

Kings County Behavioral Health Department announces that the Mental Health Services Act (MHSA) Plan Annual Update will be made available on the Department's website, [www.kingscountybehavioralhealth.com](http://www.kingscountybehavioralhealth.com), and at 450 Kings County Dr., Suite 104, Hanford, on October 28<sup>th</sup>. Consumers, family members, stakeholders, youth, adults and senior citizens are encouraged to pick up a copy. Public comments can be addressed to: [Kelly.baker@co.kings.ca.us](mailto:Kelly.baker@co.kings.ca.us) for 30 days thereafter.

If you have any questions, please call (559) 852-2376.

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**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

County: Kings

30-day Public Comment period dates: 10/28/2013-11/25/2013

Date: 10/24/2013

Date of Public Hearing (Annual update only): 11/18/2013

**Instructions:** Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

**Community Program Planning**

1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2013/14 annual update/update. Include the methods used to obtain stakeholder input.

The Community Program Planning Process for development of the FY 2013/14 annual update included several different forums including the Kings County 5150 Forum, Family Member Support Group, monthly Behavioral Health Advisory Board meetings, individual meetings with school administrators, Law Enforcement, Kings County Housing Authority, ANCHORS Board, Human Services, Probation, Courts, Integrated Learning Council; Tulare-Kings Suicide Prevention Task Force, and numerous public presentations throughout the community. Further discussions have taken place with our contracted provider, Kings View Counseling Services regarding the components of this plan.

The plan was presented at the Behavioral Health Advisory Board meeting on October 28, 2013; starting the 30 day public review process. Additionally, the plan was available on the Behavioral Health website beginning this same day. The report will include any questions regarding the plan, including programs and fiscal allocations, and whether the plan was approved by the Board.

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

The following stakeholder entities have been involved in and/or provided input into the CPP Process: Kings County 5150 Forum, Kings County Family Member Support Group, Kings View Counseling Services, Willow Glen Care Center, Plumlee's Board and Care, Kings County Behavioral Health Advisory Board, Child Welfare Services, First Five, Kings County Community Action Organization, Kings County Commission on Aging, Hanford Police Department, California Forensic Medical Group, Kings County Sherriff's Department, Corcoran Police Department, Adventist Health, Public Guardian, Santa Rosa Rancheria, Oak Wellness Center, Avenal School District, Reef Sunset School District, Hanford Elementary School District, Central Union School District, Corcoran Unified School District, Hanford Joint Union High School District, Lemoore Union High School District, Family Builders Foster Family Agency, Kings County Probation Department, Kings County Office of Education (SARB), Kings County District Attorney's Office, Kings County Housing Authority, Family Resource Centers, Tulare-Kings Suicide Prevention Task Force, ANCHORS Board, Kings County United Way, Transforming Local Communities (TLC), Cornerstone Transitional Supportive Housing Program (Andy's House), Kings County Job Training Office, Kings CCP, and Kings County In-House Supportive Services Public Authority.

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS

**Local Review Process**

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

The plan was posted on the county/agency website starting on October 28, 2013. Public Notice was in the local media announcing the availability of the plan. Copies were also made available at the local library, Kings County Behavioral Health and Kings County Administrative Office.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

Comments from Kings County Behavioral Health Advisory Board (KCBHAB) meeting on 10/28/2013 and 11/25/2013 include the following:

Comments made from the Kings County Board of Supervisors (BOS) meeting on 12/03/2013  
END OF COMMENTS.

**OVERALL IMPLEMENTATION PROGRESS REPORT  
ON FY 12/13 ACTIVITIES**

County: Kings

Date: 10/24/2013

**Instructions:** Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, WET, PEI, and INN components during FY 2012-13. NOTE: Implementation includes any activity conducted for the program post plan approval.

**CSS, WET, PEI, and INN**

1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

**CSS**

The Community Services and Support (CSS) component has been successful in providing services, or in efforts towards, reaching several unserved and underserved populations. The majority of services being provided through the Full Service Partnership program are to adults. Efforts have been made again this past year to reach more children and transitional age youth (TAY) with the continuation of a "Summer Camp – Life Skills" for 12-17 year olds who are unserved during summer months. These services were provided through Kings View Counseling Services, a mental health provider in Kings County. Kings County Behavioral Health continued a contract with a local Foster Family Agency to provide Wraparound Services. The program will reach more children than initially planned, targeting those children with serious behavioral issues and at risk of being removed from their home or moved to a higher level of care. This has resulted in a collaborative effort between Behavioral Health, Kings View Counseling Services, Family Builders, Probation and Child Welfare Services. All children served through the Wraparound program are considered Full Service Partnership cases.

**Clinical Services-** In an effort to expand direct clinical services, Behavioral Health hired a licensed clinician in 2012. This Licensed Therapist is able to provide direct services to consumers participating in our FSP program, as well as those referred through the PEI programs. Additionally, this clinician is assigned clinical supervision for the Workforce Development component of the Workforce Education Development and Training Plan (WET).

**PEI**

Additionally, Behavioral Health expanded clinical services to the WECAN program through a contractual relationship with Kings View Counseling services. This additional clinician provides school-based services directly in conjunction with the four Prevention Coordinators based on multiple school campuses conducting life-skills classes. Direct referrals are made by staff to this "roving" clinician to ensure immediate access to care and risk mitigation.

**Anasazi Data Management Information System** - During the past year, the staff at Behavioral Health continue to learn through the department's conversion process utilizing a new data management system; Anasazi. Trainings are on-going and provided through a contracted provider and consumers are directly linked in the system with the contracted MHP provider, allowing both the MHP and Behavioral Health providers more comprehensive information in serving consumers. Once fully implemented Behavioral Health will have solid concrete data on clients; who they are, the services being accessed, length of programming for partners and accountability for services. Anasazi satisfies compliance to the Affordable Care Act for Electronic Health Records and is a potential gateway for integration with Primary care.

OVERALL IMPLEMENTATION PROGRESS REPORT  
ON FY 12/13 ACTIVITIES

**Cultural Competency Plan and Implementation**

A Cultural Competency Plan for Kings County has been approved by the State and the Cultural Competency Committee continues to meet, plan and expand through Kings County Behavioral Health and Kings View Counseling Services to address cultural competency issues countywide.

OVERALL IMPLEMENTATION PROGRESS REPORT  
ON FY 12/13 ACTIVITIES

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

**INNOVATION.**

Kings County has made great stride in providing services out local Native American tribe (which is a traditionally underserved population). Through our Innovation Plan we are rendering services to children from the Santa Rosa Rancheria. The Innovation Plan created two programs; one is an Equine Facilitated Psychotherapy (EFP) program called the Circle of the Horse, which is run by a licensed clinician. The other component of the Innovation Plan is the Implementation Learning Council which oversees the Circle of the Horse.

The Circle of the Horse, is a collaborative with the EFP provider, the local school, Central Union School, the Santa Rosa Rancheria (Tachi Yukut Tribe) and Behavioral Health. Central Union is the school that serves the local Rancheria. Through the partnership students who are underperforming, at risk of failing, or who have exhibited behavioral issues at school are screened and referred to the program. The Circle of the Horse is a 16 week equine facilitated psychotherapy program tailored to Native Americans that serves 12 students per semester.

The 2<sup>nd</sup> facet of this program is the Implementation Learning Council (ILC) which is composed of representatives from the Tribal Administration, the Tachi Yokut Cultural Department, Central Union School administrators, the Equine Program staff, Behavioral Health, and an independent program evaluator. The ILC is responsible for developing the program, implementing the program, ensuring cultural appropriateness of the services, as well as recommending and enacting any changes to the program, as well as providing on-going feedback to ensure success, and explore sustainability.

The Innovation Plan seeks to A) implement a culturally specific equine facilitated program for Native Americans, B) to create a true collaborative effort in implementing and maintaining a county funded program, and C) improve and enhance the relationship between traditional county mental health, and the underserved local Native American tribe. To date 36 children have participated in the program.

The first evaluation submission is attached for your review.

**VETERANS**

Another population in need of services in Kings County is Veterans. Kings County continues to work diligently to offer and provide services to veterans and those serving in the military. Behavioral Health has a strong partnership with the Kings County Veterans Services Office, Naval Base Fleet's Family Support Services, West Hills College, College of Sequoia, and San Joaquin Valley Veterans, .There are several veterans receiving services through the Full Service Partnership Program, including a Veterans Trauma Group and a Veterans Support Group. These groups are facilitated by a Licensed Clinical Social Worker who is also a Vietnam Veteran, as well as a staff Intern, who is a military spouse.

**HOMELESS**

The Community Services and Support (CSS), Full Service Partnership program works diligently to serve the Severely Mentally Ill (SMI), who is currently homeless. Kings County Behavioral Health is an active partner at the Kings/Tulare Continuum of Care and are jointly funding a Housing Specialist/Coordinator who works closely with the Continuum in securing funding sources for safe and affordable housing. MHSA Permanent and Supportive Housing (PSH) dollars were shifted in October, 2013 to begin the ANCHORS project through CalHFA as the implementation phase of bringing PSH to Kings County.

OVERALL IMPLEMENTATION PROGRESS REPORT  
ON FY 12/13 ACTIVITIES

**KINGS COUNTY HOUSING PROGRAM**

ANCHORS Supportive Housing Development Inc. (a Non-profit established in 2011/12 which partners Behavioral Health, Housing Authority and Community Development Department) has acquired property in Hanford. The project is known as ANCHORS will provide permanent supportive housing for low-income individuals who are homeless or at-risk of homelessness and have a serious mental illness. Construction will be completed July 2014 and will house ten participants. This project also establishes a One-Stop Wellness Center on the grounds.

**KINGS COUNTY 211**

Locating basic resources such as food, shelter, employment, or health care may mean calling dozens of phone numbers, then struggling through a maze of agencies and services to make the right connections. 2-1-1 brings together organizations in the community to better serve the residents of Kings County. Key organizations representing different professionals, demographics, and causes are able to provide information to the 2-1-1 database to better serve their clients. 2-1-1 is a helpful starting point for a county with small fragmented rural communities that may not be as connected as bigger cities. Under a simple, easy to remember, three digit phone number, updated information is kept under national standards. The call is free and available 24/7, and the community also has a new tool in dealing with disasters in the area. When we fully realize our vision, every individual in every community throughout Kings County will have access to information that can help them lead healthier, more secure, and productive lives.

3. Provide the name of the PEI program selected for the local evaluation<sup>1</sup>.

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<sup>1</sup> Note that very small counties (population less than 100,000) are exempt from this requirement.

MHSA APPROVED PROGRAM

Community Services and Support

Prevention and Early Intervention

Program: FSP 1 – CHILDREN AND TAY

SECTION 1: PREVIOUS FY ANNUAL UPDATE SUMMARY

1. Provide a brief description of your previously approved program that includes array of services being provided, including the last annual update changes.

The Full Service Partnership (FSP) provides intensive services through a Recovery Support Coordinator case manager, contracted providers which includes independent practitioners and Kings View Counseling Services. All services are culturally sensitive and creative to provide a “whatever it takes” approach. These services include individual and family therapy with a licensed clinician. Behavioral Health staff participates in multi-disciplinary case review teams with Child Welfare Services in addition to our in-house biweekly case review staffing. These teams include community partners to maximize services and resource in an effort to meet the needs of these diverse groups of un-served or underserved populations. Behavioral Health continues to contract with Family Builders Foster Care to provide wraparound services. This FFA is able to provide the behavioral services through their staff. Each child will be identified as an FSP case and assigned to a Recovery Support Coordinator. Cases are staffed by the Case Review Team in conjunction with the FFA and Child Welfare Services. Foster parents trained in providing supportive services receive monthly stipends. They receive daily contact and support from the FFA social worker and/or Recovery Support Coordinator.

Kings View Counseling Services provided a fifth year of a “Summer Day Camp” which was designed to deliver intensified services to adolescents. Kings View offered 4 camps, three (3) in Hanford and one (1) in Corcoran. The theme of Summer Camp was, “Building on Your Strength”. Monday and Wednesday s groups were held for children attending high school, Tuesday and Thursday s for children attending Jr. high school, Wednesday mornings for children ages 7-11 and Monday morning in Corcoran for children ages 6-10. The groups offered in Summer Camp focused on helping Campers identify their strengths and learn to maximize those strengths which could enhance improvement and understanding of their mental health concerns as well as behavior. Kings View provided transportation for those who would have otherwise been unable to attend Camp. This program was successful in meeting several objectives, primarily reaching those adolescents who are underserved during the summer months and may decompensate due to lack of services and support. This has also dramatically improved the cross-referral process to meet the needs of this target population.

Behavioral Health has been fortunate enough to recruit highly qualified individuals who represent culturally diverse populations, including bilingual case managers, clinicians, and staff from various ethnic backgrounds. Some staff are also family members of individuals who have been diagnosed with a severe mental illness. This collective group of individuals works daily to reduce disparities and promote each consumers wellness and recovery.

In addition to having a diverse workforce, a number of the agency staff are local residents who reside and are familiar the community. The staff have experience working with rural populations, children and youth, seniors, and Veteran populations. To ensure services are rendered in a culturally appropriate manner, Behavioral Health has staff participate in a number of different trainings to enhance their understanding and skill set in providing services to diverse populations. Staff have participated in addition to basic trainings such as Mental Health First Aide, trainings working with LGBTQ Seniors, working with families of LGBTQ youth (with Family Acceptance Project with Dr. Caitlin Ryan), trainings through the Trevor Project, history of our local Native American Tribe, Veterans (through the Valor Training), and understanding traditional Mexican healers. In the future, it is planned to have additional trainings focused on Native American traditional healing, working with LGBTQ youth, working with ex-offender populations, and migrant Latino populations.

**SECTION 2: PROGRAM SPECIFIC PROGRESS**

2. List the number of individuals served by this program during FY 2011, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)	114	White	75	English	155	LGBTQ	
Transition Age Youth (16-25)	67	African American	18	Spanish	26	Veteran	
Adult (26-59)		Asian	2	Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American	5	Mandarin			
		Hispanic	79	Tagalog			
		Multi		Cambodian			
		Unknown	2	Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**SECTION 3: PROGRAM STATUS SINCE LAST UPDATE**

3. Has anything changed since the previous year update?

The program will continue in fiscal year 2013/2014 with increased funding from the previous year. This will allow the program to continue doing the excellent work that it has done in the past.

SECTION 4: CURRENT PROGRAM STATUS

4. What is happening in the current FY?

With the Katie A. vs. Bonta lawsuit agreement provisions, we have developed a plan and timeline to expand our existing wraparound program to provide all of the provisions identified in the Core Practice Model to not only children meeting the Katie A subclass but all children who meet the criteria for the wraparound program. Kings County contracts with Family Builders Foster Care, Inc to provide wraparound services to Kings County children. Kings County made the decision to expand WRAP services to include specialty mental health services to Katie A subclass members.

Family Builders, 2013-2014 Scope of Work (SOW) was amended to include all of the services, values and principles as articulated in the Core Practice Model. The yearly budget was increased to enable Family Builders to hire dedicated staff to provide WRAP services. 1 full time WRAP Supervisor (waivered or licensed clinician) to serve as the ICC, 3 full- time and 1 part- time WRAP counselors to provide IHBS, 1 full- time administrative assistant and a .33 FTE licensed therapist. The licensed therapist was add the WRAP program enhance quality assurance of services and Medi-cal billing. The SOW included Family Builders providing Kings County's Managed Care Director (Kings View) with all detailed claims showing names of Kings County beneficiaries of Katie A Subclass members, services provide to each subclass member, length of time services provided, original reports, notes and other documentation as requested by the Director for Medi-cal billing. Kings View Counseling as the Mental Health Plan and Managed Care will process all Medi-cal billing on the behalf of all Katie A subclass members.

Expanding the WRAP contract has put Kings County in a better position to provide SMHS to all identified Katie A subclass members and to increase capacity as needed.

MHSA APPROVED PROGRAM

Community Services and Support

Prevention and Early Intervention

**Program: FSP 2 – ADULTS AND OLDER ADULTS**

SECTION 1: PREVIOUS FY ANNUAL UPDATE SUMMARY

1. Provide a brief description of your previously approved program that includes array of services being provided, including the last annual update changes.

The Full Service Partnership 2 (FSP) provides intensive services through a Recovery Support Coordinator case manager, contracted providers which includes independent practitioners and Kings View Counseling Services. All services are culturally sensitive and creative to provide a “whatever it takes” approach. Those services include individual, couples and family therapy with a licensed clinician, as well as life skills groups which include Ready-to-work to help consumers in the employment process and an Enrichment Series, which is an open-ended ten week series that meets weekly covering topics such as wellness and recovery, treatment options, social skills, budgeting, self care, social security, employment and education, and community resources. Additional services include connecting consumers with community partners as well as providing resources to any individual who requests them through a included participating in community events related to working towards identifying homeless consumers, individuals who are soon to be Resource Guide. Behavioral Health staff participates in multi-disciplinary case review teams with Adult Protective Services in addition to an in-house biweekly case review staffing. These teams include community partners to maximize services and resource in an effort to meet the needs of these diverse groups of unserved or underserved populations. Behavioral Health partners with the Kings Commission on Aging to support the SAFE program and to engage the Older Adult population including providing trainings to IHSS providers. Community outreach included participating in community events related to working towards identifying homeless consumers, individuals who are soon to be released from the County Jail and presenting and providing resources to the military and Veteran population.

Behavioral Health has been fortunate enough to recruit highly qualified individuals who represent culturally and ethnically diverse populations to serve partners. This diversity includes bilingual case managers, clinicians, Prevention Coordinators, and support staff; disability and knowledge of physical accommodations; military background and knowledge (spouses and Veterans); and staff with family members who have been diagnosed with a severe mental illness. This collective group of individuals works daily to reduce disparities and promote each consumer’s wellness and recovery.

SECTION 2: PROGRAM SPECIFIC PROGRESS

2. List the number of individuals served by this program during FY 11/12, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)		White	50	English		LGBTQ	
Transition Age Youth (16-25)		African American	16	Spanish		Veteran	
Adult (26-59)	98	Asian	3	Vietnamese		Other	
Older Adult (60+)	16	Pacific Islander		Cantonese			
		Native American	4	Mandarin			
		Hispanic	26	Tagalog			
		Multi		Cambodian			
		Unknown	15	Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

SECTION 3: PROGRAM STATUS SINCE LAST UPDATE

3. Has anything changed since the previous year update?

The program will continue in fiscal year 2013/2014 at the same funding level as in the previous year. This allows the program to continue doing the excellent work that it has done in the past.

SECTION 4: CURRENT PROGRAM STATUS

4. What is happening in the current FY?

Behavioral Health continues to utilize MHSA revenue to fund a HUD Match requirement of a community partner; Andy's House (transitional living for men). Andy's House is a Housing and Urban Development (HUD) project which provides transitional housing for men in Kings County. It is expected that a projected 25% of the population served through Andy's House are impacted by mental illness and a Memorandum of Understanding was established to outline how BH and Andy's House could work together to cross-refer, support transitional services, participate on the governing Board, and increase awareness of additional resources available to Andy's House participants through a case staffing process.

Behavioral Health is funding .5 FTE of a full time Veterans Services Representative to provide linkages and referrals to mental health services for Veterans living in Kings County.

Behavioral Health is the lead agency in Kings County to partner with the Courts, Judges, Probation, District Attorney's Office, Veterans Service Officer, Public Defender's Office and Sheriff Department to establish a Collaborative Justice Treatment Court (CJTC) in Kings County. The CJTC, utilizing separate court calendars for the Veterans Court, Behavioral Health Court and previously established Adult Drug Court, will provide linkages for intensive therapeutic, case management and supervision services to Veterans, mentally ill and substance use disorder participants living in Kings County through this integrated court model. The start date was July 1, 2013.

Behavioral Health's FSP team, comprised of 4 Recovery Support Coordinators (RSCs) and two Program Managers (PMs), participated and is now implementing in 2013, a California Institute for Mental Health (CIMH) funded pilot program with the University of Kansas (UK), Department for Aging and Disability Services to learn and implement the client centered Strengths Based Model Case Management program for FSP consumers. The Strength Assessment is the major tool used in this model to help partners (a strength based term used for BH clients) identify and prioritize goals they feel are most important and or critical to achieve their overall wellness and recovery. The pilot project was due to sunset on June 30, 2013. Since that time, the model has been implemented throughout the case management team for all interactions with consumers.

ANCHORS Supportive Housing Development Inc., (2012-established) a Non-profit that has been successful in acquiring property to provide permanent supportive housing for low-income individuals who are homeless or at-risk of homelessness and have a serious mental illness. Construction completion is now slated for July 2014 and will house ten participants. The MHSA revenue dedicated to this project for 2013/2014 includes planning, design and consultant services and other infrastructure needs for securing the land and beginning construction. This project also establishes a One-Stop Wellness Center on the grounds, which is called out in Capital Facilities/Technological Needs section of this update.

SECTION 5: FISCAL CHANGES

Please refer to "CSS FUNDING ESTIMATE" (EXHIBIT A)

MHSA APPROVED PROGRAM

Community Services and Support

Prevention and Early Intervention

**Program: FSP 3 – COMMUNITY INTEGRATION TEAM**

**SECTION 1: PREVIOUS FY ANNUAL UPDATE SUMMARY**

1. Provide a brief description of your previously approved program that includes array of services being provided, including the last annual update changes.

The Full Service Partnership Program (FSP3) Community Integration Team is a model that targets those individuals who are high end Emergency Room users and have a high rate of psychiatric hospitalizations. The program also targets those consumers who are in an Institution for Mental Disease (IMD) or Board and Care and have the potential of moving to a lower level of care and integrating into the community. The program serves both genders, all ages and has the capacity to serve all races and languages. Consumers are identified most often through Kings View Counseling Services but are also referred by other departments such as Behavioral Health, Public Guardian, local law enforcement, hospitals, and IMD's and Board and Cares.

The Community Integration Team includes case managers, clinicians, nurses, management staff, and psychiatrists from Kings View Counseling Services. The team consists of bilingual staff to meet the needs of the monolingual consumers in Kings County. The team works closely with staff from Kings County Behavioral Health who provide the services for the FSP1 and FSP2 programs, which also has bilingual staff members. The team also works with partners across all disciplines to meet the needs of the consumer including, but not limited to, Public Guardian, Veteran's Services Office, Adult Protective Services, Kings County Health Department, Adventist Health, local law enforcement agencies, and the Oak Wellness Center. A wellness plan is developed for each consumer. Services provided include case management, group and individual counseling, group rehabilitation services, nursing and psychiatric services including medication management, substance abuse groups, the Oak Wellness Center and participation in the Enrichment Series through Kings County Behavioral Health. Staff work under the philosophy of "whatever it takes" to reduce incidents of psychiatric hospitalizations, placements in a lower level of care and, in some cases, back into a community based living environment.

Behavioral Health continues to contracts with Plumlees in Visalia CA. to provide augmented board and care services for Kings County consumers. Consumers are transitioned to Casa Del Rio Board and Care when they ready for a lower level of care and to be reintegrated back into the community.

Behavioral Health continues to contracts with Willow Glenn Care Centers to provide board and care services at the Casa Del Rio facility for 14 consumers in Kings County. Behavioral Health funds Casa Del Rio at capacity and all 14 beds are only available to Kings County consumers. Casa Del Rio is utilized by consumers who were living in IMD's or placed in out of county board and care programs who have the potential of moving to a lower level of care and integrating into the community. The program continues to be successful and at least 3 consumers have transitioned from Casa Del Rio into their own housing.

Additionally, the County is still committed to sponsoring, participating and partnering in the County 5150 forum which continues to provide significant input into the needs and support of the Community Integration Program.

**SECTION 2: PROGRAM SPECIFIC PROGRESS**

2. List the number of individuals served by this program during FY 2011/2012, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)	5	White	61	English		LGBTQ	
Transition Age Youth (16-25)	15	African American	18	Spanish		Veteran	
Adult (26-59)	140	Asian	4	Vietnamese		Other	
Older Adult (60+)	10	Pacific Islander		Cantonese			
		Native American	1	Mandarin			
		Hispanic	47	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other	39	Russian			
				Farsi			
				Arabic			
				Other			

**SECTION 3: PROGRAM STATUS SINCE LAST UPDATE**

3. Has anything changed since the previous year update?

Nothing has changed since the last update.

**SECTION 4: CURRENT PROGRAM STATUS**

4. What is happening in the current FY?

The program will continue in fiscal year 2013/2014 at the same funding level as in the previous year. This allows the program to continue doing the excellent work that it has done in the past.

**SECTION 5: FISCAL CHANGES**

Please refer to "CSS FUNDING ESTIMATE" (EXHIBIT A)

MHSA APPROVED PROGRAM

Community Services and Support

Prevention and Early Intervention

**Program: EMPOWERED CONSUMERS HELPING OTHERS (ECHO)**

SECTION 1: PREVIOUS FY ANNUAL UPDATE SUMMARY

1. Provide a brief description of your previously approved program that includes array of services being provided, including the last annual update changes.

The primary focus of the ECHO program is the operation of the Oak Wellness Center; a consumer driven, Wellness and Recovery Drop-In Center. There are two full time employees who include one employee who previously participated in Behavioral Health's FSP program and a part time consumer employee. The Center has many Wellness and Recovery groups and activities in addition to field trips and conference participations. The majority of consumers who attend the Center are adults, although there are some TAY and Older Adults. The Center is targeted for both genders and all ethnicities. The majority of staff and volunteers speak English however there is the capacity for Spanish Speaker with some regular volunteers. The Center is open during the week as well as for half-days on Saturdays allowing consumers to visit the Center over the weekend. The Oak Wellness Center continues to operate and support consumers.

SECTION 2: PROGRAM SPECIFIC PROGRESS

2. List the number of individuals served by this program during 2011, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)	2	White	194	English		LGBTQ	
Transition Age Youth (16-25)	30	African American	48	Spanish		Veteran	
Adult (26-59)	317	Asian		Vietnamese		Other	
Older Adult (60+)	47	Pacific Islander		Cantonese			
		Native American	8	Mandarin			
Total FY 2011-12	396	Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown	10	Hmong			
		Other	128	Russian			
		Filipino	6	Farsi			
		Korean	1	Arabic			
		Hmong	1	Other			

SECTION 3: PROGRAM STATUS SINCE LAST UPDATE

3. Has anything changed since the previous year update?

Nothing has changed since the last update.

SECTION 4: CURRENT PROGRAM STATUS

4. What is happening in the current FY?

The program will continue in fiscal year 2013/2014 with the same funding as the previous year. This will allow the program to continue doing the excellent work that it has done in the past.

SECTION 5: FISCAL CHANGES

Please refer to "CSS FUNDING ESTIMATE" (EXHIBIT A)

MHSA APPROVED PROGRAM

Community Services and Support

Prevention and Early Intervention

**Program: FAMILY RESOURCE CENTERS AND SATELLITE EXPANSION**

SECTION 1: PREVIOUS FY ANNUAL UPDATE SUMMARY

1. Provide a brief description of your previously approved program that includes array of services being provided, including the last annual update changes.

This Systems Development program continues to enhance service capacity of the mental health plan to four (4) Family Resource Centers (FRC) and two (2) Satellite clinics in the outlying areas in Kings County. This assures that services are provided to the underserved and unserved populations, decreases wait time for services and provides linkages to other services in a community based setting. The services are available to all consumers, although the targeted population is adult Spanish speaking only females, or those who fall in the TAY age group.

This program provides outreach, education, support and early intervention to the families and consumers dealing with serious mental illness, which may avert out of home placements, unnecessary hospitalizations and homelessness. Consumers, families and individuals of all ethnic/cultural backgrounds are eligible and benefit from this expansion program.

The aforementioned services being provided at the Family Resource Centers is proving to be very beneficial in reaching those consumers in outlying areas who are unable to come to the clinic due to different barriers including language, transportation and stigma. The clinician providing the services is Spanish speaking, thus meeting the needs of an underserved population in Kings County.

Kings County also has two satellite clinics through Kings View Counseling Services in the outlying areas of Corcoran and Avenal. The satellite clinics also serve as an expansion of services to consumers who would not typically access services at the local clinic. Spanish Speaking services are available at the clinics as well. This is clearly a Systems Development program that meets the intent of the MHSA in that it serves those consumers who are underserved and would not access services if not offered through this program.

**SECTION 2: PROGRAM SPECIFIC PROGRESS**

2. List the number of individuals served by this program during FY 2011-12, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)	111	White	103	English		LGBTQ	
Transition Age Youth (16-25)	74	African American	31	Spanish		Veteran	
Adult (26-59)	201	Asian	1	Vietnamese		Other	
Older Adult (60+)	23	Pacific Islander		Cantonese			
		Native American	2	Mandarin			
		Hispanic	256	Tagalog			
		Multi		Cambodian			
		Unknown	6	Hmong			
		Other	10	Russian			
				Farsi			
				Arabic			
				Other			

**SECTION 3: PROGRAM STATUS SINCE LAST UPDATE**

3. Has anything changed since the previous year update?

There have not been any changes since update.

**SECTION 4: CURRENT PROGRAM STATUS**

4. What is happening in the current FY?

There are no program changes from the previous fiscal year. Additionally, the program will continue in fiscal year 2013/2014 at the same funding level as in the previous year. This allows the program to continue doing the excellent work that it has done in the past.

**SECTION 5: FISCAL CHANGES**

Please refer to "CSS FUNDING ESTIMATE" (EXHIBIT A)

MHSA APPROVED PROGRAM

Community Services and Support

Prevention and Early Intervention

**Program: SENIORS ACCESS FOR ENGAGEMENT (SAFE)**

SECTION 1: PREVIOUS FY ANNUAL UPDATE SUMMARY

1. Provide a brief description of your previously approved program that includes array of services being provided, including the last annual update changes.

The Senior Access for Engagement (SAFE) program continues to provide the opportunity for many unserved and underserved older adults to access supports and services that they may not have otherwise utilized. Services are contracted with the Commission on Aging and consist of an Outreach Services Specialist/Case Manager.

Outreach efforts are made at senior centers, nursing homes, assisted living facilities and other events targeting older adults. Strategies to provide outreach and engagement include presentations, activities, and interventions at senior centers that promote wellness and resiliency, medication management and education, and linkages, advocacy and referrals for services, including Full Service Partnerships.

Appropriate referrals are made to the licensed therapist contracted through Behavioral Health who is bilingual. Some of the other services agencies often offered include, but are not limited to, home delivered meals, congregate nutrition centers, caregiver support group, the Health Department/Public Health Nurse, Adult Day Center, Human Services, emergency food and shelter programs, Public Guardian Office, and Veterans Services Office.

Behavioral Health continues to contract with the Kings County Commission on Aging to provide services for the Respite Care program. The program has a dedicated staff person who is bilingual in Spanish and English. This has allowed the program to reach more of the unserved and underserved adults and older adults care givers who are at a heightened risk for suicide and depression and other issues faced by care givers.

SECTION 2: PROGRAM SPECIFIC PROGRESS

2. List the number of individuals served by this program during FY 2011-12, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (26-59)		Asian		Vietnamese		Other	
Older Adult (60+)	787	Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

SECTION 3: PROGRAM STATUS SINCE LAST UPDATE

3. Has anything changed since the previous year update?

Nothing has changed since the last update.

**SECTION 4: CURRENT PROGRAM STATUS**

4. What is happening in the current FY?

The program will continue in fiscal year 2013/2014 at the same funding level as in the previous year. This allows the program to continue doing the excellent work that it has done in the past.

**SECTION 5: FISCAL CHANGES**

Please refer to "CSS FUNDING ESTIMATE" (EXHIBIT A)

MHSA APPROVED PROGRAM

Community Services and Support

Prevention and Early Intervention

Program: WECAN

SECTION 1: PREVIOUS FY ANNUAL UPDATE SUMMARY

1. Provide a brief description of your previously approved program that includes array of services being provided, including the last annual update changes.

The STAR Center is now staffed and the team is providing services including case management, screenings, assessment and clinical services. The team is actively engaged in community partnerships to meet the needs of targeted populations. PCIT training was completed and is serving families through this current modality.

The Licensed Therapist and one mental health interns completed the PCIT training and are certified master trainers in PCIT. This has allowed the Department to develop and train additional PCIT facilitators in the future.

Additionally, the Prevention Coordinators (PC's) provide life skills groups to at-risk youth in the local schools throughout the County, work with teachers, other school staff, and parents to provide invaluable linkages to additional resources as needed. This early intervention is minimizing the amount of involvement youth have within the behavioral health system while improving their wellbeing and preventing the need for traditional mental health interventions.

Behavioral Health has continued with the Truancy Intervention and Prevention Program (T.I.P.P) program in collaboration with the DA office, Probation, Behavioral Health and Executive SARB Board link families and truancy offenders to groups and services identified in the student's academic plan. In an effort to reduce ethnic and cultural disparities, staff participates in school meetings to engage and coordinate families in services throughout the county, including rural areas comprised largely of monolingual, Spanish speaking families.

The PC Team is trained in and are teaching the CAST, (aimed at improving outcomes with at-risk youth served in our local schools) an evidence-based curriculum. Behavioral Health has expanded groups into more local schools, including high schools and continuation schools previously unserved by this program.

**SECTION 2: PROGRAM SPECIFIC PROGRESS**

2. List the number of individuals served by this program during FY 2011-12, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)	293	White		English		LGBTQ	
Transition Age Youth (16-25)	14	African American		Spanish		Veteran	
Adult (26-59)	2	Asian		Vietnamese		Other	
Older Adult (60+)	0	Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
Total Fy 2011/2012	309	Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**SECTION 3: PROGRAM STATUS SINCE LAST UPDATE**

3. Has anything changed since the previous year update?

Nothing has changed since last update.

SECTION 4: CURRENT PROGRAM STATUS

4. What is happening in the current FY?

The program will continue in fiscal year 2013/2014 at the same funding level as in the previous year.

Kings County has contracted with one of our contracted providers, Kings View to provide a roving clinician who will travel to the schools that the prevention coordinators are providing skill building groups at to engage children who need mental health services that are more extensive than what can be provided in the skill building groups. The clinician will provide counseling and /or provide linkages to other mental health resources as determined by the student's needs.

SECTION 5: FISCAL CHANGES

Please refer to "PEI FUNDING ESTIMATE" (EXHIBIT B)

• MHPA APPROVED PROGRAM

Community Services and Support

Prevention and Early Intervention

Program: IN-COMMON

SECTION 1: PREVIOUS FY ANNUAL UPDATE SUMMARY

1. Provide a brief description of your previously approved program that includes array of services being provided, including the last annual update changes.

The In-Common program is a prevention related program targeting the reduction of stigma, increasing access, and generating individual and community resiliency. In-Common staff serves as a bridge between potential consumers, family members and community services. They target Spanish-speaking, Native Americans, African Americans, rural and low income communities and residents who have had little or no contact with public community-based behavioral health services by promoting unique cultural strengths and assets that have traditionally helped communities cope and educate local providers about the specific qualities and characteristics of local underserved communities. Case management services and screenings are provided, in addition to school based groups, and community outreach regarding services, eligibility, and education on recognizing signs and symptoms of mental health challenges.

**SECTION 2: PROGRAM SPECIFIC PROGRESS**

2. List the number of individuals served by this program as applicable.

<b>Age Group</b>	<b># of Individuals</b>	<b>Race and Ethnicity</b>	<b># of Individuals</b>	<b>Primary Language</b>	<b># of Individuals</b>	<b>Culture</b>	<b># of Individuals</b>
Child and Youth (0-15)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (26-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
Total FY 2011/2012		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

SECTION 3: PROGRAM STATUS SINCE LAST UPDATE

3. Has anything changed since the previous year update?

N/A

SECTION 4: CURRENT PROGRAM STATUS

4. What is happening in the current FY?

The In Common program focuses on addressing disparities in access to care. Staff conduct presentations, outreach & continue developing community contacts throughout the County. Staff work with consumers providing advocacy, interpretation, and linkages to care.

Media efforts in the past year include:

- Billboards
- Cinema/Movie Theater filmed advertisements
- Agency Newsletter
- Public Service Announcements
- Newspaper articles
- Community Service Club presentations
- Media streaming on the internet.

Through partnership between School Attendance Review Board, the Office of Education, the District Attorney's office, and Behavioral Health the creation of Truancy Intervention Prevention Program (T.I.P.P) was brought to fruition in response to truancy in the public schools. T.I.P.P.'s eight session course engages parents and their children to improve familial interactions and relationships while focusing on the development of communication, boundary setting, and increasing parental and child awareness on issues that contribute to truancy and other behavioral concerns. Facilitated by a therapist, this course also addresses healthy decision making, responsibility, drug addiction and mental health challenges, as well as the identification of parenting styles and roles. Although recruitment for this group is of greater magnitude through the educational, it is open to the public regardless of truancy related issues. In continuing to target underserved populations, this group is available in both English and Spanish sessions.

Community Specialist (CS) and the Recovery Support Coordinator (RSC) continue to make presentations to parents in outlying rural communities at the local Family Resource Centers. While the CS fulfills the duty of outreach to the community and providing pertinent information to those who may not have had exposure to information regarding Mental Health (MH) challenges, the RSC can accompany the CS as an added measure to improve and increase information dissemination on current resources.

**SECTION 5: FISCAL CHANGES**

**Please refer to "PEI FUNDING ESTIMATE" (EXHIBIT B)**

MHSA APPROVED PROGRAM

Community Services and Support

Prevention and Early Intervention

**Program: WORKFORCE, EDUCATION, TRAINING (WET)**

SECTION 1: PREVIOUS FY ANNUAL UPDATE SUMMARY

1. Provide a brief description of your previously approved program that includes array of services being provided, including the last annual update changes.

Kings County's WET Plan adhered to the requirements of MHSA through Community Collaboration. It was achieved through the sponsorship of trainings to staff and other community partners in the field of Behavioral Health. Programs were developed to be Client and Family Driven, with consumers given the opportunity to attend wellness focused conferences and trainings that included concepts of recovery and resilience and were most often geared specifically towards their wellness and recovery.

The Wet plan included three separate actions: 1) A staff person at Behavioral Health to assess and coordinate training 2) Training for staff, consumers and family members 3) Financial Incentives for those currently working in or planning to work in the field of mental health.

A Kings County Behavioral Health Program Manager continues to assess and coordinate training for staff, partnering agencies community based organizations, consumers and family members as an ongoing assignment. The Program Manager takes part in the monthly Central Valley Regional and Statewide Wet Partnership conference calls or face to face meetings to gather and disseminate information on trainings in subject matters relating to Wellness and Recovery. The trainings, conferences and education programs have target promoting cultural competency among staff, enhance and develop a highly skilled cross-trained, integrated staff in the area of wellness and recovery to better serve this community.

The financial incentives program continued for those currently working in or planning on working in the field of mental health in the form of intern stipends according to internship hours and tuition reimbursement for tuition and books up to \$1000 a year. The incentives are available to staff working in the field interested in increasing their education level, interns placed in Kings County, and consumers and family members.

As CIMH, Regional and Statewide WET and Statewide PEI offer training opportunities the agency took advantage of them for our staff, consumers, stakeholders and partners. Staff Trainings for this fiscal year include Applied Suicide Intervention Skills Training (ASIST) training of trainers for 2 staff members, Mental Health First Aid (MHFA) for youth training for trainers for 4 staff members already trained as MHFA trainers, interpreter training for staff members who will be interpreters and for those who will use an interpreter, and Psychological Autopsy training.

**SECTION 2: PROGRAM SPECIFIC PROGRESS**

2. List the number of individuals served by this program during FY \_\_\_\_\_ N/A \_\_\_\_\_, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (26-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**SECTION 3: CURRENT PROGRAM STATUS**

3. Has anything changed since the previous year update?

Since the last update, Kings County Behavioral Health terminated funding for a clinical supervisor at Kings View that was dedicated to MSW and MFT student interns.

Since the last update, 2 members of the 4 member team, 1 Mental Health Interns and 1 Clinicians completed the trained as trainers for Parent and Child Interactive Therapy (PCIT) and are now certified PCIT trainers.

**SECTION 4: CURRENT PROGRAM STATUS**

4. What is happening in the current FY?

The program has continued in fiscal year 2013/2014.

**SECTION 5: FISCAL CHANGES**

Please refer to "WET FUNDING ESTIMATE" (EXHIBIT C)

- MHSA APPROVED PROGRAM

STATE WIDE Prevention and Early Intervention

**Program: STATEWIDE PEI PLAN**

SECTION 1: PREVIOUS FY ANNUAL UPDATE SUMMARY

1. Provide a brief description of your previously approved program that includes array of services being provided, including the last annual update changes.

**Statewide PEI 3-year plan** – In partnership with Tulare County, this plan includes Student Mental Health and a LOSS Team through the Kings-Tulare Suicide Prevention Taskforce (SPTF). as well as ongoing Trevor project which Kings County Behavioral Health was the lead for during the 2012 event.

During the stakeholder process, focus groups identified various types of support groups needed in the community. For a full year Behavioral Health maintained a monthly dedicated calendar to hold 8 support groups. The family support group has become a viable group and continues to meet twice a month. The decision was made to offer additional groups only after there are enough people signed up for it. Marketing continues to promote the availability of the support groups through community events, outreach presentations, newspaper, publications, PSA's and other media opportunities throughout the year.

**SECTION 2: PROGRAM SPECIFIC PROGRESS**

2. List the number of individuals served by this program as applicable.

<b>Age Group</b>	<b># of Individuals</b>	<b>Race and Ethnicity</b>	<b># of Individuals</b>	<b>Primary Language</b>	<b># of Individuals</b>	<b>Culture</b>	<b># of Individuals</b>
Child and Youth (0-15)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (26-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
Total FY 2011/2012		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

SECTION 3: PROGRAM STATUS SINCE LAST UPDATE

3. Has anything changed since the previous year update?

Other programs that have been fully implemented are Trevor project, LOSS Team, Reduction and Elimination of Stigma Through Art Targeted Education (RESTATE), Signs of Suicide (SOS) program, and Depression Reduction and Achieving Wellness (DRAW).

Mental Health First Aid (MHFA) and ASIST trainers for Behavioral Health now offer certification in both trainings to community based organizations and agencies, schools, and law enforcement.

SECTION 4: CURRENT PROGRAM STATUS

4. What is happening in the current FY?

The Student Mental Health Network has moved forward with conducting a Student Mental Health Needs Assessment. The projected date of completion and report summary is the current fiscal year.

RESTATE, SOS, DRAW, and Trevor projects continue to be implemented at each school district and community colleges throughout Kings County.

MHFA and ASIST trainings are offered quarterly to all community members. The Department has added an additional ASIST trainer. Two Prevention Coordinators have been trained MHFA Youth and will begin trainings with educators in the current fiscal year.

Local outreach for Survivors of Suicide (LOSS team) is conducting Sudden and Traumatic Loss trainings and LOSS team volunteer trainings to building capacity. Teams will provide outreach to families experiencing a death by suicide.

**SECTION 5: FISCAL CHANGES**

**Please refer to "STATEWIDE PEI FUNDING ESTIMATE" (EXHIBIT D)**

MHSA APPROVED PROGRAM

INNOVATION

**Program: CIRCLE OF THE HORSE/IMPLEMENTATION LEARNING COUNCIL**

SECTION 1: PREVIOUS FY ANNUAL UPDATE SUMMARY

1. Provide a brief description of your previously approved program that includes array of services being provided, including the last annual update changes.

Kings County Innovation Plan was approved February 24, 2011. The Circle of the Horse Innovation program is an Equine-Facilitated Psychotherapy (EFP) program targeted to serve at risk Tachi-Yokut Native American youth in the 4<sup>th</sup>-8<sup>th</sup> grades attending Central Union Elementary School. The program also targets other youth that are exhibiting behavior or emotional problems at school who are not performing at grade level. The program has been very successful in promoting positive changes in the youth served. Most students showed an improvement in school attendance, which was reflected in the decreased number of absences, as well as confidence, openness to share, ability to be self-reflective and willingness to show empathy. Students improvement was also see in social skill and confidence – such as willingness to apologize, reduction in use of curse works, ability to better manage behaviors and an improved sense of self.

Each semester a select group of students participate in EFP, which utilizes horses to address emotional, social and behavioral needs. This approach improves communication, self-esteem, listening, trust, and concentration.

The program is overseen by the Implementation Learning Council (ILC), which consists of representatives from Kings County Behavioral Health, the Tachi-Yokut Tribe, the Central Union Elementary School, the contracted therapist and an Independent program evaluation team.

Cultural components are woven into the program and are facilitated by the Tachi-Yokut Tribe to celebrate the unique cultural heritage of American Indian students and strengthen the bond between the child and his/her family and tribe.

The first year evaluation report was submitted in October 2012 to Behavioral Health and to the ILC in January 2013. The evaluation reported the program had a positive impact on those served.

SECTION 2: PROGRAM SPECIFIC PROGRESS

2. List the number of individuals served by this program during 2011 as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)	12	White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (26-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American	12	Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

SECTION 3: PROGRAM STATUS SINCE LAST UPDATE

3. Has anything changed since the previous year update?

Nothing has changed since the last update.

**SECTION 4: CURRENT PROGRAM STATUS**

**4. What is happening in the current FY?**

The program is currently serving 12 children who were previously not served in the program. The intention is to graduate those students at the end of the school year and move towards a new "Mentor" program for those children, allowing them to continue a level of engagement.

The program will continue in fiscal year 2013/2014 at the same funding level as in the previous year. This allows the program to continue doing the excellent work that it has done in the past.

**SECTION 5: FISCAL CHANGES**

**Please refer to "INNOVATION FUNDING ESTIMATE" (EXHIBIT E)**

MHSA APPROVED PROGRAM

Capital Facilities/Technological Needs

**Program: Wellness Center; Feasibility Study; and "From Custody to Community" Transitional Services**

**SECTION 1: PREVIOUS FY ANNUAL UPDATE SUMMARY**

1. Provide a brief description of your previously approved program that includes array of services being provided, including the last annual update changes.

N/A – new update

**SECTION 2: PROGRAM SPECIFIC PROGRESS**

2. List the number of individuals served by this program during FY \_\_\_\_ N/A\_\_\_\_, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (26-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**SECTION 3: CURRENT PROGRAM STATUS**

3. Has anything changed since the previous year update?

Capital Facilities has not previously been a part of the Annual Update or amendments. The most significant change has been the stakeholder process involving a blend of ideas and partners. These stakeholder groups have developed three different approaches toward the utilization of the Capital Facilities funds and have included over the past year: community based organizations (outpatient treatment and residential service providers), Kings County Sheriff, Detention staff, Behavioral Health, County Administration, Probation, County Counsel, Human Services, Victim Witness, Kings County Housing Authority, Courts, Kings Community Action Organization, Community Development Department, Kings/Tulare Continuum of Care; and Kings County United Way.

SECTION 4: CURRENT PROGRAM STATUS

4. What is happening in the current FY?

As part of the ANCHORS project (permanent and supportive housing), a building on an adjacent parcel was purchased through CalHFA for a Wellness Center where services could be offered for residents of ANCHORS, or other individuals eligible for MHSA programs. Because of the limited CalHFA revenue available, the internal construction modifications and furnishings are proposed to be part of the Capital Facilities Plan for the County MHSA plan. The building was a former restaurant and can be rehabilitated into a One-Stop Wellness Center which will include recreational and social gathering space, a consumer garden, cooking classes, laundry and exercise area, and case management, group skills room, and medical office space. It is designed for outreach to individuals facing transportation and/or other stigma barriers and individuals who may not have previously accessed non-traditional services as part of their wellness and recovery plan.

Kings County Courts are targeted to move from the Kings County Government complex in the Fall of 2014. This move will vacate a two story County-owned building that offers potential for several public service departments to partner and streamline access-to-care under one roof; Behavioral Health will lead the stakeholder process. Stakeholders may include Public Guardian and Veterans Services, Commission on Aging, Health Department, and other partners identified through the planning process. As part of this planning process, Capital Facilities revenue will be utilized to conduct a feasibility study for the utilization of this Court Building beginning in January 2014.

An additional plan for the Capital Facility revenue in 2013/2014 is leveraging match MHSA dollars under Senate Bill 1022 for the purposes of building stand-alone program space adjacent to Kings County Jail facility. This program model, "From Custody to Community" is for the purpose of facilitating comprehensive, transition-planning for inmates targeted for release into the community. The program space will include a Day Reporting Center, Vocations space, Adult School classrooms, a group room, multiple office space for case managers, housing coordinator, victim witness, counseling and treatment space, and linkages to medical insurance under Affordable Care Act. The planned outcome for this Capital investment is a reduction in recidivism, and healthier individuals returning to the community with resources and capacity to be productive citizens.

The technological needs associated with the Wellness Center and "From Custody to Community" is anticipated to be connectivity and mobility for staff. Information Technology Services (ITS), equipment, computers, laptops, smart boards, and communication devices that can assist in efficiency and streamlining of services are inclusive of this plan.

**SECTION 5: FISCAL CHANGES**

**Please refer to "CFTN FUNDING ESTIMATE" (EXHIBIT F)**

MHSA APPROVED PROGRAM

Training, Technical Assistance and Capacity Building

**Program: Training, Technical Assistance and Capacity Building**

SECTION 1: PREVIOUS FY ANNUAL UPDATE SUMMARY

1. Provide a brief description of your previously approved program that includes array of services being provided, including the last annual update changes.

Training, Technical Assistance and Capacity Building needs is another component of the Mental Health Services Act Funding that will be used to provide Behavioral Health and staff with the training methods that have been demonstrated to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.

**SECTION 2: PROGRAM SPECIFIC PROGRESS**

2. List the number of individuals served by this program during FY \_\_\_\_\_ N/A \_\_\_\_\_, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (26-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**SECTION 3: CURRENT PROGRAM STATUS**

3. Has anything changed since the previous year update?

Nothing has changed since the last update.

**SECTION 4: CURRENT PROGRAM STATUS**

4. What is happening in the current FY?

The program has continued in fiscal year 2013/2014.

**SECTION 5: FISCAL CHANGES**

**Please refer to "TTACB FUNDING ESTIMATE" EXHIBIT G**

County: KINGS

Date: 10/24/2013

CSS Programs		FY 12/13 Actuals estimated	FY 13/14 Estimated MHSA Funding	Percent Change	Estimated MHSA Funds by Service Category*				Estimated MHSA Funds by Age Group*			
No.	Name				Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult
<b>Programs</b>												
1.	Children/TAY	\$365,331	\$473,848	23%	\$473,848					\$236,924	\$236,924	
2.	Adult/Older Adult	\$1,669,203	\$1,768,535	6%	\$1,768,535						\$1,414,828	\$353,707
3.	Community Integrated Team	\$650,000	\$650,000	0%	\$650,000					\$32,500	\$97,500	\$422,500
4.	ECHO	\$84,041	\$90,000	7%		\$90,000					\$13,500	\$63,000
5.	FRC & Satellite Clinics	\$329,300	\$329,300	0%		\$329,300				\$16,465	\$49,395	\$230,510
6.	SAFE	\$233,940	\$232,000	-1%				\$232,000				\$34,800
7.		\$0	\$0									
8.		\$0	\$0									
9.		\$0	\$0									
10.		\$0	\$0									
11.		\$0	\$0									
12.		\$0	\$0									
13.		\$0	\$0									
14.		\$0	\$0									
15.		\$0	\$0									
16.	Subtotal: Programs <sup>a/</sup>	\$3,331,814	\$3,543,683	6%	\$2,892,383	\$419,300	\$232,000	\$0	\$285,889	\$397,319	\$2,165,638	\$694,837
17.	Plus up to 15% Indirect Administrative Costs	\$477,416	\$531,552									
18.	Plus up to 10% Operating Reserve	\$380,923	\$407,524									
19.	<b>Total MHSA Funds estimated for CSS</b>		<b>\$4,482,759</b>									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 81.62%

County: KINGS

PEI FUNDING ESTIMATE

Date: 10/24/2013

PEI Programs		FY 12/13 Actuals estimated	FY 13/14 Estimated MHSA Funding	Percent Change	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group			
No.	Name				Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult
<b>Programs</b>										
1.	1	WE-CAN	\$754,806	\$1,066,332	29%	\$533,166	\$533,166	\$959,699	\$106,633	
2.	2	In Common	\$378,276	\$395,087	4%	\$197,543.50	\$197,543.50	\$39,509	\$79,017	\$237,052
3.			\$0	\$0						\$39,509
4.			\$0	\$0						
5.			\$0	\$0						
6.			\$0	\$0						
7.			\$0	\$0						
8.			\$0	\$0						
9.			\$0	\$0						
10.			\$0	\$0						
11.			\$0	\$0						
12.			\$0	\$0						
13.			\$0	\$0						
14.			\$0	\$0						
15.			\$0	\$0						
16.	Subtotal: Programs*		\$1,133,082	\$1,461,419	22%	\$730,710	\$730,710	\$999,208	\$185,651	\$237,052
17.	Plus up to 15% Indirect Administrative Costs		\$213,392	\$219,212.85						\$39,509
18.	Plus up to 10% Operating Reserve		\$134,647	\$168,063						
19.	<b>Total MHSA Funds Estimated for PEI</b>			\$1,848,695						

\*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years =

81%

\*FY 2011/2012 outcomes data utilized.

WET FUNDING ESTIMATE

County: KINGS

Date: 10/23/2013

Workforce Education and Training			FY 12/13 Actuals	FY 13/14 Estimated MHSA Funding	Percent Change	Estimated MHSA Funds by Service Category				
No.	Name	Workforce Staffing Support				Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive	
<b>Programs</b>										
1.	1	Workforce Education & Training (WET)	\$5,009	\$200,000	97%	\$30,000	\$150,000	\$10,000	\$10,000	
2.			\$0	\$0						
3.			\$0	\$0						
4.			\$0	\$0						
5.			\$0	\$0						
6.			\$0	\$0						
7.			\$0	\$0						
8.			\$0	\$0						
9.			\$0	\$0						
10.			\$0	\$0						
11.			\$0	\$0						
12.			\$0	\$0						
13.			\$0	\$0						
14.			\$0	\$0						
15.			\$0	\$0						
16.	Subtotal: Programs <sup>2/</sup>		\$5,009	\$200,000	97%	\$30,000	\$150,000	\$10,000	\$10,000	
17.	Plus up to 15% Indirect Administrative Costs		\$0	\$30,000				\$0	\$10,000	
18.	Plus up to 10% Operating Reserve		\$0	\$23,000						
19.	<b>Total MHSA Funds Estimated</b>			\$253,000						

County: KINGS

STATEWIDE PEI FUNDING ESTIMATE

Date: 10/23/2013

PEI Programs		FY 12/13 Actuals estimated	FY 13/14 Estimated MHSA Funding	Percent Change	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group			
No.	Name				Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult
<b>Programs</b>										
1.	1 PEI Statewide	\$486,234	\$86,800	-460%			\$8,680	\$78,120		
2.										
3.										
4.		\$0	\$0							
5.		\$0	\$0							
6.		\$0	\$0							
7.		\$0	\$0							
8.		\$0	\$0							
9.		\$0	\$0							
10.		\$0	\$0							
11.		\$0	\$0							
12.		\$0	\$0							
13.		\$0	\$0							
14.		\$0	\$0							
15.		\$0	\$0							
16.	Subtotal: Programs*	\$486,234	\$86,800	-460%	\$0	\$0	\$8,680	\$78,120	\$0	\$0
17.	Plus up to 15% Indirect Administrative Costs	\$129,115	\$13,020							
18.	Plus up to 10% Operating Reserve	\$0	\$9,982							
19.	<b>Total MHSA Funds Estimated for STATEWIDE PEI</b>		\$109,802							

\*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years = 100%

INNOVATION FUNDING ESTIMATE

County: KINGS

Date: 10/24/2013

INNOVATION Programs			FY 12/13 Actuals	FY 13/14 Estimated MHSA Funding	Percent Change
No.	Name				
<b>Programs</b>					
1.	1	Circle of the Horse/Implementation Learning Council	\$188,226	\$250,759	25%
2.			\$0	\$0	
3.			\$0	\$0	
4.			\$0	\$0	
5.			\$0	\$0	
6.			\$0	\$0	
7.			\$0	\$0	
8.			\$0	\$0	
9.			\$0	\$0	
10.			\$0	\$0	
11.			\$0	\$0	
12.			\$0	\$0	
13.			\$0	\$0	
14.			\$0	\$0	
15.			\$0	\$0	
16.	Subtotal: Programs		\$188,226	\$250,759	25%
17.	Plus up to 15% Indirect Administrative Costs		\$3,400	\$37,614	
18.	Plus up to 10% Operating Reserve		\$0	\$0	
19.	<b>Total MHSA Funds Estimated for INNOVATION</b>		<b>\$191,625</b>	<b>\$288,373</b>	

CFTN FUNDING ESTIMATE

County: KINGS

Date: 10/24/2013

CFTN			FY 12/13 Actuals	FY 13/14 Estimated MHSA Funding	Percent Change
No.	Name				
<b>Programs</b>					
1.	Capital Facilities/Fechnological Needs		\$0	\$791,000	100%
2.			\$0	\$0	
3.			\$0	\$0	
4.			\$0	\$0	
5.			\$0	\$0	
6.			\$0	\$0	
7.			\$0	\$0	
8.			\$0	\$0	
9.			\$0	\$0	
10.			\$0	\$0	
11.			\$0	\$0	
12.			\$0	\$0	
13.			\$0	\$0	
14.			\$0	\$0	
15.			\$0	\$0	
16.	Subtotal: Programs		\$0	\$791,000	100%
17.	Plus up to 15% Indirect Administrative Costs		\$0	\$118,650	
18.	Plus up to 10% Operating Reserve		\$0	\$0	
19.	<b>Total MHSA Funds Estimated for CFTN</b>		\$0	\$909,650	

TTACB FUNDING ESTIMATE

County: KINGS

Date: 10/24/2013

TTACB Programs			FY 12/13 Actuals	FY 13/14 Estimated MHSAs Funding	Percent Change
No.	Name				
<b>Programs</b>					
1.	1	Training, Technical Assistance and Capacity Building	\$0	\$22,700	100%
2.			\$0	\$0	
3.			\$0	\$0	
4.			\$0	\$0	
5.			\$0	\$0	
6.			\$0	\$0	
7.			\$0	\$0	
8.			\$0	\$0	
9.			\$0	\$0	
10.			\$0	\$0	
11.			\$0	\$0	
12.			\$0	\$0	
13.			\$0	\$0	
14.			\$0	\$0	
15.			\$0	\$0	
16.	Subtotal: Programs		\$0	\$22,700	100%
17.	Plus up to 15% Indirect Administrative Costs		\$0	\$3,405	
18.	Plus up to 10% Operating Reserve		\$0	\$0	
19.	<b>Total MHSAs Funds Estimated for TTACB</b>		\$0	\$26,105	