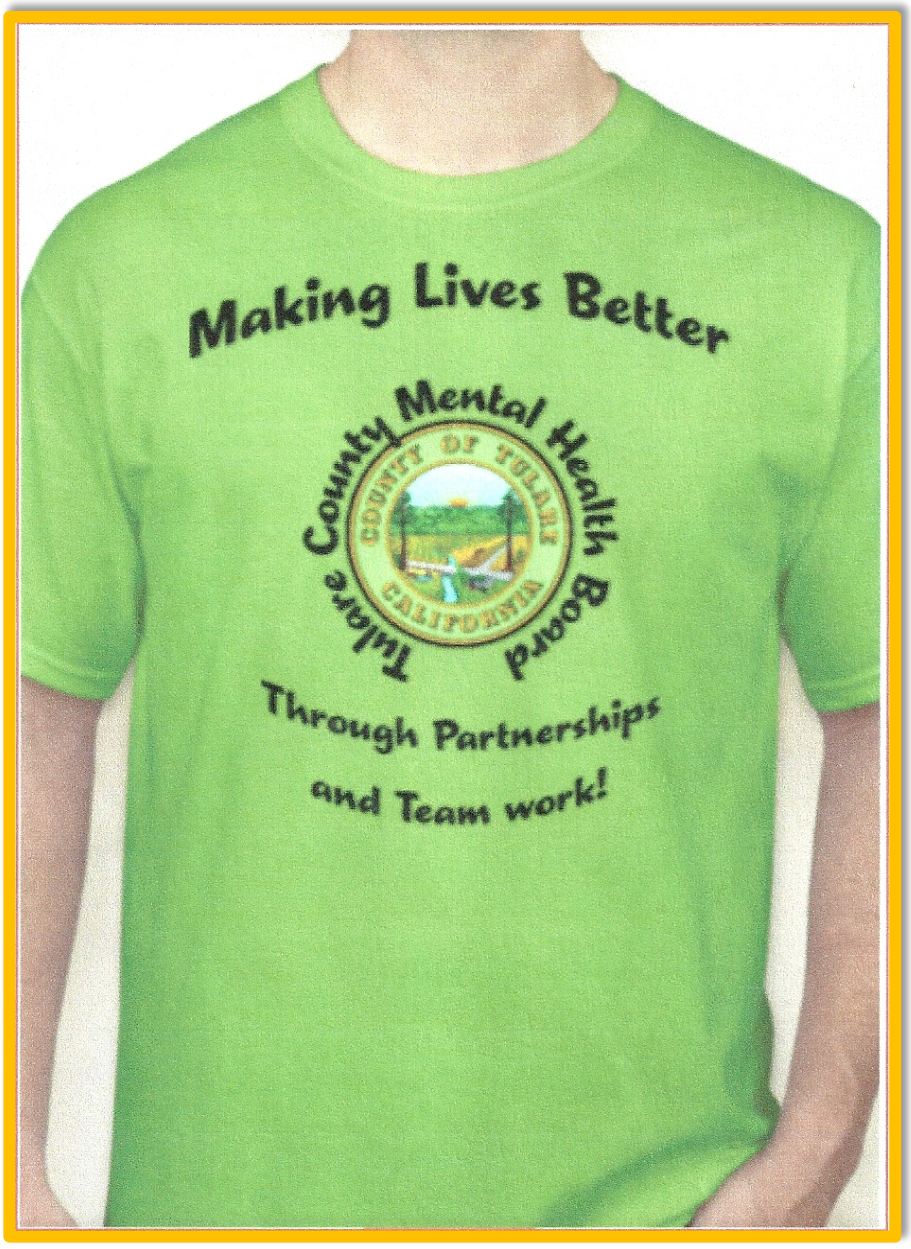
TULARE COUNTY MENTAL HEALTH BOARD

ANNUAL REPORT - 2016



WELLNESS • RECOVERY • RESILIENCE

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INTRODUCTION

Rationale

California Welfare and Institutions Code Section 5604 establish and describe "Powers and Duties of California Mental Health Boards." These include "submit an annual report to the governing body on the needs and performance of the county's mental health system." The current report is a summary of Mental Health Board activities for calendar year 2016. This summarizes collaboration with the Tulare County Mental Health Branch (TCMHB) for Fiscal Year 2015-2016 and activities to date for Fiscal Year 2016-2017 through December 2016.

Information Sources

Information for this report is obtained from minutes of the Mental Health Board Executive Committee and general Mental Health Board meetings (January through December 2016). The Tulare County Mental Health Board was supplied summaries of the Tulare County Mental Health Branch's organization, committees, budget and state reporting mandates from the Tulare County Mental Health Branch. Additional documents include recent summaries for EQRO program audit-review and the Tulare County Budget Book for Fiscal Year 2016- 2017. This past year, individual Mental Health Board members also have attended and participated on many working committees. These committees are part of the organizational structure for TCMHB administration and management. This structure allows communication and coordination across an array of contractors, services, and program objectives (e.g., Mental Health Plan). Board Member opinions and summaries are included as available for various committee reports highlighting this year's goals and accomplishments.

Acknowledgments

This collaborative effort received excellent support throughout all levels of Tulare County government.

We wish to acknowledge and appreciate the ongoing support from Board of Supervisors Chairperson Pete Vander Poel (District Two, Tulare County Board of Supervisors) who regularly attended monthly meetings for eight (8) years. He continues to advocate for mental health at many levels. We welcome our new liaison, Supervisor Amy Shuklian (District Three, Tulare County Board of Supervisors).

The Tulare County Mental Health Board would also like to thank the Tulare County Health and Human Services Agency and Mental Health Department. Dr. Cheryl Duerksen, outgoing Director, HHSA, devoted many years and professional energies into the development of programs such as Wellness and Recovery and beginning relationships with the Tule River Tribe of California and the Tule River Tribal Council. We will continue that vision. Mental Health Administration staff have been great collaborators and resources, including Dr. Timothy Durick, Mental Health Director; Dr. Lester Love, Mental Health Medical Director; Donna Ortiz, Interim Deputy Director; and Christi Lupkes, Division Manager. Their professional expertise and care has contributed to noteworthy, consistent gains in amount and quality of consumer services.

We also appreciate the professionalism and dedication of line and support staff, especially including Ms. Diane Fisher, Ms. Elodia Burlingame, and Mr. Michael Hart.

Other departments and staff from the Tulare County Health and Human Services Agency (HHSA) have been very collegial and helpful. We appreciate the numerous contract agencies and their staffs who attended, presented, and contributed to services, providing program information, data, and important reference material during this past year. Turning Point of Central California, Tulare Youth Services Bureau, and the Kings View Corporation deserve special mention.

TULARE COUNTY OVERVIEW

Tulare County encompasses 4,839 square miles in Central California. It is located in the southern region of California's San Joaquin Valley between San Francisco and Los Angeles. The location is a 2.5-hour drive from California's central coast, adjacent to Sequoia and Kings Canyon National Parks, Sequoia National Monument and Forests, and Inyo National Forest. The western half of our valley floor is extensively cultivated and very fertile. Tulare County, in fact, is the leading producer of agricultural commodities in the United States. In addition to substantial agriculture packing/shipping operations, light and medium manufacturing plants are becoming important factors in the County's total economic development. There still is widespread poverty, lower educational attainment, and many small incorporated and unincorporated areas with large minority populations. These demographics require assertive outreach, cultural sensitivity and competency, and multi-lingual services. The majority of mental health services are provided with English or Spanish as primary languages for most consumers.

Tulare County has a total population of 466,993. There is a low population density of 97 persons per square mile of land. Between the 2000 and the projected 2020 Census, the fastest growing segment of the population is “Young Retirees” (65 to 74 years old) with a projected 90% increase. The highest population by segment for each census is the “Working Age” (25-64 years old) segment, accounting for just under half of the population.

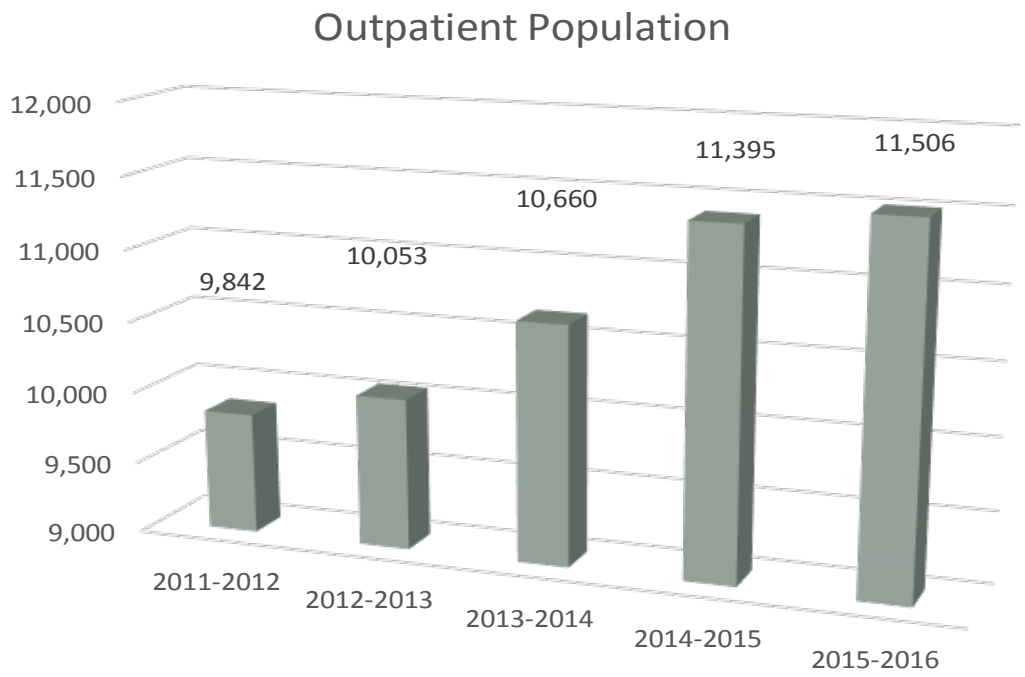
Tulare County population is 50.1% males and 49.9% females. Persons under 5 years of age account for 8.9% of the population. Children and youth under 18 years old represent 31.6% of total population; seniors (persons 65 years old or more) represent 10.4%. Accordingly, nearly half of the population represents special service groups of children, youth, and elderly. Ethnic composition of the county is 63% Hispanic, 30% Caucasian, 4% Asian, 2% African American, and 1% represented as “Other.”

The U.S. Census Bureau's most recent data indicate that 27.4% of Tulare County's population is living at or below poverty level. This is a 4.5% increase from the 2010 Census. Contrasted to actual population growth, there has been a 25% increase in the number of individuals living below poverty level in Tulare County. The California State average is 16.4%, reflecting a 2.7% increase from 2010 (1,195,299 persons in California living below poverty level in 2014). Due to the high poverty rate within Tulare County (27.4% contrasted to California’s 16.4%), over half - approximately 52% - of our residents receive some form of social support services or program aid such as CalFresh. Tulare County also has a higher unemployment rate of 11% compared to a California state unemployment rate of 6%.

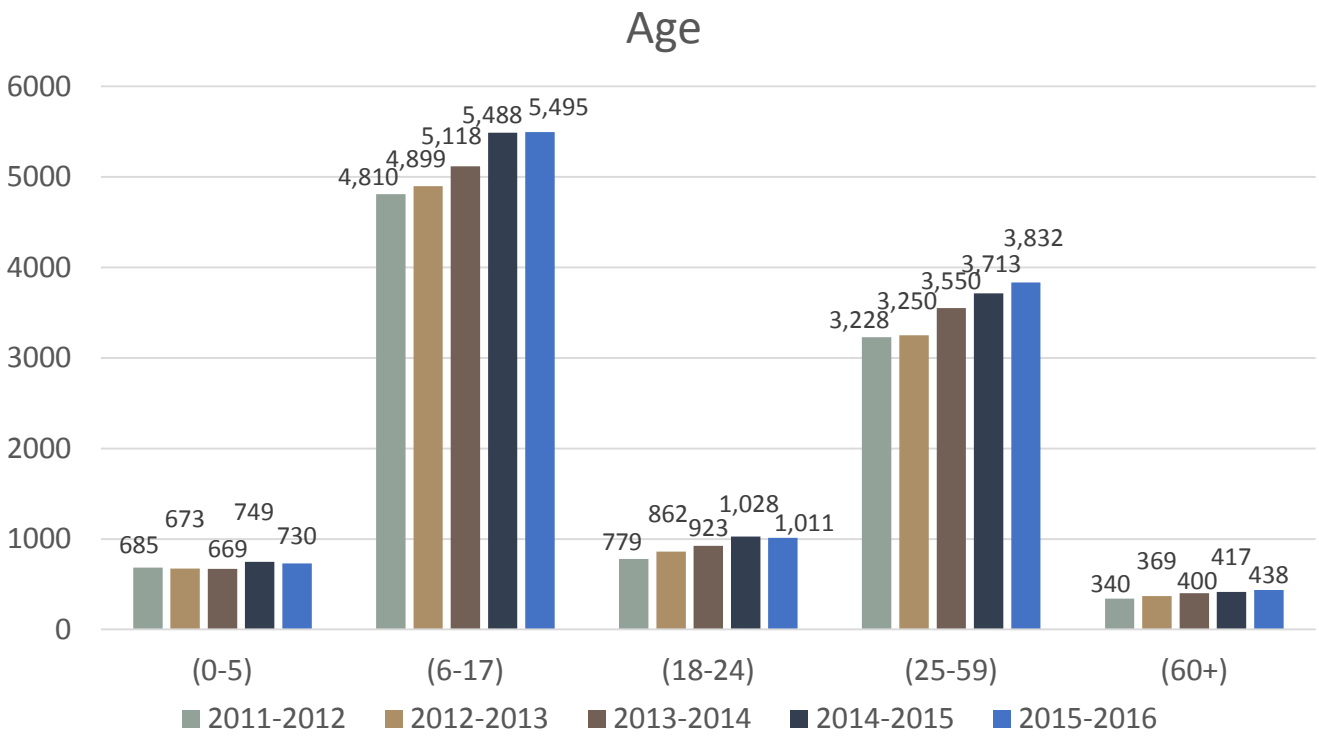
Demographic data for Tulare County Mental Health Branch consumers are summarized on the next two pages. There are increasingly more consumers each year, nearly equal numbers of men and women, mostly Hispanics and then Caucasian. Most services are for 6-17 year olds, and 25-59 year olds.

Tulare County Mental Health Plan Demographics

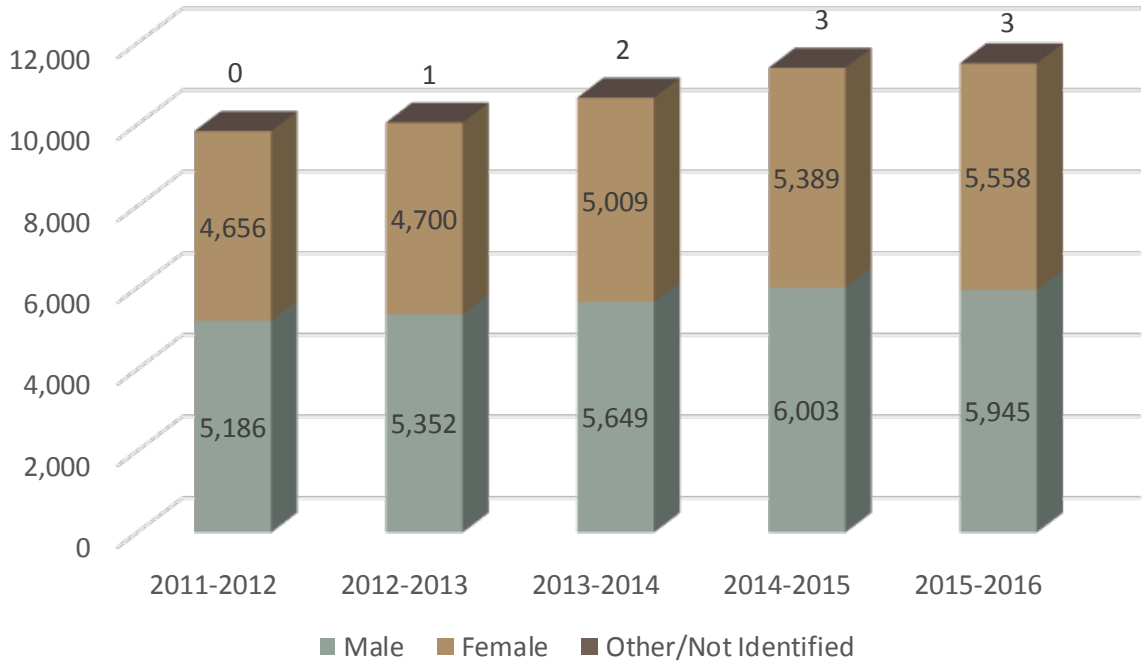
Tulare County Mental Health Plan has seen a steady increase in number of consumers served between fiscal year 2011/12 (9,842 consumers) and fiscal year 2015/16 (11,506 consumers). This is a 16% growth in comparison to the 4% growth realized in the Tulare County overall population of 442,182 in 2010 to 459,863 in 2015, per Census population estimates.



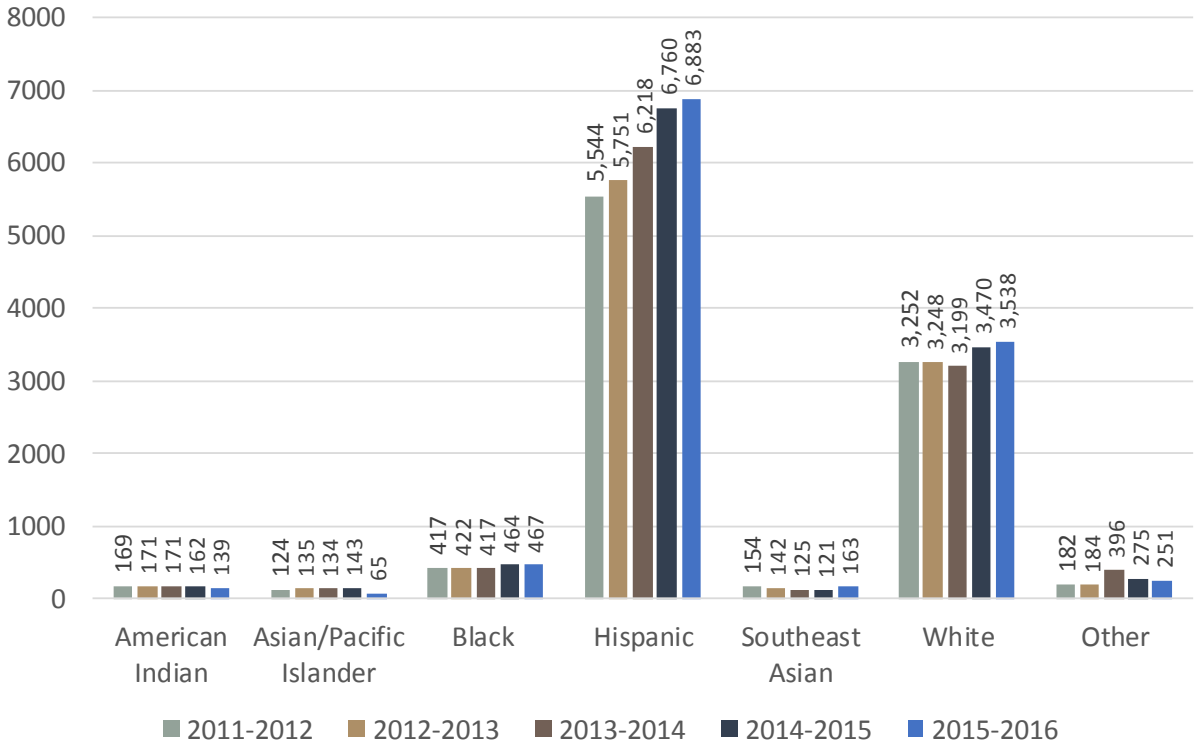
The demographics of those served are similar to that of the population of Tulare County.



Gender



Ethnicity



MENTAL HEALTH BOARD

2016 Composition:

General Membership: Erin Brooks, JD (past Chair); Irma Rangel, LCSW (past Chair), Willie J. Carrillo, Sr., Lynn Martin Del Campo, Lieutenant Cory Jones, Gail S. Jones, Felix Mata, Mary Mederos, Nathan Terry, Darlene Prettyman, RN, Ex-Officio: Supervisor Pete Vander Poel - District Two, Tulare County Board of Supervisors

Executive Committee: Ralph M. Nelson, M.D. (Chair), David D. Wood, Ph.D. (Vice Chair), Kathleen Farrell, R.N. (Secretary), George Allen, B.S. (Member-At-Large)

The spreadsheet attached below lists member categories, county area, and appointment terms for each Board member during 2016.

Seat	Seat Type	Member Name	Appointed	Current Term	Next Term
1	At-Large	Nathan Terry	12/16/2015	12/31/2018	12/31/2021
2	At-Large	Lynne Del Campo	1/29/2013	12/31/2018	12/31/2021
3	At-Large	Irma Rangel, LCSW	2/7/2006	12/31/2018	12/31/2021
4	At-Large	Cory Jones	2/23/2016	12/31/2018	12/31/2021
5	Consumer	Pending	TBD	12/31/2018	12/31/2021
6	At-Large	Erin Brooks, J.D.	9/15/2009	12/31/2016	12/31/2019
7	Consumer	Gail Jones	10/21/2014	12/31/2016	12/31/2019
8	Family Member	George T. Allen	10/21/2014	12/31/2016	12/31/2019
9	At-Large	William Carrillo	6/14/2016	12/31/2016	12/31/2019
10	At-Large	David Wood, Ph.D.	7/8/2014	12/31/2016	12/31/2019
11	Family Member	Kathleen Farrell, R.N.	7/8/2008	12/31/2017	12/31/2020
12	Family Member	Ralph Nelson, Jr., M.D.	2/7/2006	12/31/2017	12/31/2020
13	Family Member	Mary Mederos	12/18/2012	12/31/2017	12/31/2020
14	Consumer	Pending	TBD	12/31/2017	12/31/2020
15	At-Large	Felix Mata	4/19/2016	12/31/2017	12/31/2020
16	Family Member	Darlene Prettyman, R.N.	9/1/2015	12/31/2017	12/31/2020
Ex-Officio	Board of Supervisors Rep.	Pete Vander Poel	N/A	N/A	N/A

Special Board Activities

The Mental Health Board held a retreat to become better acquainted with each other, the Mental Health Services Act (MHSA), and the structure and organization of Tulare County Mental Health Branch (TCMH). The Branch provided training on California Statute including Brown Act meeting requirements, the Mental Health Services Act, and how TCMH program components are related to the MHSA. Department budgeting, task priorities and responsibilities, and service model were reviewed. Board Members then began participating more actively with various Department work groups and Committees. The Mental Health Board Bylaws were revised and, following review by County Counsel, approved by the governing Board of Supervisors at the December 20, 2016 Consent Calendar review. Mental Health Board 2017 Retreat and Board training is set for February 7, 2017 from 8:30 AM-2:30 PM.

Mental Health Board members raised funds for and participated in the Walk with NAMI Tulare County annual fundraiser (the T-shirt design is displayed on the cover of this report). Advocacy and education further included an invitation from the Tule River Indian Tribe to tour the Reservation. Along with staff from the Mental Health Branch, the tour provided the venue to explore and become more aware of the culture within the Native American community, as well as opportunities for continued partnership. We are delighted to welcome Mr. William Carrillo Senior, Treasurer-Tule River Tribal Council as a new member of the Mental Health Board.

The Mental Health Board Executive Committee joined a site visit of a Visalia commercial property targeted for possible modest remodeling to become a new, prospective Wellness and Recovery Center. In December, several Mental Health Board representatives appeared at the Tulare County Board of Supervisors meeting to summarize our unanimous recommendation for this project to be pursued. Additionally, some Mental Health Board members, via a NAMI Tulare County invitation, visited a new psychiatric residential facility under construction in South County, Ever Well Health Systems.

Mental Health Board Meeting Agendas 2016

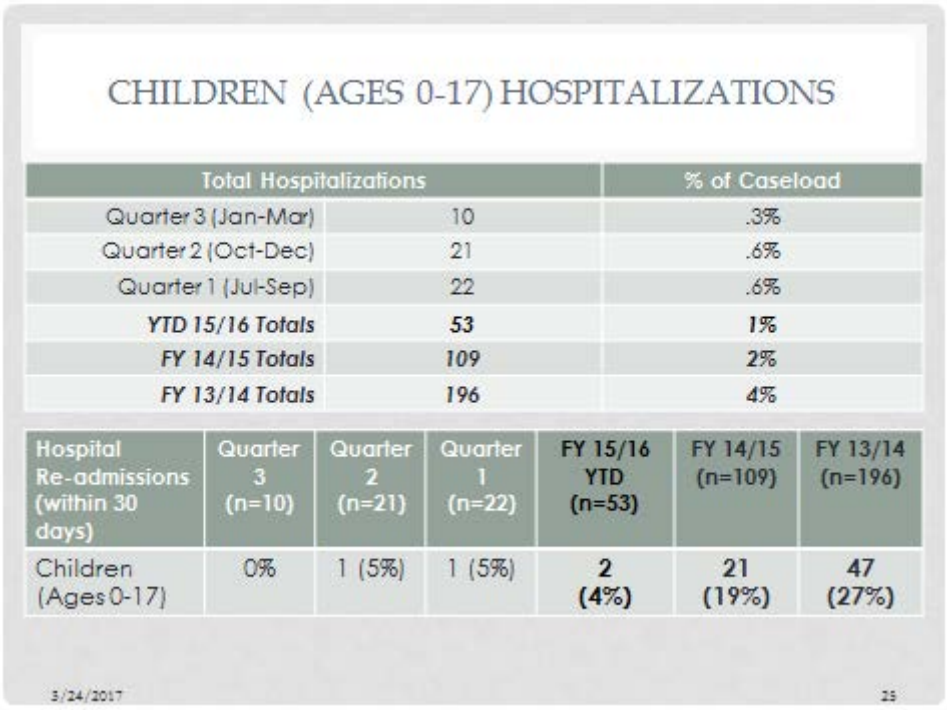
Core philosophy of the Tulare County Mental Health Plan is to implement a Wellness and Recovery Model across all levels of collaborative staff and consumer services. There are Mental Health Services Act (MHSA) requirements for System of Care program components and budgetary allocations. Monthly meetings provide Mental Health Board members with contractor and Department presentations to allow better understanding of the Wellness and Recovery Model, how that model is implemented across MHSA program requirements, and general budgetary components for the various service categories and contracts. Meeting agendas for the past year are summarized below.

MONTH (2016)	AGENDIZED ITEMS
January	Approve release of Porterville Wellness & Recovery Center Request for Proposal
	Presentation on Supported Employment and Volunteer Program
February	Consider Mental Health Board (MHB) Retreat
	Presentation on Wellness and Recovery Social Activities League
March	Consider Mental Health Board Retreat
	Presentation on MHSA Community Planning Process (CPP) Results
	Receive Hospitalization report
	Review for update the MHB By-Laws and Application
	Discuss MHB expectation for presentation content guidelines
April	Approve MHSA 3 year plan 14/15-16/17, and Updates for 15/16 & 16/17
	Presentation on Mental Health Awareness Month (MHAM) activities
	Mental Health Board Retreat, April 25th
May	Presentation on Kaweah Delta Psychiatric Residency program
	MHB Retreat Debrief
June	Public Hearing and approval of MHSA 3year plan and updates (deferred to July)
	Move Mental Health By-Laws and application to County Counsel for review
	Discussion MHB education projects
	Discussion MHB participation on MH committees
July	Public Hearing on MHSA 3 year plan and updates (deferred from June)
	Approve MHSA Plan and updates (deferred from June)
	Discuss MHB education projects
	Presentation on Tulare County Mental Health System of Care
August	Approve forwarding DHCS Agreement #16-93155 with Tulare County Mental Health Plan to the Board of Supervisors for consideration of approval
	Review Revised MHB By-Laws and Application
	Presentation on Assembly Bill 1618 “No Place Like Home”
	Discuss Walk with NAMI 2016 event
September	Finalize Revised MHB By-Laws and Application and approve to move to Board of Supervisors for consideration of approval
	Presentation on the Drug Medi-Cal ODS Waiver and AOD Coalition
	AB 1618 Ad Hoc Workgroup
October	Approve for 30 day post and public hearing MHSA Capital Facilities Project (Visalia Wellness and Recovery Center)
	Nominations for 2016 MHB Executive Committee
	Presentation on Assembly Bill 403 Continuum of Care Reform (CCR)
	AB 1618 Ad hoc Workgroup
	MHB annual report ad hoc committee
November	Public Hearing and Approval of MHSA Capital Facilities Project to Board of Supervisors for consideration of approval
	MHB Election of Officers
	Presentation on Innovation Projects – Integrated Health and My Voice Media Completion Reports
December	Approve MHSA Innovation component Integrated Health Program and My Voice Media Center Reports

Over the last three fiscal years (13/14 through 15/16), the system of care for the Tulare County MHP, as a whole, has experienced a 7% growth in total served from 10,660 in FY 13/14 to 11,506 in FY 15/16, yet has been able to reduce the number of consumers hospitalized by 15% from 1,262 hospitalized in FY 13/14 to 1,075 in FY 15/16, and reduce the number of consumers re-hospitalized by 59% from 266 re-hospitalized in FY 13/14 to 108 in FY 15/16.

Furthermore, length of stay at the hospital has reduced 30% from an average length of stay of 10.5 days in FY 13/14 to 7.4 in FY 15/16, and the total days of all hospitalizations has reduced by 55% from 12,903 days hospitalized in FY 13/14 to 8,349 in FY 15/16

These improvements, despite a continuous growth in consumers served, were not due to additional resources, rather, it was due to a reorganization of resources to ensures staff can specialize in meeting consumers where they are in the wellness and recovery (i.e. ACT Team, Children's FSP Program, etc.) and have the ability to integrate with the various entities necessary to provide more well-rounded services (such as the integrated health program, supported employment program, etc.). Staff have worked hard and diligently to serve consumers, and this is appreciated and reflected in the data above. It is also attributable to the communication commitment and data transparency shown by staff and management which results in positive consumer outcomes and a fiscally viable system of care



CHILDREN (AGES 0-17) HOSPITALIZATIONS

Total Hospitalizations		% of Caseload
Quarter 3 (Jan-Mar)	10	.3%
Quarter 2 (Oct-Dec)	21	.6%
Quarter 1 (Jul-Sep)	22	.6%
YTD 15/16 Totals	*53*	*1%*
FY 14/15 Totals	*109*	*2%*
FY 13/14 Totals	*196*	*4%*

Hospital Re-admissions (within 30 days)	Quarter 3 (n=10)	Quarter 2 (n=21)	Quarter 1 (n=22)	FY 15/16 YTD (n=53)	FY 14/15 (n=109)	FY 13/14 (n=196)
Children (Ages 0-17)	0%	1 (5%)	1 (5%)	**2 (4%)**	**21 (19%)**	**47 (27%)**

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ADULT (AGES 18+) HOSPITALIZATIONS

Total Hospitalizations		% of Caseload
Quarter 3 (Jan-Mar)	264	9%
Quarter 2 (Oct-Dec)	208	7%
Quarter 1 (Jul-Sep)	287	10%
FY 15/16 YTD Totals	***759***	***15%***
FY 14/15 Totals	***984***	***22%***
FY 13/14 Totals	***1,066***	***23%***

Hospital Re-admissions (within 30 days)	Quarter 3 (n=264)	Quarter 2 (n=208)	Quarter 1 (n=287)	*FY 15/16 YTD (n=759)*	*FY 14/15 (n=984)*	*FY 13/14 (n=1066)*
Adults (Ages 18+)	29 (11%)	22 (11%)	33 (11%)	***84 (11%)***	***132 (13%)***	***219 (21%)***

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Additionally, timeliness of services has also experienced improvement: Timeliness to first clinical appointment, for the MHP, has increased to a FY 15/16 average of 1 day with 94% of clients being seen within the goal of 0 to 3 days. Timeliness to first psychiatric appointment, for the MHP, has increased to a FY 15/16 average of 18 days with 80% of clients being seen within the goal of 0 to 30 days. Timeliness for follow-up appointment after psychiatric hospital discharge, for the MHP, has increased to a FY 15/16 average of 4 days with 90% of clients being seen within the HEIDIS standard of 0 to 7 days

CHILDREN (AGES 0-17) TIMELY ACCESS

1st request to 1st appt	Quarter 3	Quarter 2	Quarter 1	FY 15/16 YTD	FY 14/15	FY 13/14
MHP Goal: NMT 3 days	1 day	1 day	2 days	**1 day**	**2 days**	**2 days**
1st contact to 1st psychiatry appt	**Quarter 3**	**Quarter 2**	**Quarter 1**	**FY 15/16 YTD**	**FY 14/15**	**FY 13/14**
MHP Goal: NMT 30 days	22 days	21 days	20 days	**21 days**	**39 days**	**40 days**
Follow-up after Hospitalization	**Quarter 3**	**Quarter 2**	**Quarter 1**	**FY 15/16 YTD**	**FY 14/15**	**FY 13/14**
MHP Goal: NMT 7 days	1 day	3 days	2 days	**2 days**	**3 days**	**4 days**

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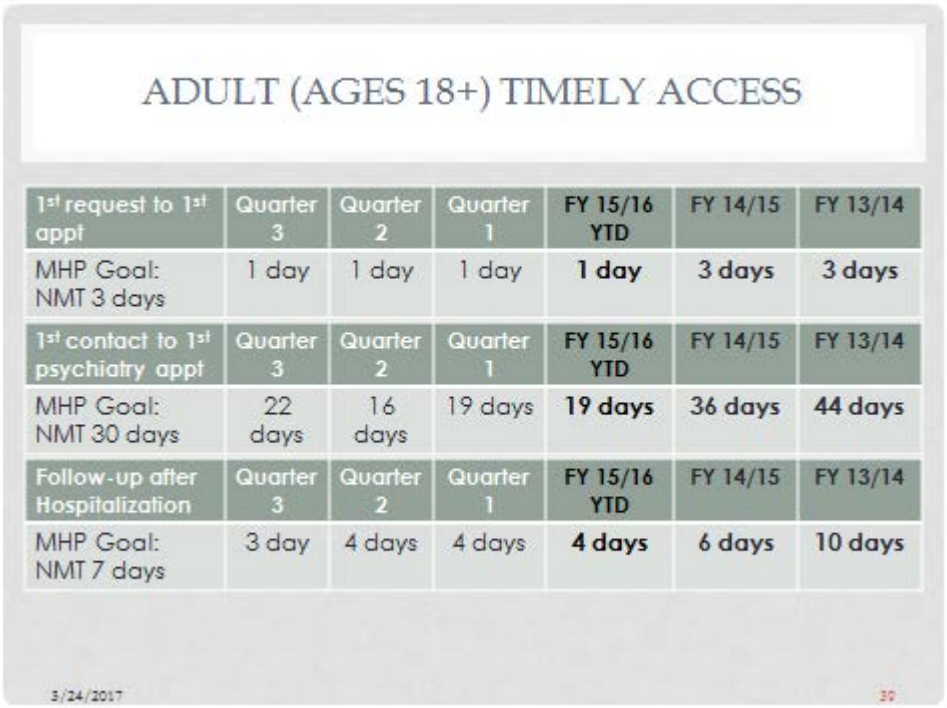

ADULT (AGES 18+) TIMELY ACCESS

1st request to 1st appt	Quarter 3	Quarter 2	Quarter 1	FY 15/16 YTD	FY 14/15	FY 13/14
MHP Goal: NMT 3 days	1 day	1 day	1 day	**1 day**	**3 days**	**3 days**
1st contact to 1st psychiatry appt	**Quarter 3**	**Quarter 2**	**Quarter 1**	**FY 15/16 YTD**	**FY 14/15**	**FY 13/14**
MHP Goal: NMT 30 days	22 days	16 days	19 days	**19 days**	**36 days**	**44 days**
Follow-up after Hospitalization	**Quarter 3**	**Quarter 2**	**Quarter 1**	**FY 15/16 YTD**	**FY 14/15**	**FY 13/14**
MHP Goal: NMT 7 days	3 day	4 days	4 days	**4 days**	**6 days**	**10 days**

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Lastly, twice a year, the County is required to send out a consumer satisfaction survey titled the Consumer Perception Survey (CPS). It consists of many questions that Tulare County has arranged into four domains: Satisfaction, Access, Cultural Competency, and Well-Being (effectiveness). The Tulare County MHP has not only continued to receive a score typically within the 4 to 5 range on a scale of 1 to 5, where 1 is least satisfied and 5 is most satisfied or in agreement; but it has also experienced a slight but steady increase since tracking the survey, specifically among the older adult population (refer to graphics on page 14 of this report):

- Aug 2013: 4.05
- May 2014: 4.14
- Nov 2014: 4.16
- May 2015: 4.16
- Nov 2015: 4.17
- May 2016: 4.16
- Nov 2016: 4.17

CONSUMER PERCEPTION SURVEY

Satisfaction	May 2016	Nov 2015	May 2015	Nov 2014	May 2014	Aug 2013
Youth (13-17)	4.13	4.13	4.10	4.08	4.10	4.09
Families (0-12)	4.30	4.30	4.34	4.30	4.37	4.28
Access	**May 2016**	**Nov 2015**	**May 2015**	**Nov 2014**	**May 2014**	**Aug 2013**
Youth (13-17)	4.16	4.18	4.16	4.13	4.12	4.13
Families (0-12)	4.42	4.37	4.40	4.39	4.47	4.36
Cultural Comp	**May 2016**	**Nov 2015**	**May 2015**	**Nov 2014**	**May 2014**	**Aug 2013**
Youth (13-17)	4.37	4.35	4.31	4.25	4.27	4.21
Families (0-12)	4.50	4.52	4.56	4.52	4.59	4.47
Well-Being	**May 2016**	**Nov 2015**	**May 2015**	**Nov 2014**	**May 2014**	**Aug 2013**
Youth (13-17)	3.89	3.91	3.83	3.90	3.97	3.95
Families (0-12)	3.95	4.00	4.03	3.97	4.02	3.98

CONSUMER PERCEPTION SURVEY

Satisfaction	May 2016	Nov 2015	May 2015	Nov 2014	May 2014	Aug 2013
Adults (18-59)	4.28	4.31	4.32	4.33	4.35	4.31
Older Adults	4.30	4.30	4.20	4.41	4.08	4.06
Access	**May 2016**	**Nov 2015**	**May 2015**	**Nov 2014**	**May 2014**	**Aug 2013**
Adults (18-59)	4.17	4.19	4.25	4.25	4.22	4.14
Older Adults	4.23	4.22	4.05	4.19	4.11	4.13
Cultural Comp	**May 2016**	**Nov 2015**	**May 2015**	**Nov 2014**	**May 2014**	**Aug 2013**
Adults (18-59)	4.23	4.25	4.31	4.28	4.29	4.28
Older Adults	4.41	4.28	4.21	4.40	4.11	3.40
Well-Being	**May 2016**	**Nov 2015**	**May 2015**	**Nov 2014**	**May 2014**	**Aug 2013**
Adults (18-59)	3.54	3.74	3.65	3.57	3.69	3.64
Older Adults	3.71	3.72	3.75	3.64	3.46	3.36

The Mental Health Board also requested consumer experiences which are summarized over the next few pages as Wellness and Recovery Champion Reports. This is a qualitative review.

WELLNESS AND RECOVERY CHAMPIONS

(Stories were not edited, because it was important to preserve the value of each writer's expression)

Personal Story #1

My story begins when I was 16 years of age. At this time I had experienced a difficult and complex understanding of what my life was to suppose have and what it did not. At this stage in my life I had identified that my mother's line of thinking as a parent was extremely flawed and as well as the people she chose to be in it. At the time there were many underlying issues that contributed to it, but at the time I had no desire to figure it out or even care. The injustices that I felt that were taking place in my home with my step-father were more than I could bear so I fled, leaving all dysfunctional problems behind me.

Trying to do it on my own with my disabled grandmother, I fell victim to the negative influences around me. I had no direction, no real support, and felt my determination fade with each decision I made resulting in a complete failure. I tried to convince myself multiple times that my situation was better, while slowly drifting into my depression. I struggled as I tried to keep my morals and values of a young African American kid intact. "I'll do it by myself; I don't need anybody and they better not ask me for nothing" is what I told myself. This misguided knowledge I learned from my past dysfunctional family. "Build my own family" I said, my friends are my family. And then she died…..The only support I had gone in one single drive home. That's when all morality was lost to depression; what ensued was drugs and bad choices.

Through my trials I found some solace in my friends. I lived with my best friend's family, and saw the impact and impression I made on him and the burden, unmentionable burden, I put on him, "If I ain't helping then why am I here." I then left and told myself I wouldn't return until I was self-sufficient. I searched for employment. An employment representative referred me to a one stop center, and once I connected with the Tulare County Mental Health One Stop Center for Transitional Age Youth (TAY), I was connected with a Tulare County Mental Health Transitional Housing Program for TAY called Crossroads.

My view on mental health services was a pessimistic one. I came from a slight religious stand point which believed it was a hindrance on my growth. Not only that, but a sign of weakness; a sign on your back that says I need help so bad I need drugs, another rock that my family can throw at me to put me down…. But I had no home, so I went with it…and into the One Stop Center and Crossroads I went.

I isolated for weeks until the persistence of Crossroad's positive atmosphere grabbed me. I became social. Staff provided me with a sense of self-worth which I had loss throughout my years. They encouraged me to apply myself to my education, reassuring me that support system I had gained would not be lost and to take a chance. I took my GED and passed… I'm not stupid, I'm not slow, I'm not behind I told myself. After that I started being more open to

change, understanding, and self-awareness. I was depressed but that's ok, it's ok to ask for help, your depression doesn't have to be forever.

My depression wasn't a hindrance but an opportunity to prove why I matter. Positivity was my middle name and I wore my heart on my sleeves. Crossroads taught me to apply myself and to pursue success. Crossroads provided a foundation of growth for me; lessons and basic knowledge that I would have to understand to live and be a productive member of society. They taught me how to let go of hate and substitute it with productivity. I learned that I can impact peoples' lives with my experience no matter how small……Selflessness.

I am proud to say that I am now employed with Crossroads for 1½ years. I contribute to Crossroads day after day providing the TAY residents with the same foundation-type services I received. I enjoy the opportunity to give back what I was given. I have a car that I make payments on, and a wife that I hold dear, and I am very thankful from where I was to what I've become, a good man. I had no direction, I appreciate what Crossroads has done for me.

Personal Story #2

I was born and raised in Tulare County, and am 31 years old. I come from a good home and I have a mental illness. My earliest memories of my illness began when I was around seven years old; I was hearing voices and seeing things that others did not. I told my mom about some of these things but she said it was just my imagination and that they would eventually go away, but they didn't, in fact over the years it got worse.

Afraid that people would think I was crazy I kept these experiences to myself. I feel like keeping it a secret for so long was one of my biggest mistakes. If only I had told someone maybe I could have gotten help sooner. Instead, I began drinking and doing drugs when I was very young. By thirteen I was no longer just experimenting, I was an addict. I was trying to make the voices and images stop not realizing the drug use would eventually make my symptoms much worse. I became extremely paranoid and believed that what I saw and heard was real. For example, I thought my parents were poisoning me, that the TV and other objects were speaking to me, and that one of the voices I heard was God. At one point I had my mom checking the yard at night for people I could hear at my window. There was never anyone ever really there, but it felt so real to me.

For many years I was lost in my illness, I struggled in school and found it hard to pay attention or even just think. I lived two separate lives. I tried being one person at home who appeared happy and worked hard to make my parents proud, yet in the other I was miserable, scared, and extremely lost not only in drugs but in life. Also the drugs were no longer quieting my illness. Constant voices and hallucinations filled my days and nights, and thoughts of suicide seemed more frequent. I couldn't live the way I was anymore, so I called my mom one early morning and told her where I was and that I needed help. With my parents' help I went to rehab and eventually got off the drugs. Now I had to learn how to deal with everything without self-medicating.
My symptoms overwhelmed me. I couldn't take it so I attempted suicide. Because of this attempt I was put in the hospital which was good because I finally opened up and told the doctors what had been going on. I was later diagnosed as schizophrenic, and placed on

medication. I now see an amazing therapist who I can talk to and who helps me get through the bad days. Although I still hear and see things I've learned how to deal with them, and I can proudly say I've been "clean" for over twelve years. Since I've gotten help I have become a much stronger and happier person. I now volunteer in my community, work, and attend meetings with others who struggle with mental illness.

If you would've told me two years ago that I'd be working, riding the bus, and making friends I wouldn't have believed you. But it's all true, and although I still struggle my life is looking better and better.

Personal Story #3

Hi. I grew up in a very large family, and have lived in Tulare County all my life. Having five sisters and four brothers was a little chaotic at time, but you always had someone to hang out with. Growing up, I would have sad days; and as I got older I had more and more of these sad days. In my family, we were told to suck it up. So I started working, got married, and started to self-medicate to deal with these sad times.

Finally, after years and years of this, my world came tumbling down. I knew something was very wrong, but I didn't know what to do. I went from being a functioning hard working person, to someone who could not get out of bed, crying all the time. I had so much anxiety. If I wasn't having an anxiety attack, I would just sit and wait for the next one. This went on for months and months. It got to the point where my husband would take me to the ER so they could give me something to literally knock me out so he could go to work. I did not want my family to think that I was crazy. I didn't want to believe that I needed "that" kind of help. So after months of this, my sister-in-law helped me walk into the Adult Clinic. I say she "helped" me because I would have never gone myself.

Walking into that clinic was the best thing I have ever done for myself. I have had two wonderful therapists. They have helped me through my journey of wellness and recovery. They have given me the tools to help myself. A big part of my wellness I owe to someone who never gave up on me, even when I never spoke. He knew deep down that I had a voice. None of this was easy for me. I worked very hard on my wellness. I started attending groups and meetings. I also began to volunteer. Today I am proud to say that I am employed as a Peer Support Specialist. Through the help of Tulare County Mental Health, I attended college online and soon will be taking a test to be State certified as a Psychiatric Rehabilitation Practitioner. Thank you.

TULARE COUNTY MENTAL HEALTH BRANCH

2016 Independent Evaluation:

While the preceding Wellness & Recovery Champion stories are qualitative reviews by consumers, Tulare County Mental Health Plan (MHP) also sustains external, quantitative review via an annual site visit. This "External Quality Review (EQR)" is conducted by an independent contracted entity, Behavioral Health Concepts (BHC), via the State Department of Health Care Services. This year's site visit occurred September 21 and 22, 2016. The outcome report received from this site visit was very positive, and is best highlighted through BHC's quote found on page 5 of the report:

> *There is a noticeably robust quality improvement effort across all systems of care, well documented with timeliness and measurable objectives and goals. This facilitates collaboration with all stakeholders and transparency across organizations, including contractors. Transparency, communication and collaboration are noteworthy both within the MHP and between the MHP and various community organizations.*

Some of the Tulare County Mental Health Plan highlighted accomplishments by BHC during the EQR include:

1) Twenty-three (23) percent increase in Medi-Cal recipients of services, from 8,463 (CY2014) to 10,439 (CY2015)
2) Telepsychiatry services for 1,151 consumers across seven (7) sites past year
3) Initiation of "Medical Officer of the Day" services at the Visalia Adult Integrated Clinic effective 9/1/16
4) Good data collection and program monitoring accountability, including an all-staff survey at each provider site serving transitional age youth and adults related to the continued progress of the incorporation of the Wellness and Recovery model, noting greatest gains in:
    a. Consumer inclusion/participation in treatment services
    b. Treatment focus on quality of life issues
    c. Interdisciplinary, collaborative efforts to assist community integration

Tulare County Mental Health Plan

The Tulare County Mental Health Plan (MHP) is summarized in a "Wellness and Recovery Guide to Mental Health Services" published by the Tulare County HHSA. Services are for Tulare County residents experiencing symptoms of mental illness. County-operated clinics in Porterville and Visalia are supplemented by an almost-completed Wellness and Recovery Center in Porterville and another targeted for Visalia. The current range of services include a 24/7 Psychiatric Emergency Team (PET), mental health services for those incarcerated in county jail facilities, and adult and youth mental health services for the treatment of mental disorders in children, adolescents, adults, and seniors. The array of services includes mental health

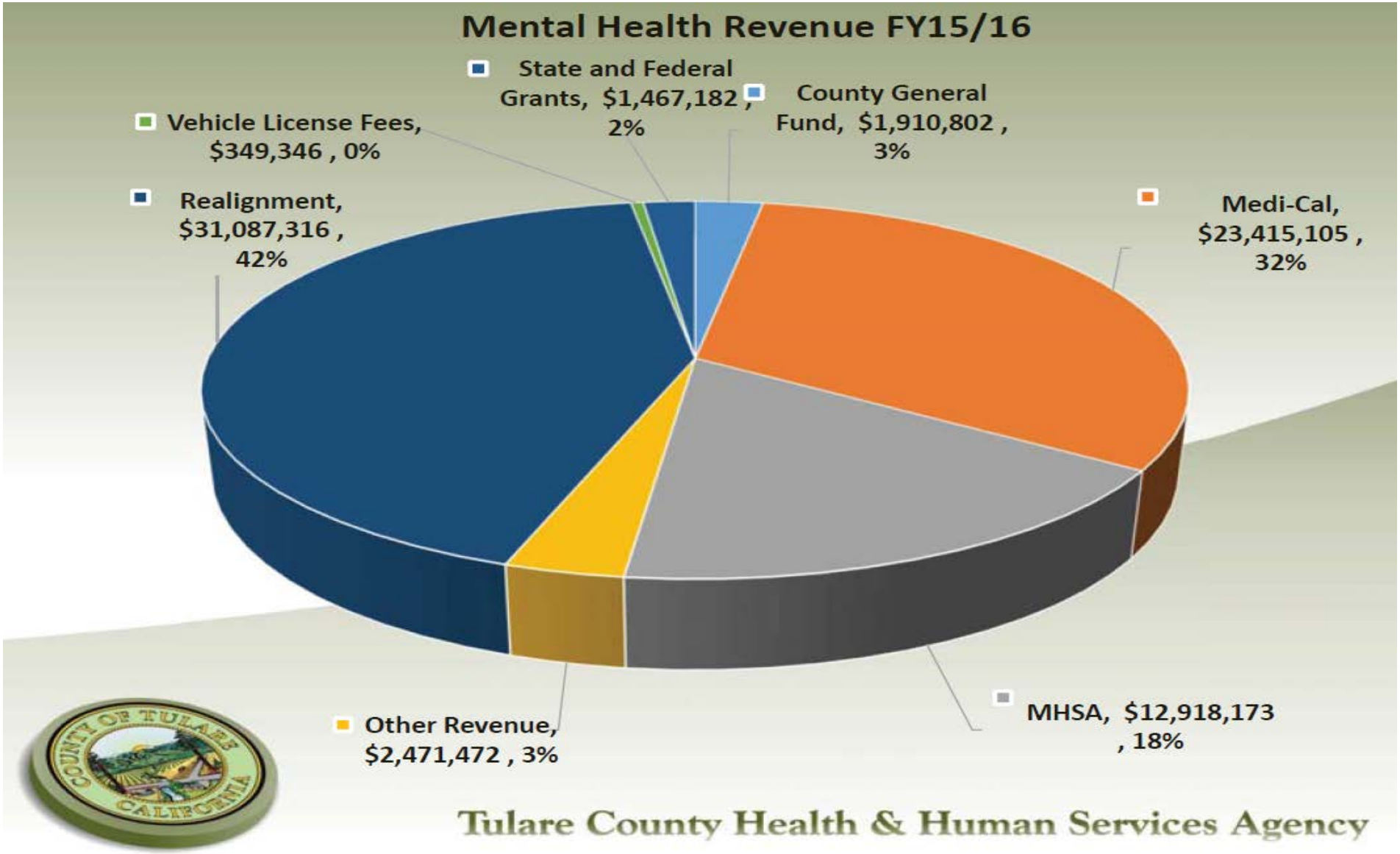
assessments, individual and group therapy, psychiatric and related medication services, crisis intervention, case management for access to medical social, educational and community services, and therapeutic behavioral services for those age 21 years old or younger. This brochure provides listings for program locations, their names, phone numbers, and type of service, including two (2) "mobile mental health units" which travel directly to more rural and underserved areas.

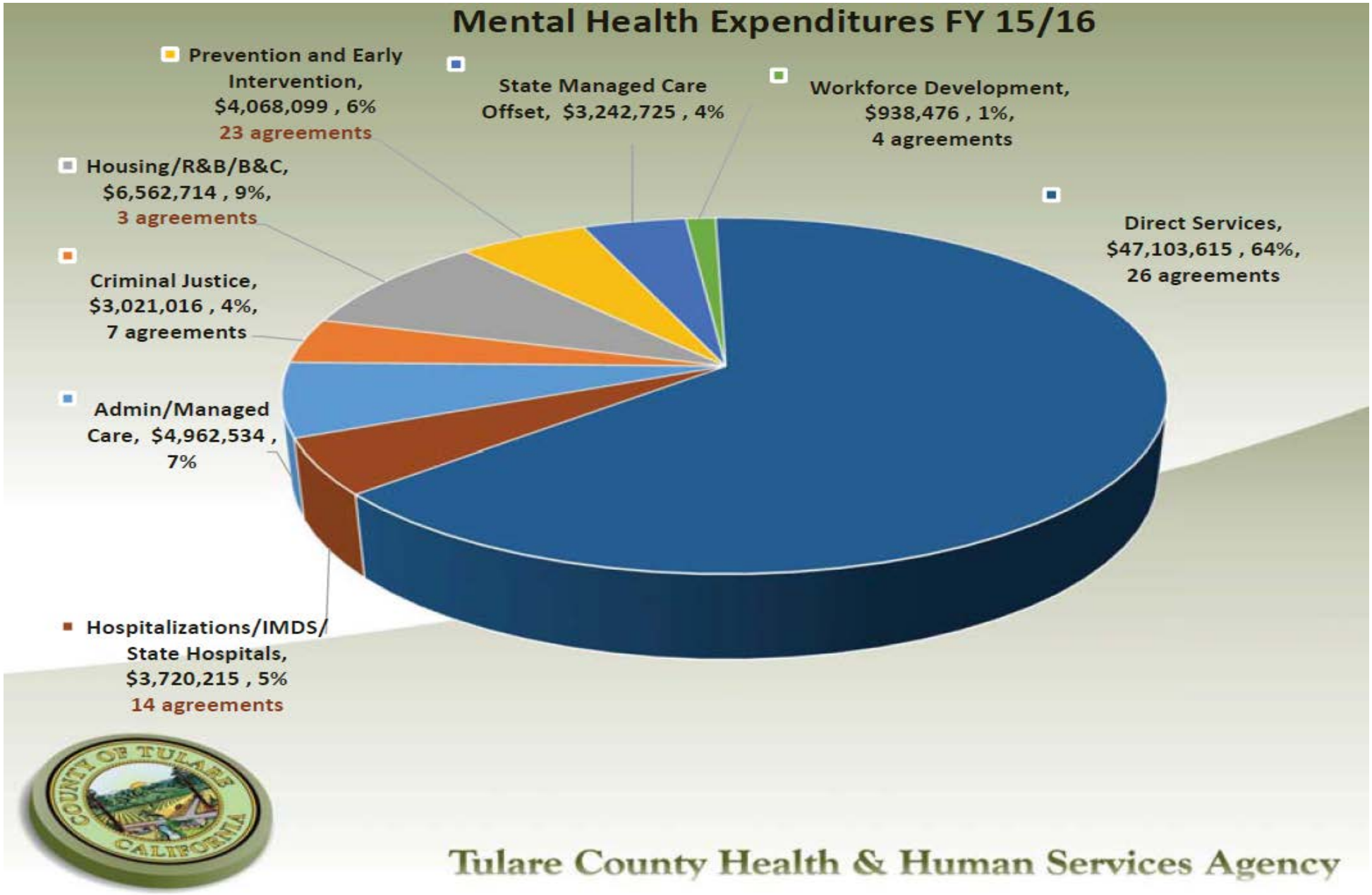
PROGRAM	SERVICES	LOCATION	OPERATION
Alcohol and Other Drug Prevention, Treatment, & Recovery (AOD)	Substance Use and Co-occurring Disorder Placement Services	942 South Santa Fe Avenue, Visalia, CA 93292	Delivers assessment, evidence based treatment, prevention and placement services aimed at improving lives
Adult Services			
Visalia Adult Integrated Clinic (VAIC)	Adult Mental Health	520 East Tulare Avenue, Visalia, CA 93292	Monday-Friday 8 a.m. to 6 p.m.
Porterville Adult Clinic (PAC)	Adult Mental Health	1055 West Henderson Avenue, Porterville, CA 93368	Monday-Friday 8 a.m. to 6 p.m.
North Tulare County, Mobile Unit	Mental Health, All Ages	201 North Court Street, Visalia, CA 93291	Monday-Friday 9 a.m. to 5 p.m.
South Tulare County, Mobile Unit	Mental Health, All Ages	201 North K Street, Tulare, CA 93274	Monday-Friday 8 a.m. to 5 p.m. Saturday (MD only) 8 a.m. to 4 p.m.
Transitional Age Youth (TAY) Services			
North Tulare County, One Stop	Transitional-Age Youth Mental Health	201 North Court Street, Visalia, CA 93291	Monday-Friday 9 a.m. to 5 p.m.
Central Tulare County, One Stop	Transitional-Age Youth Mental Health	113 South M Street, Tulare, CA 93274	Monday, Wednesday, Friday 8 a.m. to 5 p.m.
South Tulare County, One Stop	Transitional-Age Youth Mental Health	409 North Main Street, Porterville, CA 93257	Monday-Friday 7 a.m. to 6 p.m.
Child/Youth Services			
Dinuba Youth Services (DYS)	Children's Mental Health	144 South L Street, Dinuba, CA 93615	Monday-Friday 8 a.m. to 5 p.m.
Porterville Youth Services (PYS)	Children's Mental Health	1055 West Henderson Avenue, Porterville, CA 93257	Monday, Wednesday, Friday 8 a.m. to 6 p.m.
Sequoia Youth Services (SYS)	Children's Mental Health	514 North Kaweah Avenue, Exeter, CA	Monday-Friday 8 a.m. to 5 p.m.

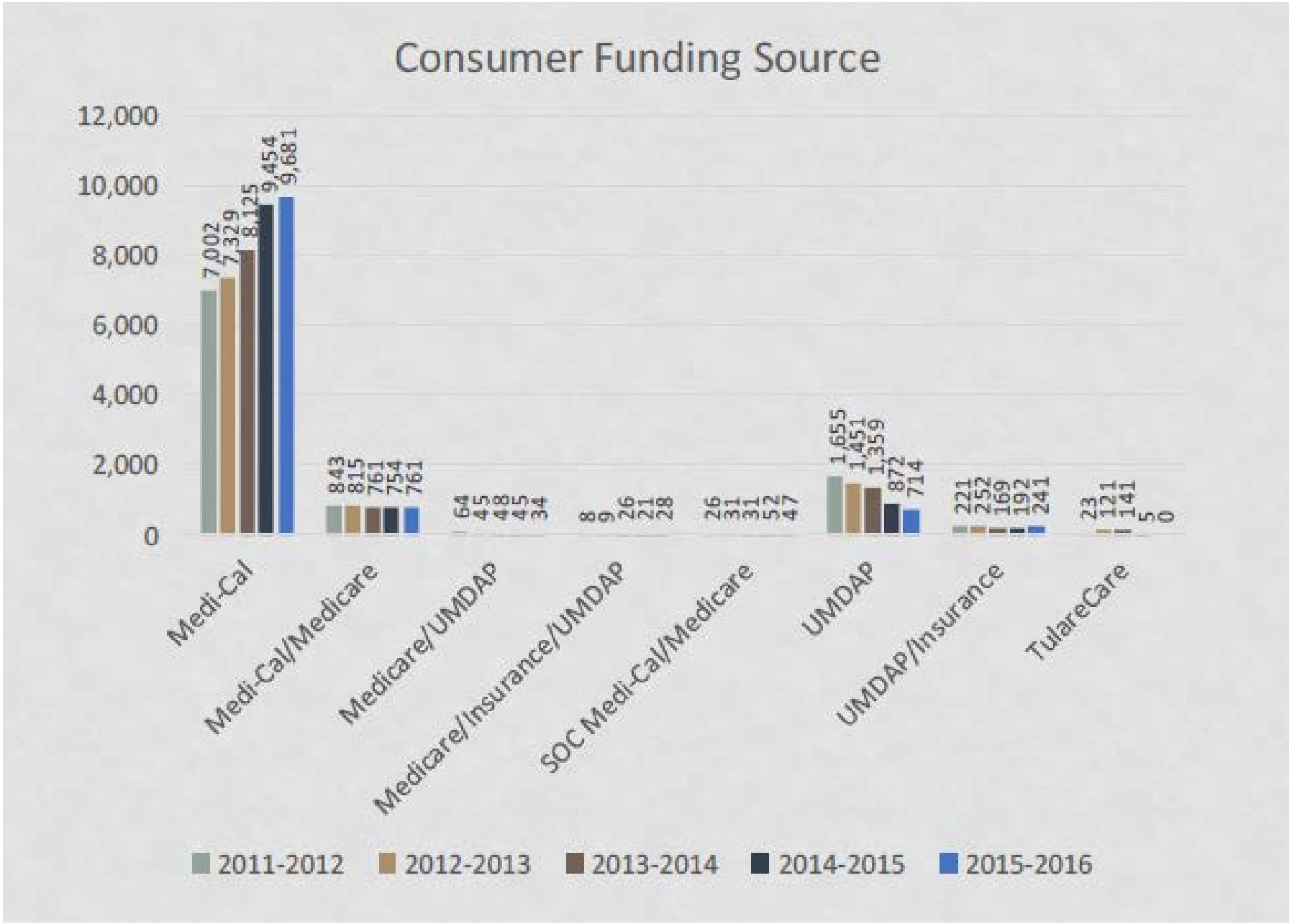
PROGRAM	SERVICES	LOCATION	OPERATION
		93221	
Tulare Youth Services Bureau (TYSB)	Children's Mental Health	327 South K Street, Tulare, CA 93274	Monday-Friday 8 a.m. to 5 p.m.
Visalia Youth Services (VYS)	Children's Mental Health	711 North Court Street, Visalia, CA 93291	Monday-Friday 8 a.m. to 5 p.m.
Residential Programs			
Transitional Living Center (TLC)	Transitional Supportive Housing	Adult (18+) Augmented Board & Care	36 *(expanding to 50)* beds
Community Living Center (CLC)	Transitional Supportive Housing	Adult (18+) Supported Independent/ Transitional	18 beds
Crossroads	Transitional Supportive Housing	Transitional Age Youth (18-24) Supported Transitional Living	Porterville – 10 beds Visalia – 10 beds
East Tulare Avenue Cottages (ETAC)	Permanent Supportive Housing	Adult (18+) Permanent Supportive Housing	11 shared apartments (22 beds)
Porterville Lotus Project *(in development)*	Permanent Supportive Housing	Adult (18+) Permanent Supportive Housing	Estimated 8 shared apartments (16 beds)
Tulare Inyo Project *(in development)*	Permanent Supportive Housing	Adult (18+) Permanent Supportive Housing	Estimated 10 shared apartments (20 beds)
Casa de Robles	Permanent Supportive Housing	Transitional Age Youth (18-24) Permanent Supportive Housing	6 beds
Wellness Centers			
Porterville Wellness & Recovery Center *(under implementation)*	Wellness Center	333 West Henderson Avenue, Porterville, CA 93257	*TBD*
Visalia Wellness & Recovery Center *(in development)*	Wellness Center	1223 S. Lovers Lane Visalia, CA 93292	*TBD*

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

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

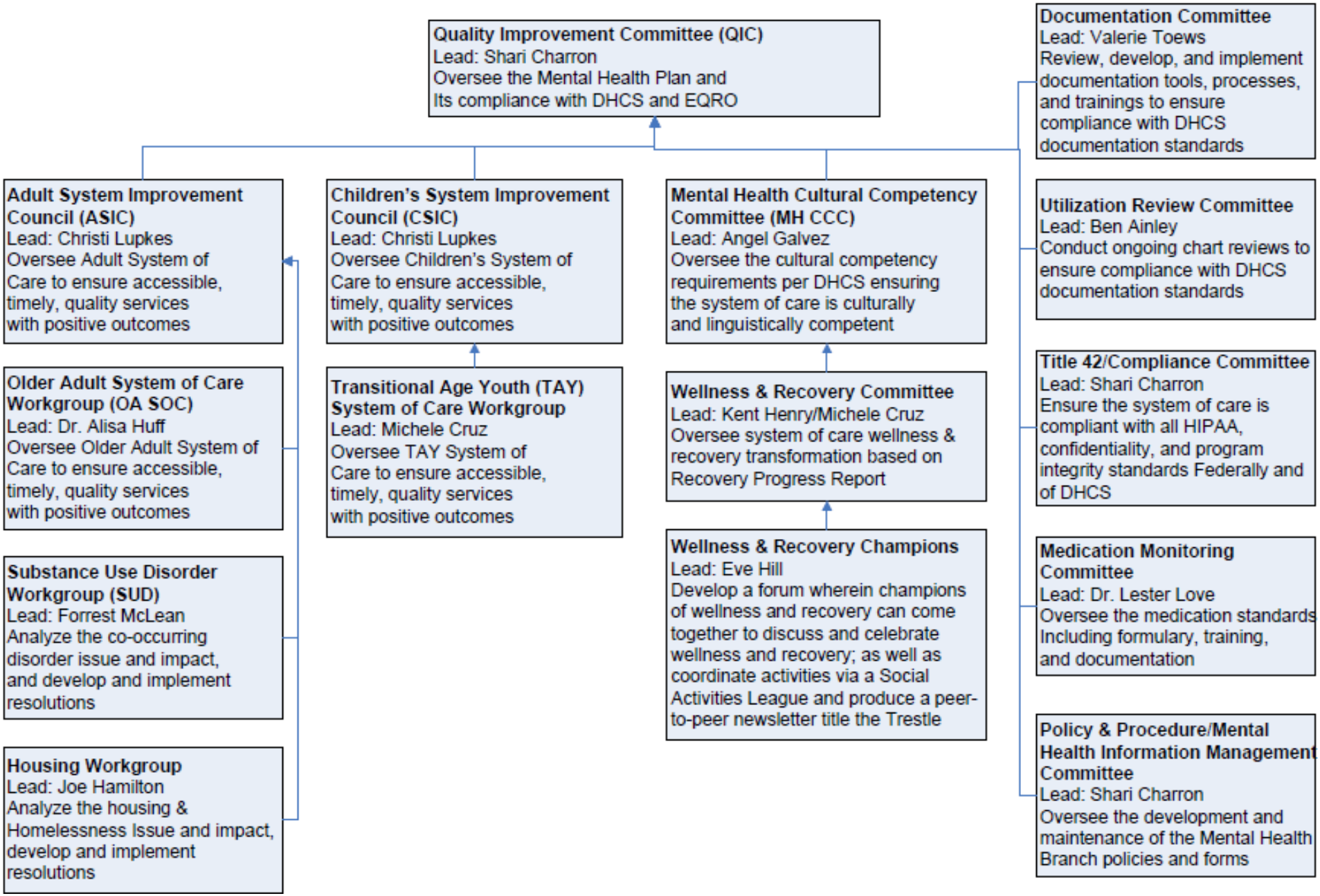



Mental Health Expenditures FY 15/16
Prevention and Early Intervention, $4,068,099 , 6% 23 agreements
State Managed Care Offset, $3,242,725 , 4%
Workforce Development, $938,476 , 1%, 4 agreements
Housing/R&B/B&C, $6,562,714 , 9%, 3 agreements
Direct Services, $47,103,615 , 64%, 26 agreements
Criminal Justice, $3,021,016 , 4%, 7 agreements
Admin/Managed Care, $4,962,534 , 7%
Hospitalizations/IMDS/ State Hospitals, $3,720,215 , 5% 14 agreements
Tulare County Health & Human Services Agency


Consumer Funding Source
12,000
10,000
8,000
6,000
4,000
2,000
0
7,002
7,329
8,125
9,454
9,681
843
815
761
754
761
64
45
48
45
34
8
9
26
21
28
26
31
31
52
47
1,655
1,451
1,359
872
714
221
252
169
192
241
23
121
141
5
0
Medi-Cal
Medi-Cal/Medicare
Medicare/UMDAP
Medicare/Insurance/UMDAP
SOC Medi-Cal/Medicare
UMDAP
UMDAP/Insurance
TulareCare
2011-2012
2012-2013
2013-2014
2014-2015
2015-2016

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

The organizational structure of the Tulare County Mental Health Branch is presented below. The hierarchical chart will also serve to provide the outline for associated annual committee reports and Mental Health Board representative comments.



Committee/Workgroup Name:	**Quality Improvement Committee (QIC)**
Facilitator:	Shari Charron, Quality Improvement Unit Manger
Time Period Reporting:	January 2016 – November 2016
Committee/Workgroup Purpose/Goal:	To oversee the Mental Health Plan (MHP) and its compliance with the Department of Healthcare Services (DHCS) and the External Quality Review Organization (EQRO).

Objectives developed and worked on during this time period

1. Development of EQRO Recommendation Workgroups from 2015 review.
2. Consumer Perception Surveys (CPS)
3. External Quality Review Organization (EQRO)

Accomplishments for this time period

Objectives Completed	Date Completed	Result
1.	September 2016	Four workgroups, each addressing a separate EQRO recommendation identified had an identified lead for the workgroup. Monthly updates from March to August were provided to the QI Unit for review from the lead. In August each recommendation workgroup provided progress reports and overall outcome summary of work completed to address recommendation. This was presented to EQRO on September 21st.
2.	May and November 2016	The first CSP survey period took place May 16-20. A total of 930 surveys were completed. During this survey period the QI Unit added the response rate to the survey results report. This allows the MHP to gather an overall response rate and a response rate by provider. It was found that the response rates had room for improvement and would be one of the focuses for the November 2016 survey period. The second survey period took place November 14-18. Results are pending.
3.	September 2016	Behavioral Health Concepts (BHC) conducted EQRO on September 21st and 22nd. The final report of their findings is currently pending DHCS review.

Committee Name:	**Adult System Improvement Council (ASIC)**
Facilitator:	Christi Lupkes, Division Manager, Managed Care
Time Period Reporting:	January 2016-November 2016
Committee Purpose/Goal:	Oversee Adult System of Care to ensure accessible, timely, quality services with positive outcomes.

Objectives developed and worked on during this time period

1. Create an Adult System of Care Dashboard for which to use as the ongoing monitoring and reporting tool for ASIC
2. Identify and discuss issues within the adult system of care
3. Prioritize and propose solutions for each

Accomplishments for this time period

Objectives Completed	Date Completed	Result
1.	June 2016	A draft dashboard was completed and distributed to ASIC members for review and feedback. Finalization of the dashboard is ongoing.
2.	Ongoing	Various presentations were hosted to discuss topics and resources related to the adult system of care: Feb 2016 – Substance Use Disorders, by Dr. Feliberti, KDHCD Resident June 2016 – PATH Homelessness Program, by Dee Fiscus, KingsView August 2016 – TulareWORKS Program Overview, by TulareWORKS which included CalWORKS, Foster Care, CalFresh, Medi-Cal, Covered CA, and General Assistance (GA)
3.	Ongoing	Co-occurring disorder and housing were issues identified by ASIC in 2015 for which a Substance Use Disorder Workgroup and Housing Workgroup were started as subcommittees of ASIC. These two workgroups are standing agenda items at ASIC and their minutes get attached to each ASIC agenda to show progress towards analysis of the issues and solutions. These two issues remained the key issues to be addressed during 2016 as well. Additionally, ASIC members felt that due to the unique needs of the older adult population, a subcommittee to specifically address this age group should be formed. Therefore, an Older Adult System of Care (OA SOC) be formed as a subcommittee of ASIC. As such, this is also a standing agenda item with ASIC and the minutes get attached to the ASIC agenda each month.

MHB Committee Participant(s) Comments:

"The ASIC group is a core working group committee for the Mental Health Branch. It offers good inclusion of other Health and Human Services branches including Child Welfare, Juvenile Probation, and Tulare County Department of Education as well as Superior Court of CA, County of Tulare. One to two Mental Health Board (MHB) members attend regularly and their active participation has been welcomed. The Housing Workgroup subcommittee meets immediately after, so the same MHB members have been able to participate in those meeting." MHB member Darlene Prettyman summarized "The committee has completed a dashboard and presented to the members. It is an ongoing list. Various committees give presentations and are very informative – they raise the opportunity for questions and answers within the group. MHB makes a report by either Dr. David Wood or me. Sometimes we both have something to say about concerns or workings of the MHB. At times, I feel there should be more time spent in brainstorming possible solutions to some of the problems presented. The two workgroups (i.e., Substance Use Disorders and Housing Workgroups) were formed through this parent committee and both seem to be functioning very well."

Committee/Workgroup Name:	**Older Adult System of Care (OA SOC) Sub-Committee of ASIC**
Facilitator:	Alisa Huff, Psy.D.
Time Period Reporting:	January 2016 – November 2016
Committee/Workgroup Purpose/Goal:	To develop, promote, and support a system of care that can meet the unique needs of the older adult population.

Objectives developed and worked on during this time period

1) Create a committee of 8 to 10 diverse service providers, family members, and consumers who are key players to the older adult population.

2) Identify 1 or 2 unique needs of the older adult population in Tulare County.

3) Propose solutions to the 1 or 2 identified unique needs.

Accomplishments for this time period

Objectives Completed	Date Completed	Result
1	October 2016	The sub-committee has 15 diverse service providers, family members, and consumers.
2	November 2016	Two primary needs have been identified, transportation and volunteers. Visalia Transit has presented what they offer and indicated how we can make changes. The committee reviewed the history of KT/AAA volunteers as well as ideas offered by outside sources.

MHB Sub-Committee Participant(s) Comments:

"This is an active committee with good interdisciplinary and interagency participation. Two MHB members attend these meetings as welcomed participants. There is enhanced communication and cooperation with representation from the Kings/Tulare Area Agency on Aging (K/T AAA) Advisory Council (David Wood, Ph.D., Vice-Chair MHB and Chair, K/T AAA Advisory Council). There is an unofficial additional goal to include representation from the Elder Council, Tule River Tribe in 2017." Darlene Prettyman, RN, attending for the MHB, describes her participation on OA SOC as, "I have only attended two meetings of this group, but find their activities under-recognized. They are serving a unique population that requires unique abilities in order to serve properly. I Suggest they (interdisciplinary staff, agency representatives) be allowed to use unmarked cars. Constituents are suspicious of Government personnel. Suggest the use of Peer Specialists who are older adults to work with the population. I have written a letter requesting donation for the Socks for Elderly program this committee is working on for Christmas."

Committee/Workgroup Name:	**Housing Workgroup of ASIC**
Facilitator:	Joseph Hamilton, LMFT-Clinic Manager
Time Period Reporting:	November 2014 to November 2016
Committee/Workgroup Purpose/Goal:	Building and strengthening partnerships through meetings and training with community Room & Board and Board & Care owners and operators working with our consumers, and encourage expansion of safe and affordable housing options for individuals with mental illness

Objectives developed and worked on during this time period

1. Implement Room and Board provider luncheon to build working relationship with providers
2. Provide training and educational opportunities related to serving Mental Health consumers
3. Improve system concerns to improve relationships with providers
4. Increase number of homes available to consumers

Accomplishments for this time period

Objectives Completed	Date Completed	Result
Objective 1	Through November 2016-Ongoing	Unduplicated Participation of 12 Room and Board providers and 2 Board and Care Providers.
Objective 2	Through November 2016-Ongoing	Completed 13 trainings related to better serving Mental Health consumers.
Objective 3	April 16, 2015 August 20, 2015 March 28, 2016 and April 1, 2016	Established single point of contact for provider information, concerns or complaints. Streamlined Billing Process Housing sub –committee toured 6 Room and Board homes to assess needs concerns, consumer care and emphasize support to providers.
Objective 4	Through November 2016-Ongoing	Two new homes were opened and two additional are in process

MHB Sub-Committee Participant(s) Comments:

Darlene Prettyman RN states "I was very impressed with the Housing Committee and feel much was accomplished, to wit: #1 The luncheons proved to be successful, but attendance has dwindled. Think we should bring in more speakers – and start reaching out to Board and Care Operators. #2 Jaime Sharma developed a template to be used by the operators which has improved the turnaround time for their payments from the County. This was very much appreciated by the Operators. #3 Turning Point, at the suggestion of the members, developed a poster to be placed in clear view at the facilities that showed the responsibilities of the tenants and the R/B operator. #4 Members of our committee performed site visits on several of the units. We talked with the tenants and found they were requesting educational classes relative to living in a room and board. #5 We followed this up

with Mental Health First Aid training for the operators. It is my hope we will be able to work directly with the tenants on such things as meal preparation, hygiene, computer use, etc. #6 The committee is discussing developing a "grading" system to encourage the operators to want to be on the top of the list. #7 Hopefully, we will be able to expand membership in 2017 to include persons like real estate brokers, housing specialists and persons who could help with financial considerations so we could actually help in providing some more housing for our constituents."

Committee/Workgroup Name:	**Substance Use Disorder (SUD) Workgroup of ASIC**
Facilitator:	Forrest Mc Lean, EJD and Omar De Leon – HHSA AOD
Time Period Reporting:	FY 2015-16
Committee/Workgroup Purpose/Goal:	To discuss strategies and implementation plans on ways to mitigate the harm caused to programs by consumers suffering from active substance use disorders.

Objectives developed and worked on during this time period

Reducing Hospitalizations
Program Disruption
Time and Resource Expenditure

Consumer Instability and Decompensation
Reducing Recidivism
Program Absenteeism

- Missed Med Appointments
- Missed Treatment Sessions
- Inability to Grasp Wellness and Recovery Concepts / Tools

Non Compliance with Medication Regiment
Increased negative Stigma
Staff Burnout

Increased Crisis Events
Reducing /Addressing Consumer Morbidity

Accomplishments for this time period

Objectives Completed	Date Completed	Result
The group completed the first stage of identifying the top issues needing to be addressed by the committee.	November 2016	The top issues mentioned above have been compiled and recorded.

Committee Name:	**Children's System Improvement Council (CSIC)**
Facilitator:	Christi Lupkes, Division Manager, Managed Care
Time Period Reporting:	January 2016-November 2016
Committee Purpose/Goal:	Oversee Children's System of Care to ensure accessible, timely, quality services with positive outcomes.

Objectives developed and worked on during this time period

1. Create a Children's System of Care Dashboard for which to use as the ongoing monitoring and reporting tool for CSIC
2. Identify and discuss issues within the adult system of care
3. Prioritize and propose solutions for each

Accomplishments for this time period

Objectives Completed	Date Completed	Result
1.	February 2016	A draft dashboard was completed and distributed to CSIC members for review and feedback. Finalization of the dashboard is ongoing.
2.	Ongoing	Various presentations were hosted to discuss topics and resources related to the adult system of care: Jan 2016 – Cutler-Orosi Family Resource Center Feb 2016 – Lindsay Family Resource Center March 2016 – Perinatal Outreach Team April 2016 – Mental Health Awareness Month Children's Art Fairs at the Family Resource Centers June 2016 – Continuum of Care Reform (CCR) legislation impact July 2016 – JV220 Changes (Foster Youth Medication) Aug 2016 – TulareWORKS Program Overview Sept 2016 – Children's Full Service Partnership Program Oct 2016 – Commercially Sexually Exploited Children (CSEC)
3.	Ongoing	The impact of the new legislation, Continuum of Care Reform (CCR), was a topic of most importance to CSIC; however, there is already a robust CCR workgroup system taking place with CWS and Mental Health. Therefore, CSIC simply placed CCR as a standing agenda item for which the CSIC members who are also CCR workgroup members, Ms. Bolin and Ms. Ellis, can keep the members up to date as to progress and impact. Additionally, CSIC members felt that due to the unique needs of the transitional age youth (TAY) population, a subcommittee to specifically address this age group should be formed. Therefore, a TAY System of Care Committee was formed as a subcommittee of CSIC. As such, this is also a standing agenda item with CSIC and the minutes get attached to the CSIC agenda each month.

Committee/Workgroup Name:	**Transition Age Youth System of Care (TAY SOC) Sub-committee of CSIC**
Facilitator:	Michele Cruz, MHSA Manager
Time Period Reporting:	February 2016 – October 2016
Committee/Workgroup Purpose/Goal:	To develop, promote and support a system of care that meets the unique needs of the Transitional Age Youth population.

Objectives developed and worked on during this time period

1. Create a subcommittee of 8 to 10 members, consisting of consumers, service providers, and community members interested in issues pertinent to transitional age youth.
2. Identify issues within the system of care specifically for transitional age youth.
3. Prioritize and propose solutions for each.

Accomplishments for this time period

Objectives Completed	Date Completed	Result
1.	June 2016	The subcommittee has 14 members consisting of transitional age youth, service providers, and family/community members.
2.	August 2016	Brainstorming discussions made up the bulk of the first five meetings, identifying accessibility, and a lack of information as two main issues, in addition to the drop-off in numbers as TAY transition from children's services to adult services.
3.	October 2016	The subcommittee looked at the drop-off in numbers from transition, and proposed in-person linkages and use of Peers Engaging Peers members for introduction to adult services. The subcommittee discussed outreach options to address the lack of information, specifically looking at reaching TAY where they are, in high schools and local college campuses.

Committee Name:	**Wellness and Recovery Committee**
Facilitator:	Kent Henry, Wellness & Recovery Manager; and Michele Cruz, Mental Health Services Act Manager
Time Period Reporting:	January 2016-November 2016
Committee Purpose/Goal:	Oversee system of care wellness & recovery transformation based on Recovery Progress Report.

Objectives developed and worked on during this time period

1. Identify and discuss topics of interest and import within the adult system of care related to promoting and advancing wellness and recovery

2. Prioritize and create a strategic plan based on results of 1 and 2 above for 2016 through 2018

Accomplishments for this time period

Objectives Completed	Date Completed	Result
1.	April through Oct 2016	From April through October, discussions were facilitated regarding topics of interest for focused work over the next two years
2.	October 2016	During the October 2016 meeting, the committee members prioritized topics to be worked on from 2016 through 2018: 1) Family Inclusion – Casie Ennis as lead 2) Peer Mentorship – Peer Support Specialists as lead 3) Community Education – Yesenia Lemus as lead

MHB Committee Participant(s) Comments:

Darlene Prettyman, RN, MHB participant of the Committee, describes her experience: "This committee has been responsible for most of the advances relative to consumers and family members in Tulare County. At the present we are triaging our objectives for 2017. (These include) working on Skype (patient-family telecommunications), Peer Specialists (services enhancement), Activities, Trestle – Newsletter. This is one of my favorite committees."

Mental Health Board Members do not attend or participate regularly on the Documentation Committee, Utilization Review Committee, Title 42/Compliance Committee, Medication Monitoring Committee or Policy and Procedure/Mental Health Management Committee. However, community members and interested MHB members participate on another notable group funded through Tulare County Mental Health Services Act, the Tulare/Kings Suicide Prevention Task Force (SPTF). A program synopsis is offered below by attending MHB member (and Secretary), Kathy Farrell RN.

Tulare & Kings Counties Suicide Prevention Task Force: In 2007, public health officials noticed an increase in suicides in Tulare County and began an effort to establish a public/private partnership to study the issue of suicide and consider ways to educate the public and work toward suicide prevention. The passage of Proposition 63, the Mental Health Services Act, led to the possibility of funding for suicide prevention efforts at the local level. In 2009, the Tulare County Mental Health Services Act Prevention and Early Intervention (PEI) Plan was established with significant funding for the Tulare County Suicide Prevention Task Force (SPTF). Through regional collaboration, Kings County later joined in the effort. While the initial level of PEI funding has decreased over time, the SPTF budget for fiscal year 2016/17 is

currently $335,000 Tulare County PEI and $150,000 Kings County PEI.

The Task Force meets four times a year in Tulare County and twice a year in Kings County. Members include representative from both counties involved in health, mental health, education, law enforcement, and community service providers.

In 2015/16 The SPTF engaged a facilitator to develop a strategic plan. From that plan several subcommittees were established: Medical Screening, Data Review, Community Engagement and Involvement and Intervention Oversight.

Meetings Ms. Farrell has attended "included brief presentations, review of budget, committee reports and discussion about LOSS team and attendance at conferences in other states. The presentations were about Understanding and Supporting Older LGBT Adults by an SPTF member and LGBT Cultural Sensitivity Training by Equality California. The Medical Screening Committee has been inactive. The Data Review Committee reported 29 suicides in Tulare County and 9 in Kings County January to September of 2016. The Community Engagement and Intervention Committee disseminated national guidelines for media reporting of suicide. The Intervention Oversight Committee reported on AB2246 suicide prevention policies being developed in schools.

A fundraising subcommittee was established in July. SPTF can receive designated donations through Friends of Tulare County, a 501(c)3 non-profit organization.

The goals of the Suicide Prevention Task Force are:

1. Promote public awareness that suicide is a preventable public health problem
2. Improve and expand surveillance systems
3. Promote effective clinical and professional practices
4. Develop and implement suicide prevention programs

Mental Health Board Procedural Changes/Evolving Relationships

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

1. Board members received helpful training on programs, acronyms, budget considerations, and pending legislative challenges at a first-ever annual Retreat. This will be continued in 2017.
2. Board members are increasing sophistication and collaboration by regularly attending Branch committees, sub-committees, and workgroups, in addition to representation at the annual External Quality Review. This will continue with participation summaries provided by member at the Mental Health Board meetings for a more regular overview of Branch activities.
3. Mental Health Board presenters are challenged to convey complex information quickly and succinctly. The Mental Health Board now uses 3x5 index cards to note questions and allow uninterrupted presentations with more detailed answers and follow-up from presenters, when necessary.
4. Audience and Mental Health Board members have had communication challenges such as adequately hearing the exchange of Board business and presentations. This is now improved by the acquisition of a microphone and speaker system.
5. Collegiality is improved with Mental Health Board members representing Tulare County at California state levels, including sharing Tulare County "Best Practices" and resources such as the Tulare County Mental Health Board member manual. This has been augmented by actual site visits and supportive testimony before the Tulare County Board of Supervisors, the governing body of the Tulare County Mental Health Board.
6. The complicated business of the Branch requires ongoing presentations to and action by the Board of Supervisors, especially on fiscal matters. Some of the more "business-minded" members of the Mental Health Board have wished to be more knowledgeable about budgeting, expenditures, and fiscal activities of the Mental Health Branch. Staff now provide the weekly courtesy of forwarding action items agendas for the Board of Supervisors meetings, highlighting any Mental Health Branch considerations.
7. The Board intends to continue an locally-developed Annual Report in order to continue to consult, confer, review, and plan together.

Respectfully submitted, 2016-2017 Mental Health Board members, Spring 2017.

RESOURCES

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

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

Family Advocate: (559) 624-7449;

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

Grievances/Appeals: (800) 500-4465

Legal Aid: (559) 733-8770

Adult Protective Services: (559) 623-0651

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

My Voice Media Center: (559) 802-3266

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

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

Tulare County Warmline: 1-877-306-2413

Tulare County Crisis Hotline:
(800) 320-1616

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

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

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

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