TUOLUMNE COUNTY BEHAVIORAL HEALTH DEPARTMENT

MENTAL HEALTH SERVICES ACT (MHSA) 3-YEAR PROGRAM & EXPENDITURE PLAN FISCAL YEARS 2023/24, 2024/25, 2025/26

Including:

- Annual Prevention and Early Intervention Evaluation Report for FY 2021/2022
- Prevention and Early Intervention Demographics Form
- Annual Innovation Project Report FY 2021/2022

Draft Posted for Public Review & Comment Period:
May 1-June 7, 2023

Public Hearing:
June 7, 2023

Board of Supervisors' Approval:
Tuesday, June 20, 2023

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Tuolumne County

[x] Three-Year Program and Expenditure Plan
[ ] Annual Update

Local Mental Health Director	MHSA Agency Program Manager
Name: Tami Mariscal, BH Director	Name: Jennifer Guhl
Telephone Number: 209-533-6245	Telephone Number: 209-533-6245
E-mail: TMariscal@co.tuolumne.ca.us	E-mail: JGuhl@co.tuolumne.ca.us
Local Mental Health Mailing Address: 2 South Green Street Sonora, CA 95370	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and no supplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Program Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on June 20, 2023.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, non-supplant.

All documents in the attached annual update are true and correct.

Tami Mariscal
Director of Behavioral Health (PRINT)

6/21/23
Signature **Date**

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Tuolumne County

[x] Three-Year Program and Expenditure Plan
[ ] Annual Update
[ ] Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller/City Financial Officer
Name: Tami Mariscal Telephone Number: (209) 533-6245 E-Mail: TMariscal@co.tuolumne.ca.us	Name: Deborah Bautista Telephone Number: (209) 533-5551 E-Mail: dbautista@co.tuolumne.ca.us
Local Mental Health Mailing Address: 2 South Green Street Sonora, CA 95370	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report, or Update to the Annual Plan, is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Tami Mariscal

Director of Behavioral Health (PRINT)

6/21/23

Signature **Date**

I hereby certify that for the fiscal year ended June 30, 2023, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2023. I further certify that for the fiscal year ended June 30, 2023, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Deborah Bautista

County Auditor Controller/City Financial Officer (PRINT)

Deborah Bautista 7/11/23

Signature **Date**

[1]Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (2/14/2013)

Mental Health Services Act (MHSA) Summary

MHSA Background

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA) which became law on January 1, 2005. The Act imposed one percent tax on individual income exceeding $1 million. The MHSA is a unified, statewide initiative to provide improved care for individuals living with a mental illness and it outlines a methodology to the plan of care and delivery of mental health services.

MHSA Guiding Principles & Core Values

"Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:

1. To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility and self-determination.
2. To promote consumer-operated services as a way to support recovery.
3. To reflect the cultural, ethnic, and racial diversity of mental health consumers.
4. To plan for each consumer's individual needs." *(WIC §§ 581)*

The core values of the Mental Health Services Act are expressed in the six following guiding principles for planning and implementation, according to California Code, Welfare and Institutions Codes:

- *Client Driven (WIC §§ 5813.5(d)(2)(3), 5830(a)(2) and 5866; 9 CCR §3200.050)*
- *Family Driven (WIC §§ 5822(h), 5840(b)(1), 5868(b)(2) 5878.1; 9 CCR §3200.120)*
- *Cultural Competence (WIC §§ 5813.5(d)(3), 5868(b), 5878.1(a); 9 CCR § 3200.100)*
- *Community Collaboration (WIC §§ 5830(a)(3), 5866; 9 CCR § 3200.060)*
- *Integrated Services (WIC §§ 5878.1(a), 5802, 5806(b), 5813.5(d)(4); 9 CCR § 3200.190)*
- *Focus on Wellness, Recovery and Resilience (WIC § 5813.5(d); MHSA § 7)*

MHSA Goals

The goal of the MHSA:

- Reduce duration of untreated mental illness
- Reduce negative outcomes that may result from untreated mental illness
- Prevent mental illness from becoming severe and disabling
- Improve timely access to mental health services for underserved individuals
- Reduce stigma and discrimination

- Increase number of individuals receiving mental health services
- Promote a recovery vision for individuals with mental illness

MHSA Populations

MHSA is intended to increase access and services for underserved, unserved and inappropriately served populations in the following age groups:

- Children and Youth: Ages 0-15
- Transition Age Youth (TAY): Ages 16-25
- Adults: Ages 26-59
- Older Adults: Ages 60+

MHSA Funding Structure

Allocations

- Taxes are collected by the State Treasury and MHSA funds are distributed by the State Controller's Office on a monthly basis to counties

Local MH Services Fund

- Each county is required to have a local Mental Health Services Fund (MHSF) just for MHSA use

Expenditures

- Counties are required to develop a Three-Year Program and Expenditure Plan outlining plans for funds by component and plans ***must be*** developed in accordance with stakeholder engagement process and approved by the local Board of Supervisors

Reports

- Counties are required to prepare and submit an MHSA Annual Revenue and Expenditure Report by January 31st of each year to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Healthcare Services (DHCS).

Prudent Reserve

- Counties are required to establish and maintain a prudent reserve to ensure the county can continue services in years in which revenues are below recent averages

Reversion

- Funds not spent within a certain time period are subject to be returned to the state

What is the Purpose of the Annual Update and/or Three-Year Program and Expenditure Plan?

Welfare and Institutions (W&I) Code Section 5848 states that counties shall submit the MHSA Annual Update to report on the achievement of performance outcomes related to MHSA components, including Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), and one-time funds including Permanent Supportive Housing, Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CF/TN). Any changes to these components due to performance or funding should also be reflected in this report. Per W&I Code Section 5847, Counties shall also report on those served, and submit a budget that represents unspent funds from the current fiscal year and projected expenditures for the next fiscal year.

State Partners

Department of Health Care Services (DHCS)

The Department of Health Care Services (DHCS) is primarily responsible for overseeing the use of the Mental Health Services Act (MHSA) revenue and expenditures.

- Reviews the MHSA allocation methodology and monitors distribution and reporting MHSA funds
- Calculates and manages the amount of Mental Health Service Funds subject to reversion
- Develops and reviews county revenue and expenditure reports
- Develops regulations for the Community Services and Supports, Workforce Education and Training, and Capital Facilities and Technological Needs components

Mental Health Services Oversight and Accountability Commission (MHSOAC)

The Mental Health Services Oversight and Accountability Commission's primary function is to oversee the implementation of the Mental Health Services Act.

- Advises the Governor and Legislature on mental health policy
- Develop/maintain regulations for the PEI and INN components
- Approval of county INN plans
- Oversights of funding for the SB82 Triage, Mental Health Student Services Act, and Stakeholder Advocacy grant programs

Department of Health Care Access and Information (HCAI)

Formerly known as the Office of Statewide Health Planning and Development (OSHPD), the Department of Health Care Access and Information (HCAI) is responsible for:

- MHSA five-year Workforce Education and Training Plan
- Psychiatric residency programs
- Statewide technical assistance center
- Residency program for physician assistance in mental health
- Mental health loan assumption program

Relevant Legislative Impacts

- ***AB100***: Eliminated annual plan review by DMH and OAC; also shifted distribution of MHSA funds to go to counties directly on a monthly basis
- ***AB1467***: Transferred the remaining state MSHA functions from the former DMH to DHCS and further clarified roles of MHSOAC and DHCS
- ***AB114***: Addresses reversion of MHSA funds
- ***AB192***: Clarified that a county's prudent reserve for their Local Mental Health Services Fund (MHSF) shall not exceed 33% of the average Community Services and Supports (CSS) revenue received in the Local MHSF, in the previous five years. Also established a Reversion Account.
- ***SB79***: This bill amended the MHSA by not reverting Innovation Funds to the State, as long as the Innovation funds are identified in the plan for innovative programs that have been approved by MHSOAC.
- ***AB81***: COVID related flexibilities and extensions
- ***AB638***: Allow for the use of Prevention and Early Intervention (PEI) funds to support Substance Use Disorder (SUD) services
- ***AB2242:*** Care Coordination Plans: This Assembly Bill specifically provides that county behavioral health departments, among others, participate in designing an individual's care plan. MHSA is obligated to pay for part of this plan.

BH Reform and MHSA Modernization

Modernizing Our Behavioral Health System & Building More Mental Health Housing

According to State of California Office of Governor, Gavin Newsom, as of March 2023, since 2019, California has embarked on massive investments and policy reforms to re-envision how the state treats mental health and substance use disorders, collectively known as the behavioral health system.

The ongoing re-envisioning of the behavioral health system has already seen more than $10 billion in investments that range from prevention and early intervention programs for kids, to investments in programs like the CARE Act and system improvements in Medi-Cal through

CalAIM that begin to build up the community-based care the sickest Californians desperately need.

On March 19, 2023, Gov. Newsom proposed a 2024 ballot initiative to improve how California treats mental illness, substance abuse, and homelessness: a bond to build state-of-the-art mental health treatment residential settings in the community to house Californians with mental illness and substance use disorders and to create housing for homeless veterans and modernize the Mental Health Services Act. The ballot would also include an amendment to the Mental Health Services Act (MHSA), leading to at least $1 billion every year in local assistance for housing and residential services for people experiencing mental illness and substance use disorders, and allowing MHSA funds to serve people with substance use disorders.

Three Key Elements of Governor Newsom's Proposal

- A Bond to Fund Behavioral Health Expansion and Housing for Homeless Veterans
- Modernizing the Mental Health Services Act
- Making Today's System of Care Work Better for All Californians

More Housing and Treatments for Thousands

The shortage of 6,000 behavioral health beds contributes to the crisis of homelessness. A general obligation bond would provide billions of dollars for thousands of new beds to treat mental illness and substance abuse, serving over 10,000 more people every year – not in institutions of the past, but locations where people can really heal:

1. Multi-Property Settings: Residential campus-style settings where multiple individuals can live, attend groups, recover, and further stabilize with a number of onsite supportive services.
2. Cottage Settings: Smaller residential settings, where many services will be available but will also allow individuals to access existing services in the community.
3. Home Settings: Permanent Supportive Housing and Scattered Site Housing offer even smaller settings to integrate individuals into the community and provide long-term housing stability.

Additional Funds to Provide Housing for Homeless Veterans

California has 10,395 homeless veterans – the bond would provide funding to build new housing for those who need it.

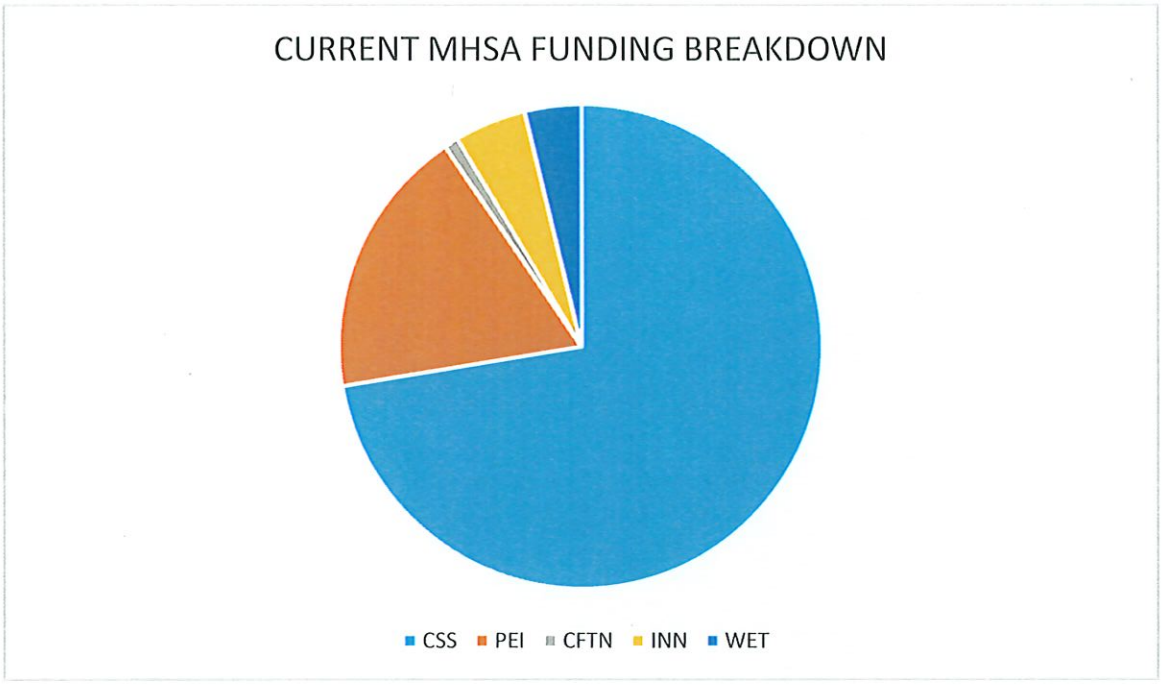
Modernizing the Mental Health Services Act

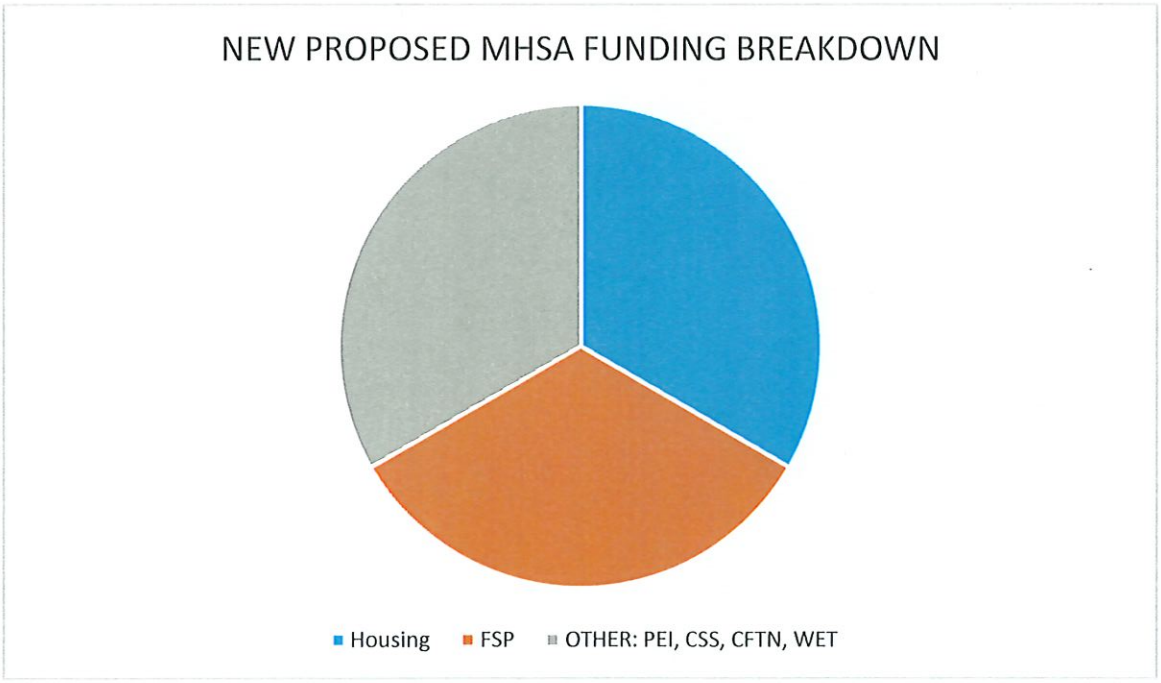
The MHSA funds 30% of the mental health system, but it's never undergone reform in the 20 years since voters passed it. Currently MHSA funds are limited in how they can be used to meet the housing needs for people with serious behavioral issues. Modernizing it will lead to $1 billion every year for housing, treating substance abuse disorders, and more:

1. $1 billion annually required for behavioral health housing and other community-based residential solutions to provide an ongoing source of funding for new settings.
2. Include those with substance use disorders, broadening the target population of MHSA funding to include more people who need support.
3. Focus funding on Full-Service Partnerships and services for the most seriously ill, prioritizing community services and supports, prevention, early intervention, and infrastructure.
4. Require counties to bill Medi-Cal first for reimbursable services, before using MHSA, to further stretch scarce dollars and allow for greater fiscal accountability and oversight.
5. Improve local accountability and increase transparency by updating counties' behavioral health plans and moving the MHSA Commission under California Health & Human Services Agency (CalHHS) to increase coordination.

(Source: https://www.gov.ca.gov/wp-content/uploads/2023/03/FACT-SHEET_-Modernizing-Our-Behavioral-Health-System-1.pdf?emrc=d1f55d)

Modernization of MHSA 2024 Proposal Allocation Projection





Tuolumne County Behavioral Health Department and the Impacts of MHSA Modernization

Due to the early stages of Governor Newsom's proposal, TCBH only has an idea of how this will impact our services as outlined in the previous charts. The current MHSA funding streams would be changed significantly and there would be new funding requirements. According to DHCS and CalHHS as of March 2023, if passed, MHSA Modernization would be as follows:

Update Local Categorical Funding Buckets

- 30% for housing and enhanced care in residential settings for individuals with serious mental illness/serious emotional disturbance and/or substance use disorder.

  Counties will manage the funds and direct the funds toward local priorities that meet designated purposes described above

- A services bucket with two sub-categories:
  - 35% of the local assistance for Full-Service Partnership (FSP) which should be optimized to leverage Medicaid as much as is allowable
  - 35% for other services including Community Services and Supports (non FSP), Prevention and Early Intervention, Capital Facilities and Technological Needs, Workforce Education and Training, and prudent reserve
- To reduce overlap with the Children and Youth Behavioral Health Initiative and close the gap in preventive services, Prevention and Early Intervention (PEI) dollars for schools should be focused on schoolwide behavioral health supports and programs and not services and supports for individuals.

Housing Interventions and Supports

- Dedicate 30% in local MHSA funding for housing interventions for people living with serious mental illness/serious emotional disturbance and/or substance use disorder who are experiencing homelessness. 30% is approximately $1 billion for the state but will vary year to year.
- Funding could be used for full spectrum of housing services and supports, rental subsidies, operating subsidies, and non-federal share for Medi-Cal covered services, including clinically enriched housing. It also could be used to further the California Behavioral Health Community-Based Continuum Demonstration.
- Funding may also be used for capital development projects, subject to DHCS limits established through bulletin authority.

Workforce

- Expand the use of local MHSA funds under the Workforce Education and Training (WET) component to include activities for workforce recruitment, development, and retention.
- The use of these funds could include professional licensing and/or certification testing and fees, loan repayment, stipends, internship programs, retention incentives, and continuing education and that increase the racial/ ethnic and geographic diversity of the workforce.
- In addition to expanding the local MHSA funds under WET, allocate MHSA funds to create a new Behavioral Health Workforce Initiative, while drawing down additional federal funds for a five-year period.

Broaden Target Population

- Authorize MHSA funding to provide treatment and services to individuals who have a debilitating substance use disorder (SUD) but do not have a co-occurring mental health disorder.
- Increase access to SUD services for individuals with moderate and severe SUD.
- Require counties to incorporate SUD prevalence and local unmet need data into spending plans. Use data to inform and develop accountability to improve the balance of funding for SUD.

Focus on Most Vulnerable

Adults

- Adults with serious mental illness (SMI) or substance use disorder (SUD) who are or at risk of experiencing homelessness or are or are at risk of being justice-involved, and/or meet the criteria for behavioral health linkages under the CalAIM Justice-Involved Initiative
- Adults with SMI at-risk of conservatorship

Children and Youth

- Children and youth with serious emotional disturbance or SUD, who are experiencing homelessness, are involved or at risk of being justice-involved, meet the criteria for behavioral health linkages under the CalAIM Justice-Involved Initiative or are in or transitioning out of the child welfare system

Fiscal Accountability and County Spending

- Require counties to bill Medi-Cal for all reimbursable services in accordance with Medicaid State Plan and applicable waivers, to further stretch scarce dollars and leverage MHSA to maximize federal funding for services.

- Reduce allowable prudent reserve amounts from 33% to 20% for large counties and 25% for small counties.
- Reassess prudent reserve more frequently from every 5 years to every 3 years.
- Authorize up to 2 percent of local MHSA revenue to be used for administrative resources to assist counties in improving plan operations, quality outcomes, reporting fiscal and programmatic data and monitoring subcontractor compliance for all county behavioral health funding.

Revise County Process

- Pare back the requirements for Three-Year Program and Expenditure Plans, standardize the level of detail and submission process, and provide additional flexibilities for transparent amendment process.
- Provide county behavioral health agencies with more flexibility to adjust spending.
- Transform the MHSA planning process into a broader county/region behavioral health planning process. Require counties to work with Medi-Cal Managed Care Plans in the development of their Population Needs Assessments and with Local Health Jurisdictions in the development of their Community Health Improvement Plans and for these reports to inform the MHSA planning process to ensure strategic alignment of funding and local cross-system collaboration.
- Require plans be approved by boards of supervisors by June 30.

Mental Health Services Oversight Accountability Commission (MHSOAC)

- Move the MHSOAC under the California Health and Human Services Agency so that it is connected with the rest of the behavioral health system.
- Require that the Commission would become advisory, and its Executive Director would be a gubernatorial appointee.

Fiscal Transparency

Require counties to report:

- Annual allocation of MHSA, Realignment, and all federal block grants;
- Annual spend on non-federal match payments including MHSA, Realignment or other county sources;
- MHSA, Realignment and Block Grant only spend;
- Any other behavioral health investments using local General Fund or other funds;
- Any unspent MHSA, Realignment or block grant funds for that fiscal year;
- Cumulative unspent MHSA, Realignment or block grant funds, inclusive of reserves.
- Admin costs, and
- Information on services provided to persons not covered by Medi-Cal, including commercial insurance, Medicare, and uninsured.

County Accountability and Infrastructure

- Develop outcome measures, not just process measures, to drive toward meaningful and measurable system change.
- Align county Behavioral Health (BH) plans (including MHPs and DMC-ODS) and Medi-Cal Managed Care Plan contract requirements when the same requirements exist across programs. This includes, but is not limited to:
  - Require key administrative positions (e.g., quality director, chief financial officer, operations director, compliance officer)
  - Compliance oversight and monitoring of subcontractors
  - Post on their website network adequacy filings, annual number of utilizers and utilization by service type
  - Establish a robust set of quality metrics for county BH plans and establish quality
  - thresholds/goals
  - Require county BH plans annually report utilization and quality to Board of Supervisors (BOS) and require the BOS to attest that they are meeting their obligation under Realignment
  - Require county BH plans to form member advisory council to inform policy and programs
  - Implement closed loop referrals

Alignment between Medi-Cal and Commercial Coverage of Behavioral Health Services

- Over the next year, Department of Managed Health Care (DMHC) and DHCS will develop a plan for achieving parity between commercial and Medi-Cal mental health and substance use disorder benefits. This may include, but is not limited to, phasing in alignment of utilization management, benefit standardization, and coverage of county-provided services.
- DMHC and DHCS will establish a stakeholder process that will include health plans and other system partners to develop framework.

Next Steps

According to DHCS and CalHHS, they look forward to working with the Legislature, system and implementation partners, and a broad set of stakeholders, including those impacted by behavioral health conditions, to set these reforms into motion to deliver equitable, accessible, and affordable community-based behavioral health care for all Californians.

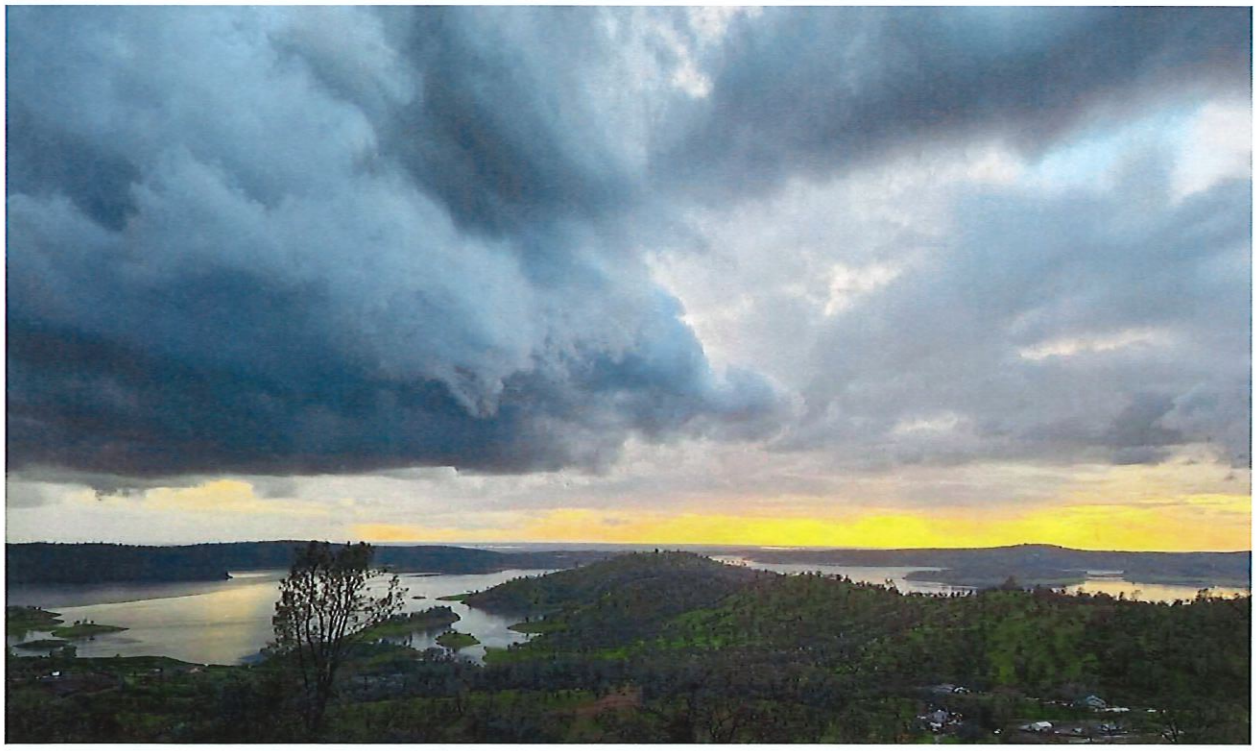
(Source: https://www.dhcs.ca.gov/services/Documents/Modernizing-Our-Behavioral-Health-System.pdf)

MHSA Posting Requirements

The MHSA Three-Year Program and Expenditure Plan for FYs 2023-2026 was posted for Public Comment and available for public viewing at multiple locations throughout the county from May 1, 2023 through June 7, 2023. A Public Hearing was held on June 7, 2023, at the Tuolumne County Behavioral Health Advisory Board's monthly meeting where invaluable feedback was gained from board members and the community. Due to the pandemic, this monthly meeting has been held virtually through December 2022. In January 2023, the meetings returned to being held in-person at the Tuolumne County Enrichment Center.

The MHSA Three-Year Program and Expenditure Plan for FYs 2023-2026 will be presented to the Tuolumne County Board of Supervisors in person on June 20, 2023, and therefore approved for Fiscal Years 2023-2026. This plan also includes the FY 2021-2022 Annual Prevention and Early Intervention (PEI) Report, and the FY 2021-2022 Annual Innovations Report.

Tuolumne County Characteristics



Lake Don Pedro, Photo by Anna Vernon



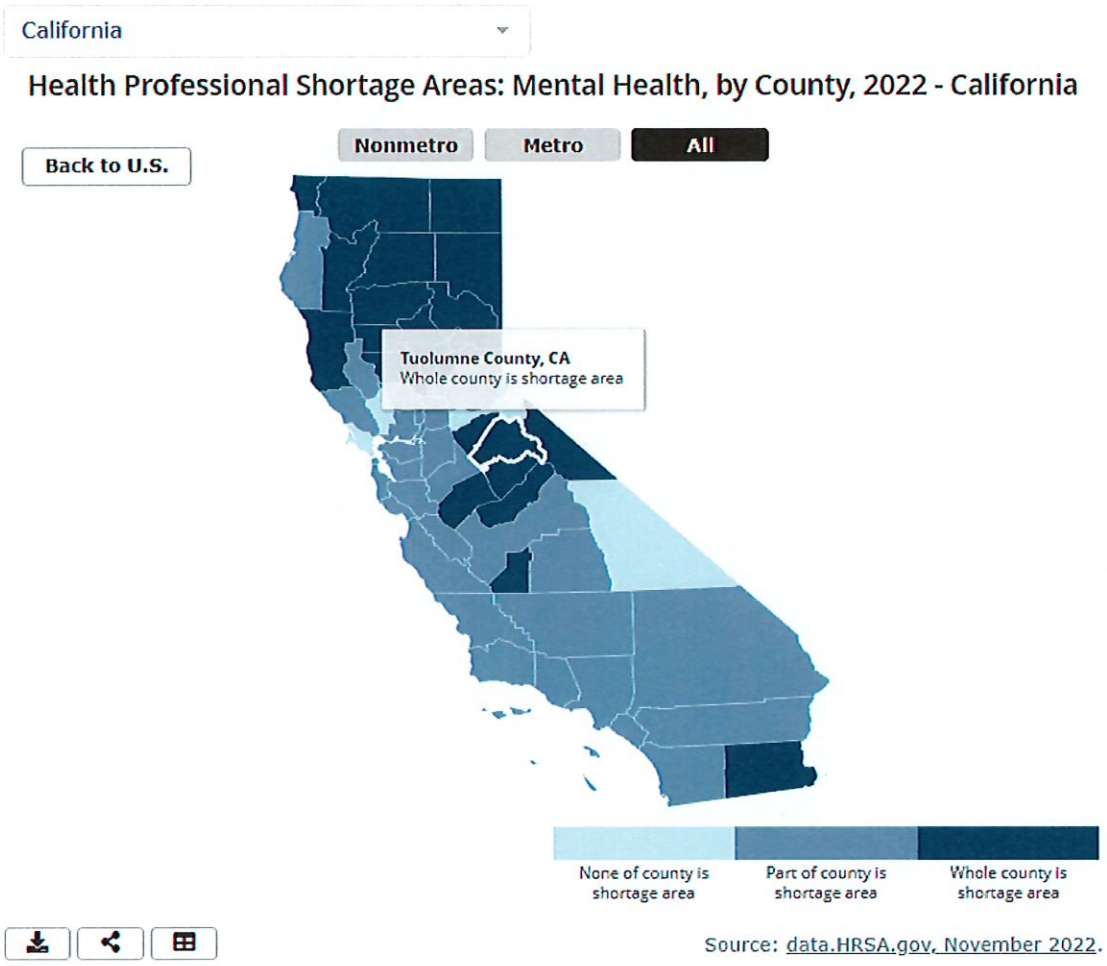
Long Barn, Photo by Bill Carter

County Challenges



- Tuolumne County is federally designated as a Mental Health Professional Shortage Area (MHPSA). MHPSA's are noted to have a shortage of clinical psychologists, clinical social workers, psychiatric nurse specialists, marriage and family therapists, and/or psychiatrists.
- The rural location and culture increase potential for stigma and delays in seeking mental health services.
- 27% of the population is aged 65 and older.

- Factors that adversely affect low-income residents living in Tuolumne County include lack of affordable housing, food insecurity, and limited availability of affordable medical and dental services.



Source: Rural Health Information Pub, https://www.ruralhealthinfo.org/charts/7?state=CA 1/30/23

County Demographics

Tuolumne County is located in the central Sierra Nevada, with major rivers to the north and south. The Sierra Nevada range forms the border on the east, with the county flowing into the great central valley in the west. The diverse terrain includes the Columbia and Railtown 1897 State Historic Parks, Bureau of Land Management lands, American Indian Rancherias and much of the Stanislaus National Forest and Yosemite National Park. According to the U.S. Census Bureau, the county has a total area of 2,274 square miles (5,891 km2), of which 2,235 square miles (5,790 km2) is land and 39 square miles (101 km2), or 1.71%, is water. The elevation ranges from 300 feet to more than 12,000 feet. Federal, state, and local governments own most of

the land (77%) in Tuolumne.

Per the 2019 US Census, Tuolumne County has a population of 54,478. Demographics for Tuolumne County have shifted only slightly from 2016 to 2019. Tuolumne County is predominately Caucasian representing 80% of its population. The second highest reported ethnicity for Tuolumne is Hispanic at 13%. Tuolumne County has a large older adult population with 27% of the population being 65 or older; the state of California is at 15% for this age group as seen in the table below.

	Tuolumne County July 2016	Tuolumne County July 2018	Tuolumne County July 2019	California July 2016	California July 2018	California July 2019
White	80.4%	79.8%	79.7%	37.7%	36.8%	36.5%
Hispanic	12.2%	12.7%	12.7%	38.9%	39.3%	39.4%
Two or more Races	3.5%	3.6%	3.6%	3.8%	3.9%	4.0%
Black	2.1%	2.0%	2.0%	6.5%	6.5%	6.5%
American Indian	2.2%	2.3%	2.3%	1.7%	1.6%	1.6%
Asian	1.3%	1.4%	1.5%	14.8%	15.3%	15.5%
Pacific Islander	0.2%	0.3%	0.3%	0.5%	0.5%	0.5%
Over 65 Years Old	24.7%	26.2%	27.0%	13.6%	14.3%	14.8%
Veterans	10%	11.04%	9.63%	4.5%	4.8%	4.1%
Live Below Poverty Line	14.5%	12.5%	12.5%	14.3%	12.8%	12.8%
Per Capita Income	$27,054	$31.570	$33,685	$30,318	$31,750	$35,021

Source: July 1, 2019 Tuolumne County and California QuickFacts from US Census Bureau



Yosemite National Park, Photo by Brittany Madden

Community Program Planning Process (CPPP)

Component Overview

Tuolumne County Behavioral Health (TCBH) conducts ongoing Community Program Planning Process (CPPP) activities on a regular basis throughout the year. The CPPP allows TCBH to stay connected with stakeholders to keep them informed of MHSA activities and to participate, provide feedback and communicate concerns about current and/or planned MHSA programs, projects and services. The CPPP is a community collaboration process that is used to: assess

current capacity; define the populations to be served and determine strategies to provide effective MHSA-funded programs that are consistent with the goals and values of MHSA.

These events and activities should include members of the community including:

- Stakeholders: adults and older adults, family members of children and youth, transition age youth, as well as constituents (e.g., service providers, law enforcement, education and social services)
- Representatives of unserved and/or underserved populations
- Individuals reflecting the diversity and demographics of the county

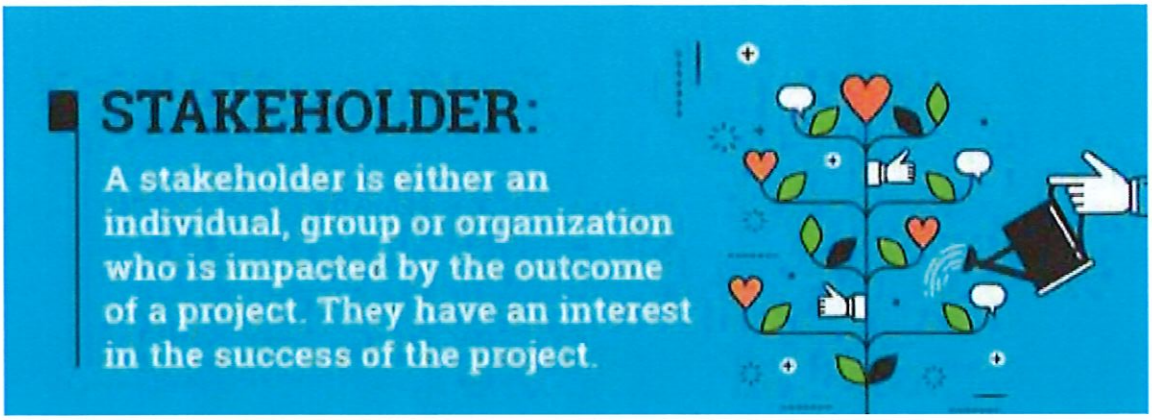
Mental health board, behavioral health directors, and the Board of Supervisors play a significant role in the local approval process of plans and updates.

MHSA Three-Year Planning Process for FY 2023/24 through FY 2025/26

Impacts of COVID-19 and Increased MHSA CPPP Stakeholder Engagement Efforts

Prior to the COVID-19 pandemic, the TCBH's CPPP had a constant stream of dedicated, passionate individuals from numerous agencies, organizations, and nonprofits participating in regular face-to-face community meetings that focused on MHSA programming and how MHSA impacted the community. However, due to the pandemic, especially the shift from in-person to online meeting formats and slower programming years due to partial closures, this created several new challenges to the TCBH's CPPP. Video support was challenging as many community members and individuals, including those who frequented the Enrichment Center, did not have access to technology, lacked skills to manage the technology, or were not interested.

In response to these obstacles an effort to restrengthen TCBH's outreach and engagement efforts as well as increase the CPPP, the new MHSA Agency Program Manager conducted surveys and held virtual meetings to reach the community. However, due to the continued decline in consumer engagement and stakeholder meeting participation in early 2022, the traditional idea of hosting on-site stakeholder meetings had to change so TCBH could continue reaching its stakeholders, all with the pandemic still affecting the region. To effectively increase the public's understanding and awareness of the MHSA by promoting its mission, purpose and funding streams, and to revitalize TCBH's stakeholder engagement and participation, the MHSA Agency Program Manager decided to seek out community-based organizations (CBO) meetings. Since some of these CBO meetings were still being held in-person, this was an opportunity for TCBH. Because MHSA funds are so incredibly important to the success of TCBH and the services and programs provided to the community, the desire and need to reach more community members shifted to become one of the MHSA Agency Program Manager's highest priorities. Following are some of the alternative efforts made toward this priority.



Alternative Efforts to Improve CPPP and Outreach and Engagement

Sierra Professional Association

With continued perseverance, the MHSA Agency Program Manager prioritized MHSA outreach and engagement and, through community networking, connected with the Sierra Professional Association (SPA). In Summer 2022, she presented a MHSA Community Information Meeting to SPA, which is a group of successful professionals working to promote local business opportunities and development through networking. Chartered in 1990, members in the organization work to support each other and the communities they serve in Tuolumne and Calaveras counties. Fifteen members attended the July 12, 2022, meeting.

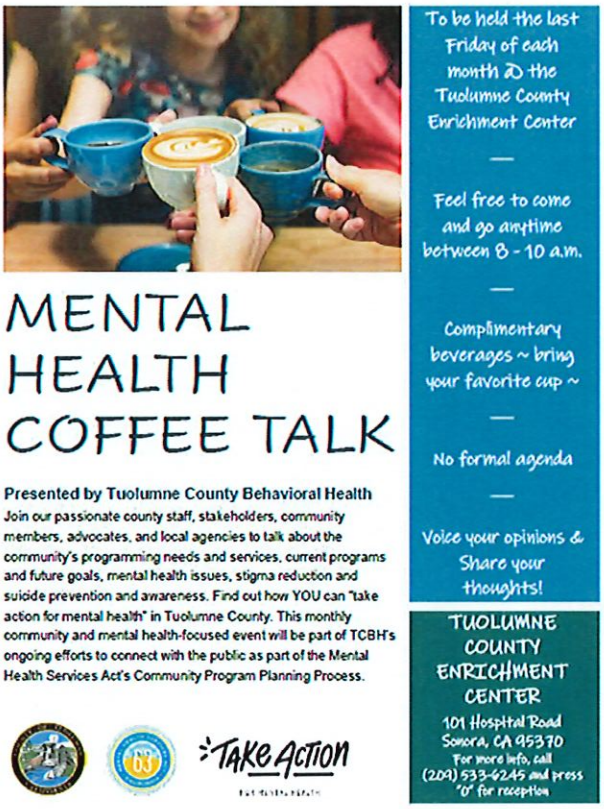
When specific questions regarding direct client services and data such as demographics and penetration rates were asked at the end of the outreach presentation, the MHSA Agency Program Manager encouraged SPA members to attend TCBH's monthly Quality Improvement Council (QIC). QIC, which is currently a meeting open to all community members via Zoom, provides a structured forum for the exchange of QI-related information between Behavioral Health staff, the QI team, Community Liaisons, clients, family members, community members, and other stakeholders, which could include SPA. This would allow SPA members to understand the differences between the TCBH clinic, in addition to the other wellness and recovery supports through MHSA. This meeting outcome demonstrated that there was much more work to be done regarding increasing the public's understanding and awareness of the MHSA.

Mental Health Coffee Talk

In Summer 2022 additional plans were underway to create the monthly Mental Health Coffee Talk event, which was launched as part of TCBH's ongoing efforts to connect with the public as part of the Mental Health Services Act's Community Program Planning Process to reach more

community members, gain valuable stakeholder feedback, and improve internal outreach and engagement efforts.

In addition, Mental Health Coffee Talk was created to improve communication and strengthen partnerships and connections between TCBH and our consumers, community members and stakeholders in a welcoming, relaxing environment. With this effort, TCBH hopes that it will foster better working relationships and increase information sharing between agencies and organizations to work more collaboratively, and ultimately build trust within the community.



This monthly community and mental health-focused event, presented and hosted by TCBH, will encourage community members to "take action for mental health" in Tuolumne County. The public is encouraged to join our passionate county staff, stakeholders, community members, advocates, and local agencies to talk about the community's programming needs and services, current programs and future goals, mental health issues, stigma reduction and suicide prevention and awareness. The event welcomes attendees to bring their own coffee mug and to voice one's opinions and share thoughts in a relaxed environment, one without a formal agenda. This regular event will be held from 8 to 10 a.m. on the last Friday of each month at the Tuolumne County Enrichment Center, 101 Hospital Road, in Sonora. The first Mental Health Coffee Talk was held on Friday, August 26th where nearly 15 TCBH staff and community members attended. This regular informal community get-together continues to draw in new community members from various local agencies, nonprofits and organizations. Mental Health Coffee Talk proves to be efficient for staff, consumers and the public. Participation, which fluctuates between 15 - 30 people each month, have included representatives from TCBH, Health and Human Services Agency, Tuolumne County Public Health, Tuolumne County Behavioral Health Advisory Board, Tuolumne County Superintendent of Schools, and the David Lambert Community Drop-In Center. This event has also been highlighted during the Tuolumne County Board of Supervisors' Staff Reports section to encourage additional participants to attend and share their feedback.

Tuolumne County Social Services Consortia

During the in-person Tuolumne County Social Services Consortia community quarterly meeting, an MHSA Program Specialist gave an MHSA outreach presentation, which consisted of 30 community members and agency representatives present at the November 16, 2022, meeting. The Tuolumne County Social Services Consortia has more than 100 representatives from various community agencies, nonprofits and organizations including those from the following sectors: the business community, healthcare professionals, religious or fraternal organizations, education and schools, youth-serving organizations, media, civic and volunteer groups, and law enforcement agencies. The consortia meet quarterly on the third Wednesday at Sierra Bible Church in Sonora.

YES Partnership

The MHSA Agency Program Manager also presented a MHSA Community Information Meeting on December 8, 2022, to 25 members of the YES Partnership, which is a community-wide coalition dedicated to supporting Tuolumne County youth and families by preventing suicide, substance, and child abuse. The Partnership was established in January 1986 in response to several teenage suicides in Tuolumne County.

The YES Partnership works collaboratively with local organizations, parents, and teens to create a drug-free and suicide-safe community by increasing protective factors among youth through the following three strategies:

- Engage youth in leadership opportunities
- Support and provide positive adult interaction with youth
- Develop youth assets

Infant/Child Enrichment Services

The MHSA Agency Program Manager also presented an MHSA Community Information Meeting on December 20, 2022, to the Infant/Child Enrichment Services (ICES)'s weekly parenting group, which consisted of 20 attendees primarily parents and/or guardians. ICES is a public benefit, non-profit corporation created in 1983 to provide a variety of childcare and parenting support services to families in Tuolumne and Mariposa counties. The ICES vision is that all parents in the community have access to quality childcare and parenting education. ICES is also one of our PEI Contractors.

A total of 75 community members were reached during the Social Services Consortia, YES Partnership and ICES meetings, thus improving the agency's MHSA outreach and engagement efforts.

Furthermore, the COVID-19 pandemic continued to create additional challenges in November 2022 as local cases were on the rise, which contributed to offering a blend of both virtual and in-person community stakeholder meetings. In addition, the planning process for the MHSA Three Year Program and Expenditure Plan FY 2023/24, 2024/25 and 2025/26 included the gathering of stakeholder feedback via a community survey during this time.

Seven community stakeholder meetings were held, an increase from Spring's four meetings. This was to encourage all who are interested in MHSA programs and behavioral health services in the county were reached and given the opportunity to share their feedback and voice opinions. The announcement of meetings was initially through Mail Chimp, one of TCBH's internal MHSA list serves, that accounts for nearly 400 community members and representatives of numerous agencies, organizations, nonprofits and local businesses throughout Tuolumne County and neighboring counties targeting underserved and/or unserved populations. Community members and representatives in the stakeholder process included the following; clients, consumers, community and family members, all county staff from various departments such as Health and Human Services Agency (HHSA), TCBH, Tuolumne County Public Health, Social Services, Veterans Services Office, Tuolumne County Behavioral Health (TCBH) Advisory Board, all Prevention and Early Intervention (PEI) Contractors, and local law enforcement including the Sonora Police Department, California Highway Patrol, and the Tuolumne County Sheriff's Office.

Announcements regarding the various community stakeholder meetings were also posted on the TCBH's Facebook social media page. Additionally, the MHSA Agency Program Manager announced the community stakeholder meetings at the Tuolumne County Board of Supervisors meeting on November 8, 2022. Also, a free online advertisement via My Mother Lode was posted (local online news source), to increase community awareness, participation and engagement and, ultimately, to reach more stakeholders.

In addition to the seven community stakeholder meetings and due to the low community response, the MHSA Agency Program Manager conducted another in-person stakeholder meeting to the TCBH's Community Cultural Collaborative (CCC) to gather feedback. The CCC is comprised of TCBH staff including direct service providers, and various representatives from local agencies, nonprofits, and organizations who serve unserved and/or underserved populations. During the monthly meeting, participants review local cultural events, share special presentations, review training opportunities, and discuss broader trends within the community and agency.

Three-Year Plan Stakeholder Participation Demographics

The chart below shows the wide variety of participation throughout the community in the MHSA CPPP in Spring 2022 compared to the MHSA CPPP in Fall 2022, specifically highlighting stakeholder demographics. The most significant decrease is in the amount of community-based organizations participating in the stakeholder process, which is noted from 34.48% down to 23.15%. Other significant decreases were seen in categories including county behavioral health department employees from 25.86% to 23.15%; hospital and physical health care providers from 5.17% to .93%; senior services from 5.17% to 1.85%. However, the amount of mental health clients/consumers who participated from 6.9% in the Spring to 21.3% during the Fall survey, followed by Veterans Services which increased from 0% in Spring to 6.48% in Fall. In addition, the Prefer Not to Answer category nearly doubled between Spring and Fall.

As identified during the MHSA CPPP in Spring, it was clear that TCBH had to do additional outreach to the veterans' community. The MHSA Agency Program Manager made significant effort during summer and fall to engage more veterans in the community stakeholder process. It began in June with supporting the Tuolumne County Veterans Services Office (VSO) with its mini standdown to assist the community's homeless veterans held on July 25, 2022, in the TCBH Community Conference Room. Stronger partnerships were underway between TCBH and the VSO. The VSO helps all veterans and their spouses in determining eligibility for various federal and state benefits. The VSO is open from 9 a.m. to 12 p.m. and 1 p.m. to 4 p.m. Monday through Friday and is located next to Tuolumne County Behavioral Health, at 105 Hospital Road, in Sonora.



According to the MHSA CPPP Consumer Demographics chart on page 33, that although only 6.48% of community stakeholders identified themselves as veterans in Fall. Efficient teamwork between departments was improving participation from our veterans' demographic. In addition, on March 29, 2023, the VSO held a training from 1 to 4 p.m. at the EC demonstrating further collaboration efforts.

MHSA CPPP Consumer Demographics		
	Spring 2022	Fall 2022
Mental Health Client/Consumer	6.9%	21.30%
Family Member of a Mental Health Client/Consumer	24.14%	26.85%
County Behavioral Health Department Employee	25.86%	23.15%
Substance Abuse Service Provider	1.72%	5.56%
Private Mental Health Therapist	1.72%	0.93%
Community Based Organization	34.48%	23.15%
Children / Family Services	6.9%	9.26%
Professor, Teacher, School Staff, Education Provider	10.34%	7.41%
Law Enforcement, including prison and jail staff	3.45%	3.70%
Probation	1.72%	1.85%
Veterans Services	0.00%	6.48%
Hospital / Physical Health Care Provider	5.17%	0.93%
Senior Services	5.17%	1.85%
Faith Based Support Provider	1.72%	2.78%
Student	3.45%	3.70%
Advocate	20.69%	22.22%
Prefer not to answer	5.17%	10.19%

MHSA CPPP Consumer Veteran Status		
	Spring 2022	Fall 2022
Yes	2.9%	8.94%
No	97.1%	87.80%
Prefer Not to Answer	0.00%	3.25%

The information highlighted in the MHSA CPPP Consumer Demographics Chart on the previous page is different than the MHSA CPPP Consumer Veteran Status Chart due to that the second question relates to if the stakeholder is a veteran rather than associated with the Veterans Services as identified in the previous chart.

The following charts demonstrate the age, race, ethnicity and gender (assigned at birth and identification) of survey respondents:

Age

MHSA CPPP Consumer Age Demographics		
	Spring 2022	Fall 2022
Under 16	0.00%	0.00%
16-17	0.00%	0.00%
18-24	0.00%	0.83%
25-34	14.93%	15.00%
35-44	14.93%	17.50%
45-54	17.91%	20.00%
55-64	19.4%	19.17%
65-74	22.39%	17.50%
75-84	8.96%	9.17%
85 or over	1.49%	0.83%

The above chart shows the wide variety of participation throughout the community in the MHSA CPPP in Spring 2022 compared to the MHSA CPPP in Fall 2022, specifically highlighting our engaged community stakeholders' age ranges. There are increases in most of the age ranges 18-54 . However, there is a significant decrease in our 65-74 population, which accounts for 27% of our rural population according to the July 1, 2019, according to Tuolumne County and California QuickFacts from US Census Bureau. There is also a slight increase of engaged community stakeholders of age 85 or over in Tuolumne County.

During our MHSA CPPP in Spring, TCBH noted that an area of improvement was to reach more TAY within the community. As TCBH developed strategies for reaching that specific demographic, it is important to note that due to the agency's increased outreach efforts our TAY respondents' numbers improved.

Race:

MHSA CPPP Consumer Race Demographics		
	Spring 2022	Fall 2022
American Indian or Alaska Native	6.06%	6.72%
Asian	1.52%	0.84%
Black or African American	0.00%	2.52%
Native Hawaiian or other Pacific Islander	0.00%	0.00%
White	74.24%	68.91%
More than one race	6.06%	9.24%
Prefer not to answer	12.12%	11.76

Results from the MHSA CPPP Consumer Ethnicity Demographics:

Non-Hispanic or Non-Latino

	AFRICAN	ASIAN INDIAN/SOUTH ASIAN	CAMBODIAN	CHINESE	EASTERN EUROPEAN	EUROPEAN	FILIPINO	JAPANESE
Ethnicity	1.96% 1	0.00% 0	0.00% 0	0.00% 0	5.88% 3	58.82% 30	3.92% 2	0.00% 0

Hispanic or Latino

	CARIBBEAN	CENTRAL AMERICAN	MEXICAN/MEXICAN-AMERICAN/CHICANO	PUERTO RICAN	SOUTH AMERICAN	PREFER NOT TO ANSWER	TOTAL
Ethnicity	5.88% 1	5.88% 1	23.53% 4	5.88% 1	5.88% 1	52.94% 9	17

Comments (17)

Gender Assigned at Birth:

MHSA CPPP Consumer Gender (Assigned at Birth) Demographics		
	Spring 2022	Fall 2022
Female	76.47%	73.98%
Male	20.59%	21.95%
Prefer Not to Answer	2.94%	4.07%

Gender Identification:

MHSA CPPP Consumer Gender (Identification) Demographics		
	Spring 2022	Fall 2022
Female	76.47%	74.59%
Male	20.59%	21.31%
Transgender	0.00%	0.00%
Genderqueer	0.00%	0.00%
Gender neutral	0.00%	0.00%
Questioning or unsure of gender identity	0.00%	0.82%
Prefer Not to Answer	2.94%	3.28%

MHSA Community Stakeholders' Participation During Meetings Fall 2022

In addition to the numerous community stakeholder and informational meetings, the planning process for the MHSA Three-Year Program and Expenditure Plan for FYs 23-26 included the gathering of stakeholder feedback via a community survey. Beginning in FY 22/23, there was a massive push for additional outreach efforts to community partners, agencies, and organizations such as Health and Human Services Agency (HHSA), Tuolumne County Public Health, Social Services, Tuolumne County Veterans Services Office, and the Tuolumne County Commission on Homelessness to raise awareness about MHSA.

During the CPPP, attendees were asked a series of questions relating to how TCBH and the MHSA programming can meet their needs as we are looking forward into the three fiscal years. Information was gathered from participants to learn about their experiences with the current mental health system, record recommendations for improvement and acknowledge feedback and suggestions to address unmet needs.

Each meeting began with the MHSA CPPP highlights for 2022 that included key dates for all stakeholder meetings, survey open and closure dates, an overview of Mental Health Services Act, detailed slides of each MHSA component, and the listed questions that would be addressed at every community stakeholder meeting. Slides via email were made available to all attendees. The MHSA Agency Program Manager took a list of attendees' names and emailed the slides to everyone after the conclusions of each community stakeholder meetings if requested. A copy of the MHSA CPPP PowerPoint presentation is attached, reference Appendix D.

Overall, nearly 30 participants attended the MHSA CPPP in November 2022. There was a representation from Department of Social Services, Catholic Charities, Adventist Health Sonora, Center for a Non-Violent Community (CNVC), Tuolumne County Public Health, Tuolumne County Behavioral Health staff and clients, consumers, and community and family members.

After the presentation on TCBH and the Mental Health Services Act, attendees were asked to participate in a series of questions regarding behavioral health services provided by TCBH and those provided by the broader community.

The questions posed were: 1) What are the challenges to accessing mental health services in the county and barriers clients face; 2) What populations should TCBH continue to focus on; 3)

What is working well; 4) What is not working well; 5) What population(s) is TCBH not serving, but should; 6) What types of programs are needed; and 7) Are there any other concerns?

Input from all MHSA Community Stakeholders' Meetings Fall 2022

The top three mentioned current challenges and barriers to accessing mental health services in the county:

- Lack of transportation
- Lack of providers and their availability
- Lack of affordable/transitional/supportive housing

The top five most mentioned populations TCBH should continue focusing on:

- Youth/children/foster youth/incarcerated youth
- Seniors with depression, loneliness, without insurance
- Homeless
- LGBTQ population including youth and adults
- TAY

Most mentioned as working well:

- Being open early at Enrichment Center
- Starting mobile crisis unit
- Expanding SUD services to youth and perinatal

The top two mentioned areas as not working well:

- Housing
- Stigma reduction with medical staff responsibility at ER

What populations are we not serving that we should be?

- Seniors
- Everyone/every day average people
- Youth
- LGBTQ

What type of programs are needed?

- Youth programs/support groups/ activities
- Increased EC programs

- In-county live in support for youth – not being sent out of county

What other concerns do you have regarding mental health?

- No concerns were mentioned

Overall, community members voiced specific needs surrounding various age populations which included Older Adults (60+), Transitional Age Youth (16-24), and Children (0-15), which are currently targeted demographics in our PEI contracts that go through June 2023.

CPPP: Input from MHSA Community Stakeholder Survey Fall 2022

During Fall, there were several departments in addition to TCBH that assisted with MHSA outreach efforts including the Health and Human Services Agency (HHSA), TCBH, Tuolumne County Public Health, Social Services, Veterans Services Office, and the Tuolumne County Commission on Homelessness

In addition to the numerous community stakeholder and informational meetings, the planning process for the MHSA Three-Year Program and Expenditure Plan for FYs 2023-2026 included the gathering of stakeholder feedback via a community survey.

The second part of the CPPP, the MHSA community stakeholder survey, was created and distributed to stakeholders via an e-mail marketing campaign to encourage stakeholders to allow their voices to be heard. Feedback was invited from stakeholders, partners, and community members of Tuolumne County of all ages, races, ethnicities, sexual orientation, gender identity, and religious or spiritual beliefs. The goal was to collect ideas, suggestions, and feedback to hear the mental health needs of the diverse populations within the community to create relevant programs. The survey opened on October 18, 2022, and was available online, and in printed format, through November 30, 2022. The printed copies were made available at TCBH reception area, the Tuolumne County Enrichment Center (EC) and the David Lambert Community Drop-In Center (Lambert Center). The Lambert Center reopened in mid-November 2022, which increased representation from the homeless population, which was unavailable during the spring MHSA CPPP 2022 due to the Lambert Center's closure because of COVID. Overall, nearly 130 surveys were received with responses from various stakeholder groups, ages, and representations. This in an increase from 70 responses during the Spring MHSA CPPP 2022, was most likely due to the increase in outreach and engagement efforts from the MHSA team. A copy of the community survey is attached, reference Appendix A.

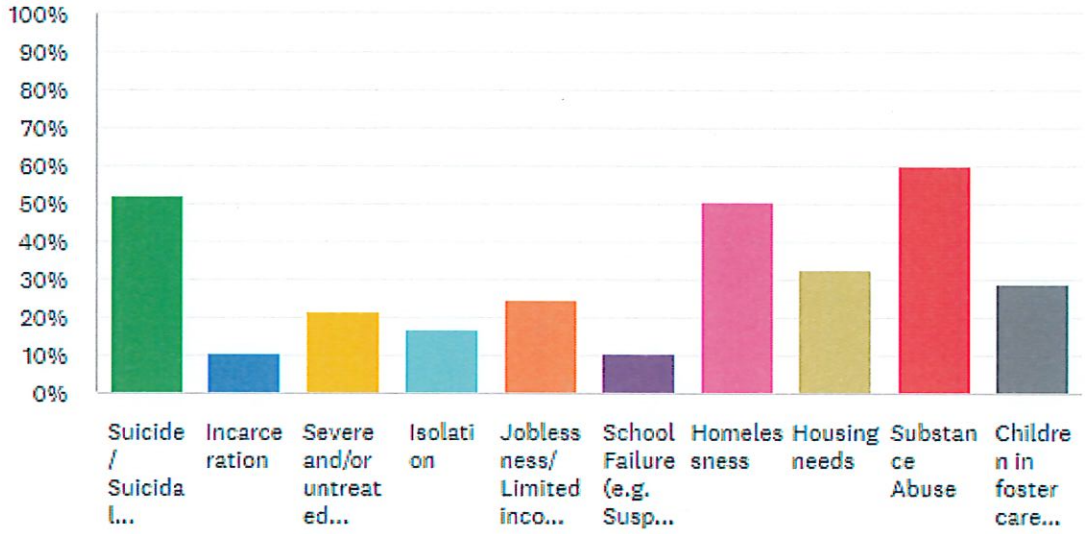
MHSA Three-Year Program and Expenditure Plan for FYs 2023-2026 Stakeholder Survey Results Fall 2022

Community stakeholders were asked: "Listed below are some of the potential issues facing someone living with an untreated mental health challenge. Please select three that you feel are

the most important to address." For this graph, the horizontal axis represents the variety of choices and the vertical axis represents the percentage of respondents.

Top three potential issues facing someone living with an untreated mental health challenge are:

1) Substance Use 60%
2) Suicide/Suicidal Thoughts 52%
3) Homelessness 50.40%



In addition to demographic information, community stakeholders were asked additional survey questions regarding priority populations, key community mental health needs, and perceived mental health challenges and gaps in services that are affecting Tuolumne County residents.

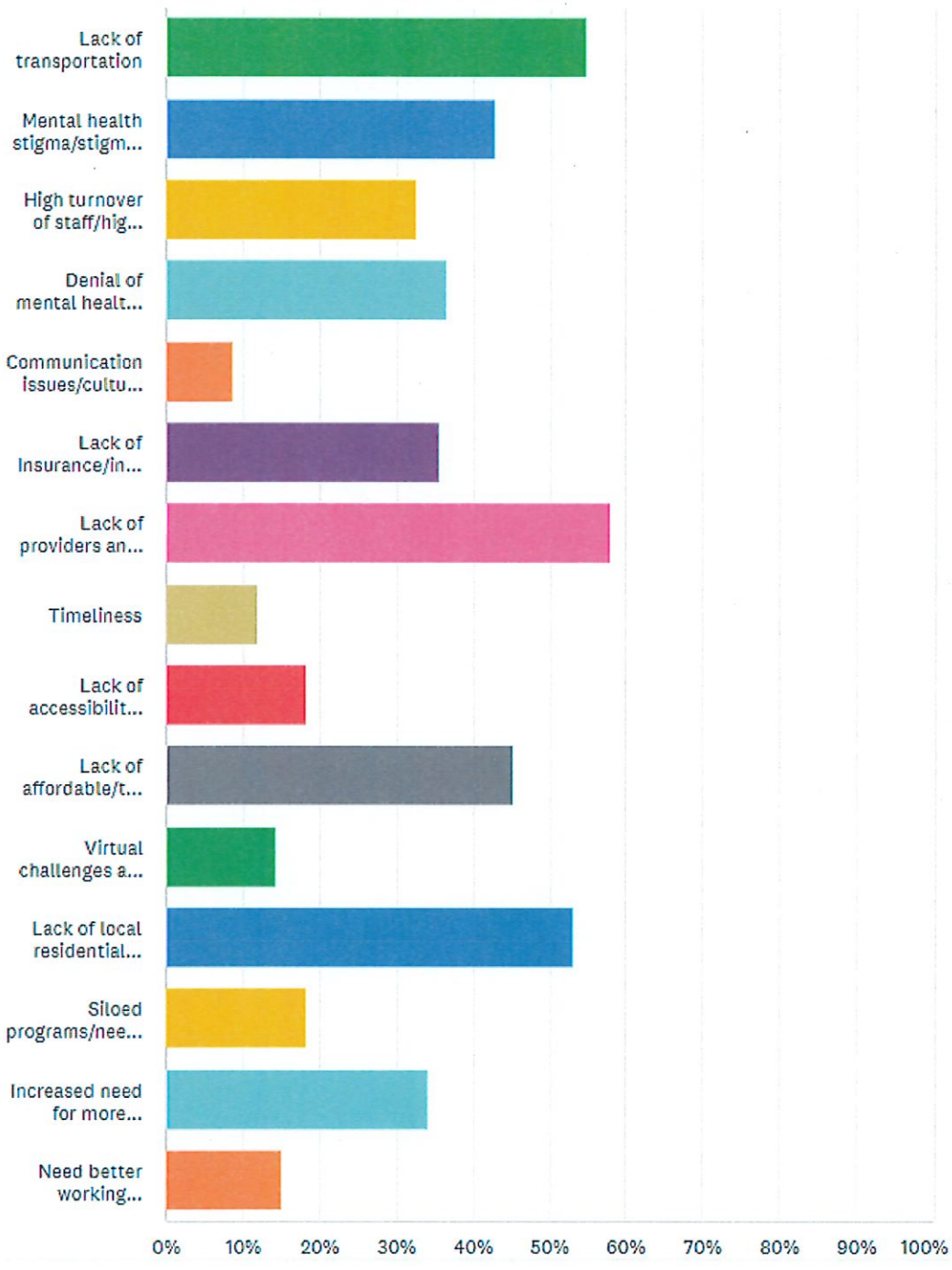
Community stakeholders were asked: "Listed below are some of the challenges that may be a barrier to those seeking mental health services in Tuolumne County. Please check the top five that you believe are the biggest barriers."

For the graph on the following page, the horizontal axis represents the percentage of respondents and the vertical axis represents the variety of choices available.

The top five are:

1. Lack of providers and their availability
2. Lack of transportation
3. Lack of residential treatment/services/facilities

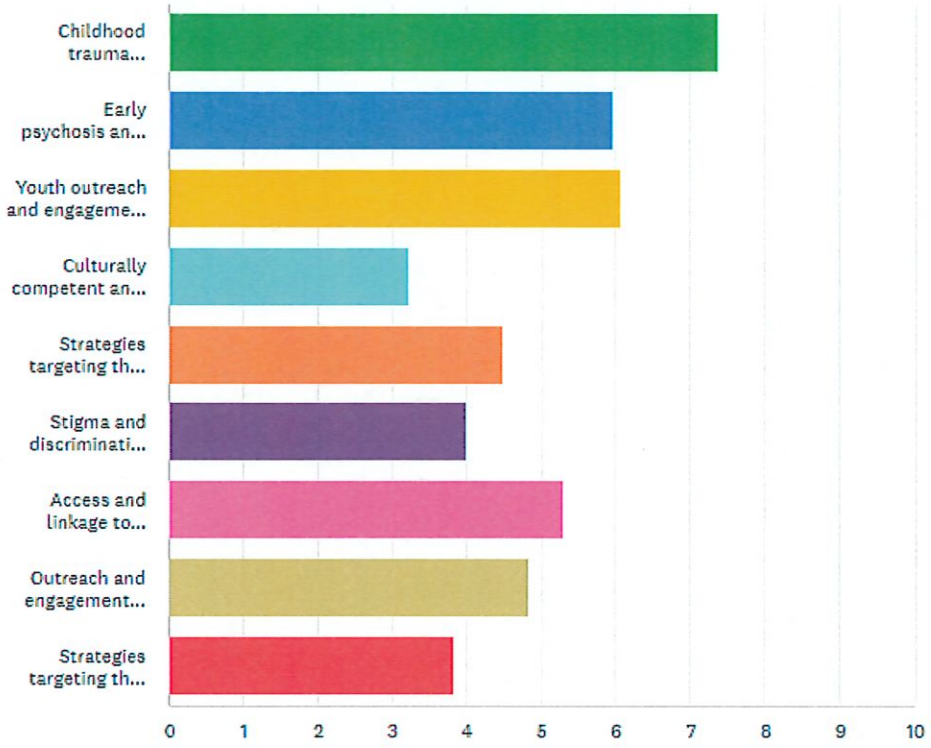
4. Lack of affordable/transitional/supportive housing
5. Mental health stigma/stigma around accessing help



Prevention and Early Intervention Stakeholder Questions

Community stakeholders were asked: "Below is a list of priorities that Prevention and Early Intervention programs are directed by MHSA regulations to address. Please rank these in order of importance from 1 (most important) to 9 (least important) for the residents of Tuolumne County."

For this graph below, the horizontal axis represents the percentage of respondents and the vertical axis represents the variety of choices available.



Stakeholders identified these PEI Programs as top priorities in Tuolumne County:

1) Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2) Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs
3) Early psychosis and mood disorder detection and early intervention; mood disorder and suicide prevention programming that occurs across the lifespan
4) Access and linkage to treatment including timely access to services for underserved populations
5) Outreach and engagement focusing on substance use prevention

6) Strategies targeting the mental health needs of older adults
7) Stigma and discrimination reduction for those experiencing mental illness
8) Strategies targeting the mental health needs and/or services of parolees or those who are recently released from incarceration
9) Culturally competent and linguistically appropriate prevention and intervention

Community stakeholders were asked: "Listed below are Prevention and Early Intervention programs and services that are currently funded by MHSA funds in Tuolumne County. Please rate them in importance as services to provide to those who may be at-risk of mental illness in Tuolumne County."

Stakeholders identified these currently funded local PEI Programs through MHSA as top priorities in Tuolumne County:

1) Suicide Prevention – **Amador-Tuolumne Community Action Agency (combined program)**
2) Training and education for teachers and school staff regarding trauma-informed care and how to build resiliency in children who have experience, or living with, trauma – **Jamestown Family Resource Center**
3) Parenting Education and Support – **Infant/Child Enrichment Services**
4) Early Childhood Education for Teachers: Promotion of social & emotional development of young children ages 0-5 – **First 5**
5) Support Services to Native Americans – **Tuolumne Me-Wuk Indian Health Center**
6) Brief Counseling and Support Services for Older Adults – **Catholic Charities**
7) Support Services to Latino Americans – **Promotores de Salud**
8) Reducing Stigma & Discrimination – **Amador-Tuolumne Community Action Agency**

Community stakeholders were asked: "What other types of Prevention and Early Intervention programs would you like to see in Tuolumne County?"

Stakeholders identified the top three PEI programs as priorities for Tuolumne County:

1) Youth/all ages program/educational opportunities/supports and substance use and/or alcohol prevention, with a focus on social and recreational opportunities
2) Whole family/all ages prevention/supports/programs with transportation
3) LGBTQIA supports/resources/education

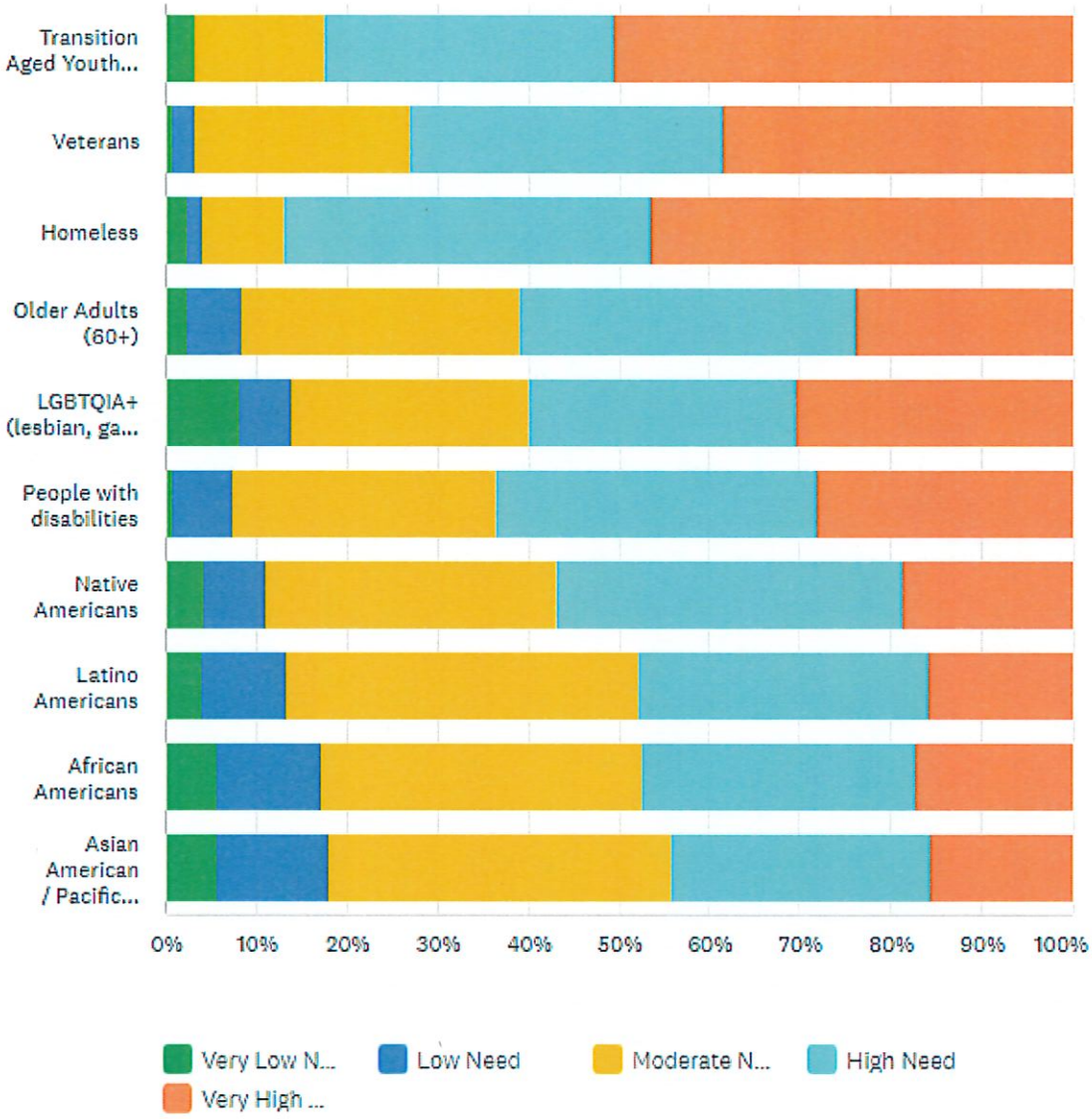
Cultural Competency Stakeholder Feedback

Community stakeholders were asked: "Below are unserved/ underserved racial, ethnic and cultural populations. Please indicate which groups you feel have the greatest need for mental health Prevention and Early Intervention programs and services in Tuolumne County."

1. TAY: Community stakeholders voiced that the highest need was the transition aged youth (TAY) ages 16 to 24 years old at 50.42%, and 31.93% said a high need, and 14.29% a moderate need.
2. Homeless: The second highest need community stakeholders voiced was the homeless population at 46.34%, and 40.65% said a high need, 8.94% a moderate need.
3. Veterans: Community stakeholders voiced that the third highest need is Veterans at 38.52%, and 34.43% said a high need, and 23.77% a moderate need.

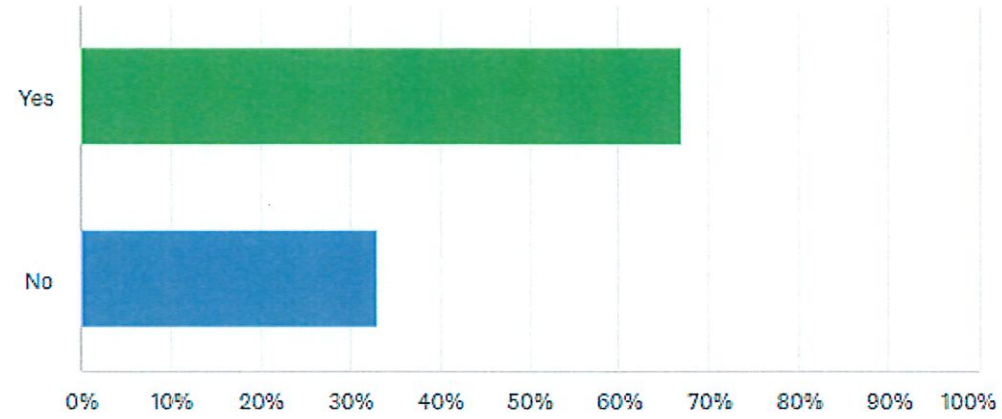
In Tuolumne County, community stakeholders voiced that the LGBTQIA+ population was rated as the highest population with the lowest need at 8.2%, while African Americans and Asian American/Pacific Islanders both came in at 5.74 %, followed by Native Americans at 4.24%, then Latino Americans at 4.13%. TAY was rated 3.36%, Older Adults at 2.54%, homeless at 2.44%, people with disabilities at 0.83% and veterans as 0.82%.

For this graph below, the horizontal axis represents the percentage of respondents and the vertical axis represents the variety of choices available.

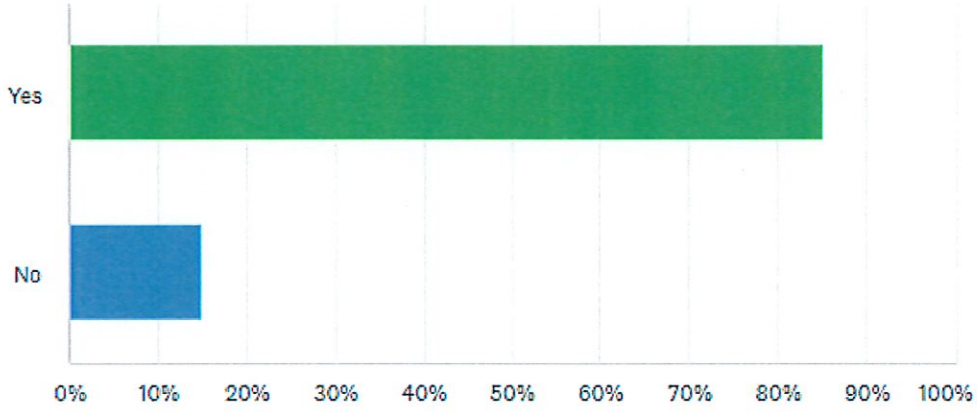


General Stakeholder Feedback

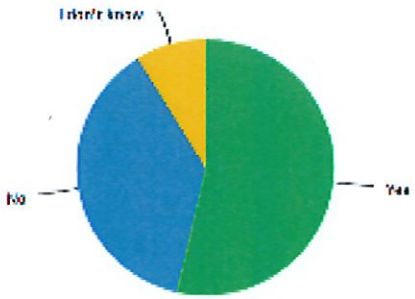
According to the chart below, 66.93% were familiar with the services offered at TCBH and 33.07%% were unfamiliar with its services.



According to the chart below, 85.04% knew were TCBH was located and 14.96% were unfamiliar with its location.



When asked if this was the first-time community members have participated in an MHSA Community Survey, 53.6% said yes it was the first time and 37.6% said no, and the remaining 8.8% said "I don't know."



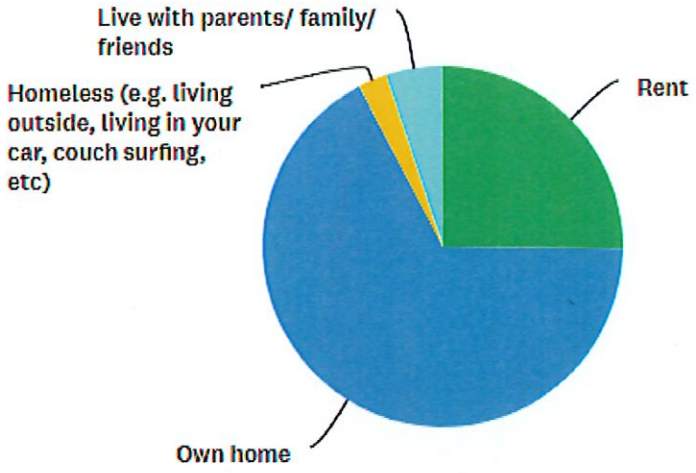
Community stakeholders were asked: "During our Community Program Planning Process in Spring 2022, community members voiced that these were the top five most concerning gaps in the behavioral health system. Please rank these in order of importance from 1 (most important) to 5 (least important) for the residents of Tuolumne County." The top five answers were:

1. Lack of providers/the need for additional personnel who are trained
2. Access to and timeliness of care
3. The need for in-field work that focuses on mental health crises (example: Mobile Crisis Unit)
4. The need for a local residential facility
5. Community outreach

Community stakeholders were asked: "Also, during our Community Program Planning Process in Spring 2022, community members also voiced that these were the top six biggest challenges facing Tuolumne County in regard to mental health and wellness. Please rank these in order of importance from 1 (most important) to 6 (least important) for the residents of Tuolumne County." The top six answers were:

1. Homelessness
2. Lack of providers/high turnover/retainment of staff
3. Lack of affordable housing
4. Substance Use
5. Need for increased funding
6. Mental health stigma

When community stakeholders were asked about their current living arrangement 67.23% owned their home, 25.21% rent, 5.04% are living with their parents, family or friends, and 2.52% were homeless. Nearly all community stakeholders speak English at home, 96.69%, and the other 3.31% preferred to not answer.



CPPP: Input from TCBH MHSA EC Community Stakeholder Survey Winter 2023

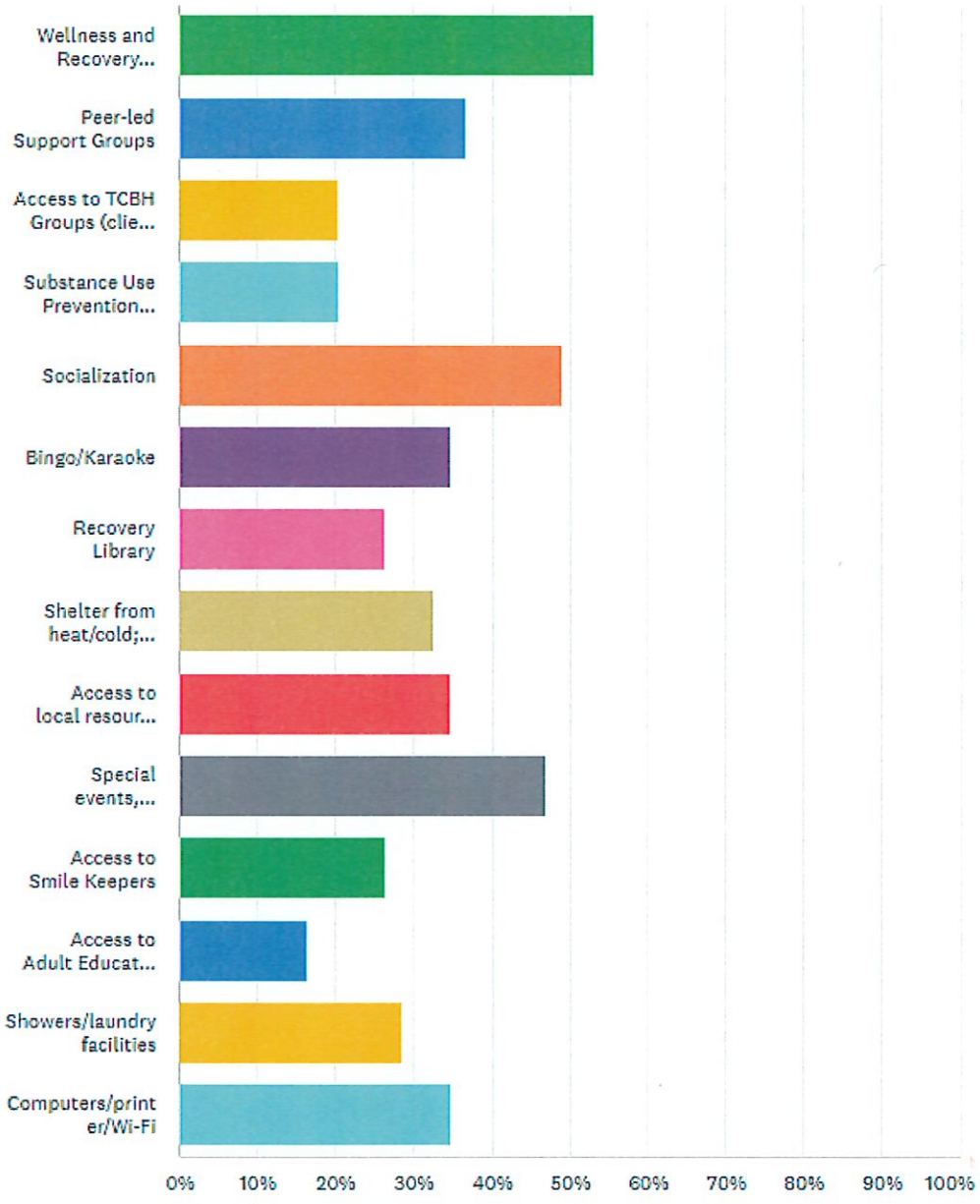
In October 2018, TCBH MHSA staff collected valuable information from the consumers who primarily used the Tuolumne County Enrichment Center (EC) on a regular basis to determine how programming could be improved in the future. Due to the pandemic, the EC was heavily impacted by increased staff turnover, a reduction in programming and fluctuating hours since March 2020. Despite the EC weathering through tremendous changes, TCBH has continued to demonstrate its resilience, tenacity, strength and, most of all, our commitment to the community.

In January 2023, the MHSA Agency Program Manager conducted a consumer-focused survey to those who have used the EC before, during and since COVID to determine how to best move forward with programming. As MHSA is consumer driven, TCBH relies on feedback, suggestions and ideas regarding all MHSA programming, supports and services.

The survey was targeted to collect feedback regarding potential improvements. The survey opened on January 18, 2023, and was available online, and in printed format, through February 8, 2023. The printed copies were made available at TCBH reception area, the Enrichment Center (EC) and was promoted internally throughout the Health and Human Services Agency and the Tuolumne County Veterans Service Office. In addition, the survey was distributed to the Tuolumne County Commission on Homelessness. During the CPPP, 57 community members shared their opinions regarding EC programming.

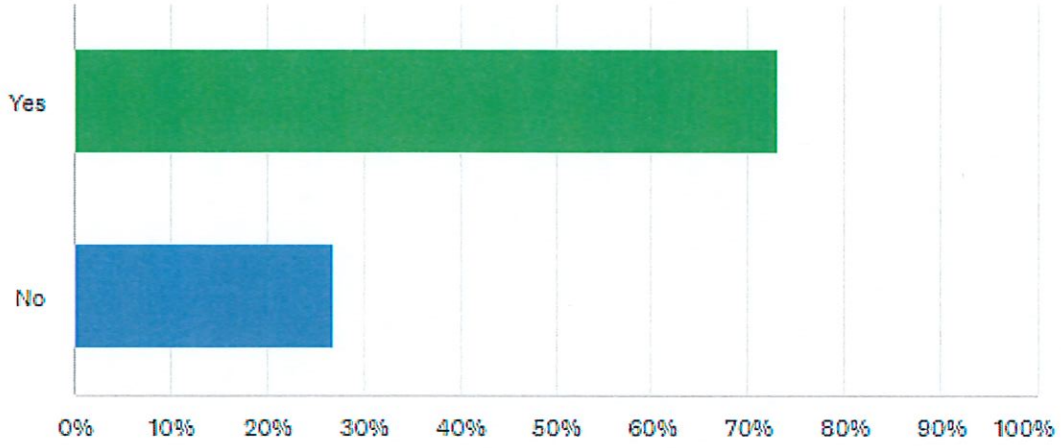
Community stakeholders were asked: "Why do you visit the Tuolumne County Enrichment Center? Please check all that apply.

For this graph below, the horizontal axis represents the percentage of respondents and the vertical axis represents the variety of choices available.

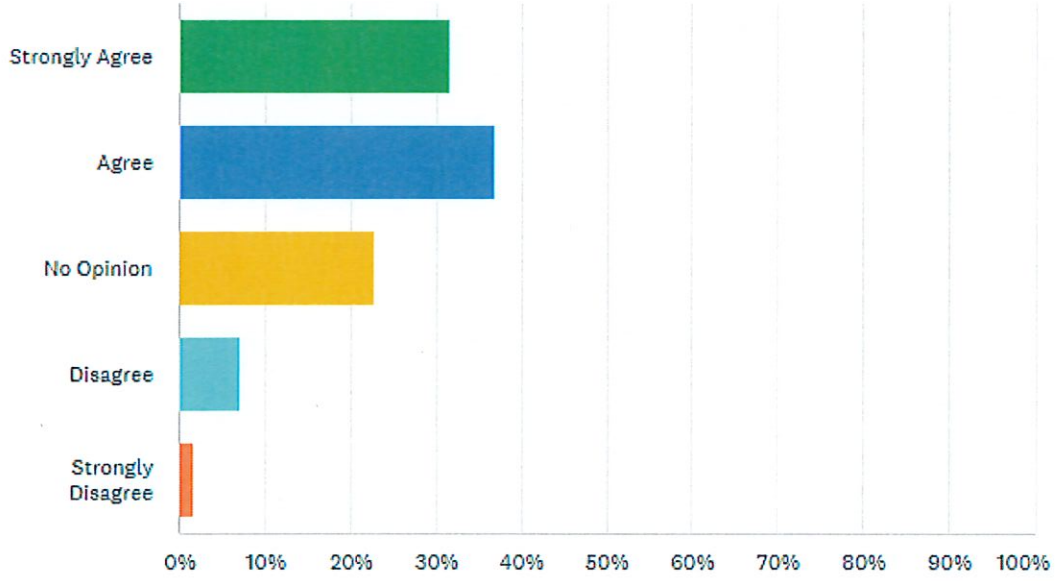


Out of the respondents, 53.06% said they visit for the wellness and recovery supports, 48.98% for socialization, 46.94% for the special events, celebrations and potlucks, 36.73% for peer-led support group0s, 34.69% for bingo and karaoke, 34.69% for access to local resources and services, and 34.69% for computers, printer and Wi-Fi.

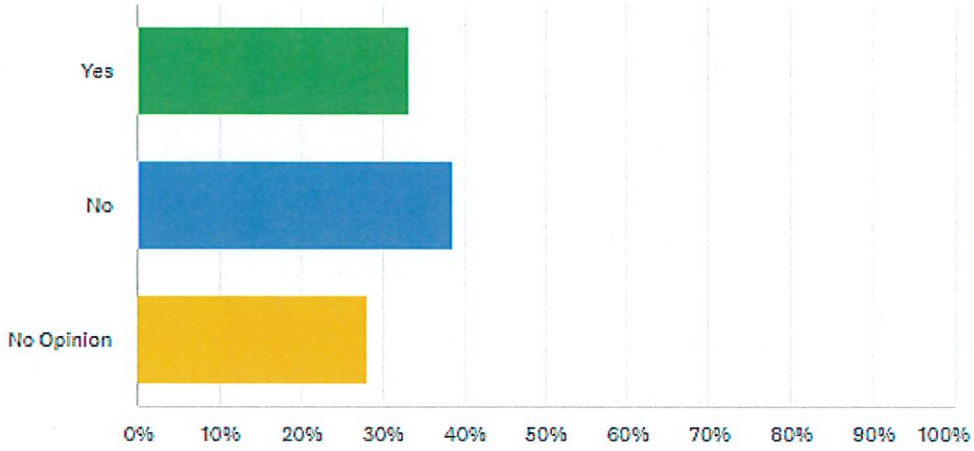
Community stakeholders were asked: "Are you familiar with the resources and activities offered at the Tuolumne County Enrichment Center?" According to the chart below, 73.21% were familiar and 26.79% were unfamiliar with the resources and activities offered at the Tuolumne County Enrichment Center.



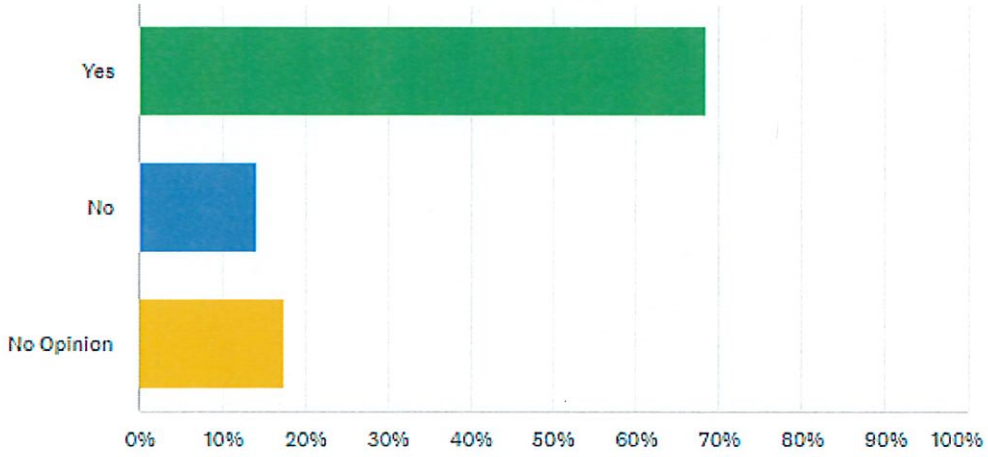
Community stakeholders were asked to determine if the Tuolumne County Enrichment Center is easy to get to (parking, public transportation, location, etc.) According to the chart below, 31.58% of respondents said they strongly agree, 26.84% said agree, 22.81% said no opinion, 7.02% said disagree, and 1.75% said strongly disagree.



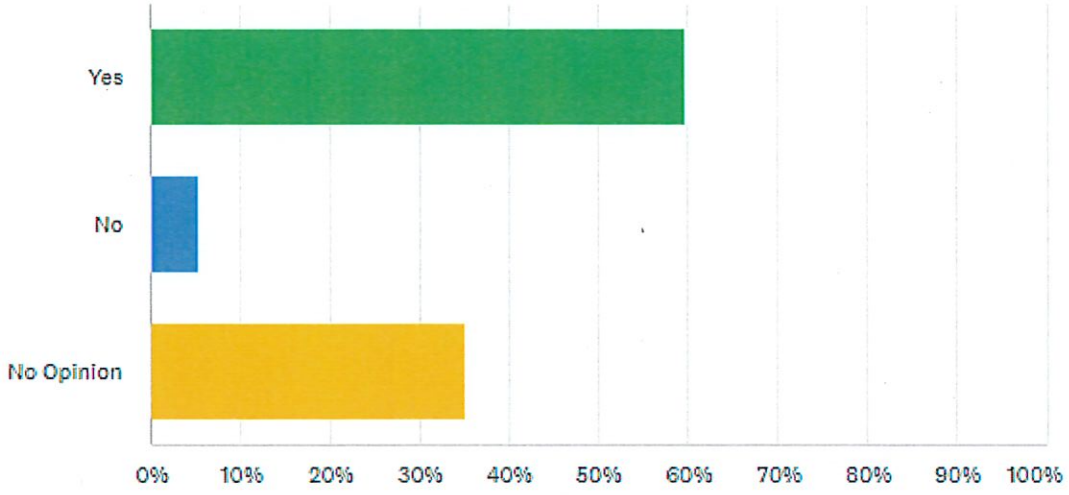
Community stakeholders were asked: "Do the current hours of the Tuolumne County Enrichment Center (8 a.m. to noon, Monday through Friday) accommodate your needs?" According to the chart below, 33.33% of respondents said yes, 38.60% said no, 28.07% said no opinion.



Community stakeholders were asked: "If the Tuolumne County Enrichment Center offered special events in the evening would you attend?" According to the chart below, 68.42% of respondents said yes, 14.04% said no, 17.54% said no opinion.



Community stakeholders were asked: "If the Tuolumne County Enrichment Center extended its hours to 2 p.m., would you attend?" According to the chart on the following page, 59.65% of respondents said yes, 5.26% said no, 35.09% said no opinion.



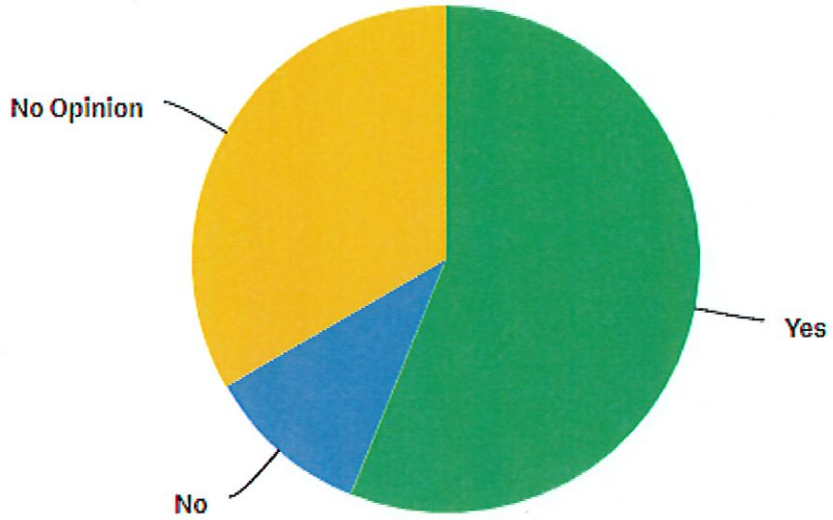
Community stakeholders were asked: "Do you have suggestions for alternative hours of operation?"



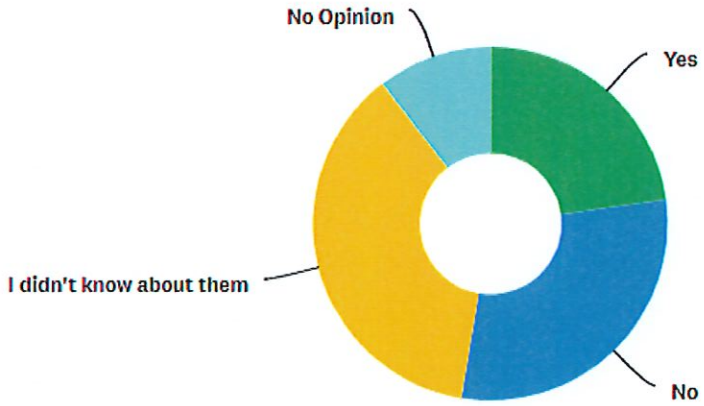
**Word clouds or tag clouds are graphical representations of word frequency that give greater prominence to words that appear more frequently in a source text. The larger the word in the visual the more common the word was in the document(s).*

Most community stakeholders voiced that the EC needs to have longer hours than the current programming hours of 8 a.m. to 12 p.m. Monday through Friday. A few years prior to the pandemic, and with ample more staffing, the EC had operating hours of 8 a.m. to 4 p.m. Monday through Friday. According to the respondents, some recommended evening hours and groups, being open on Saturday mornings, and some said 24 hours and being open seven days a week.

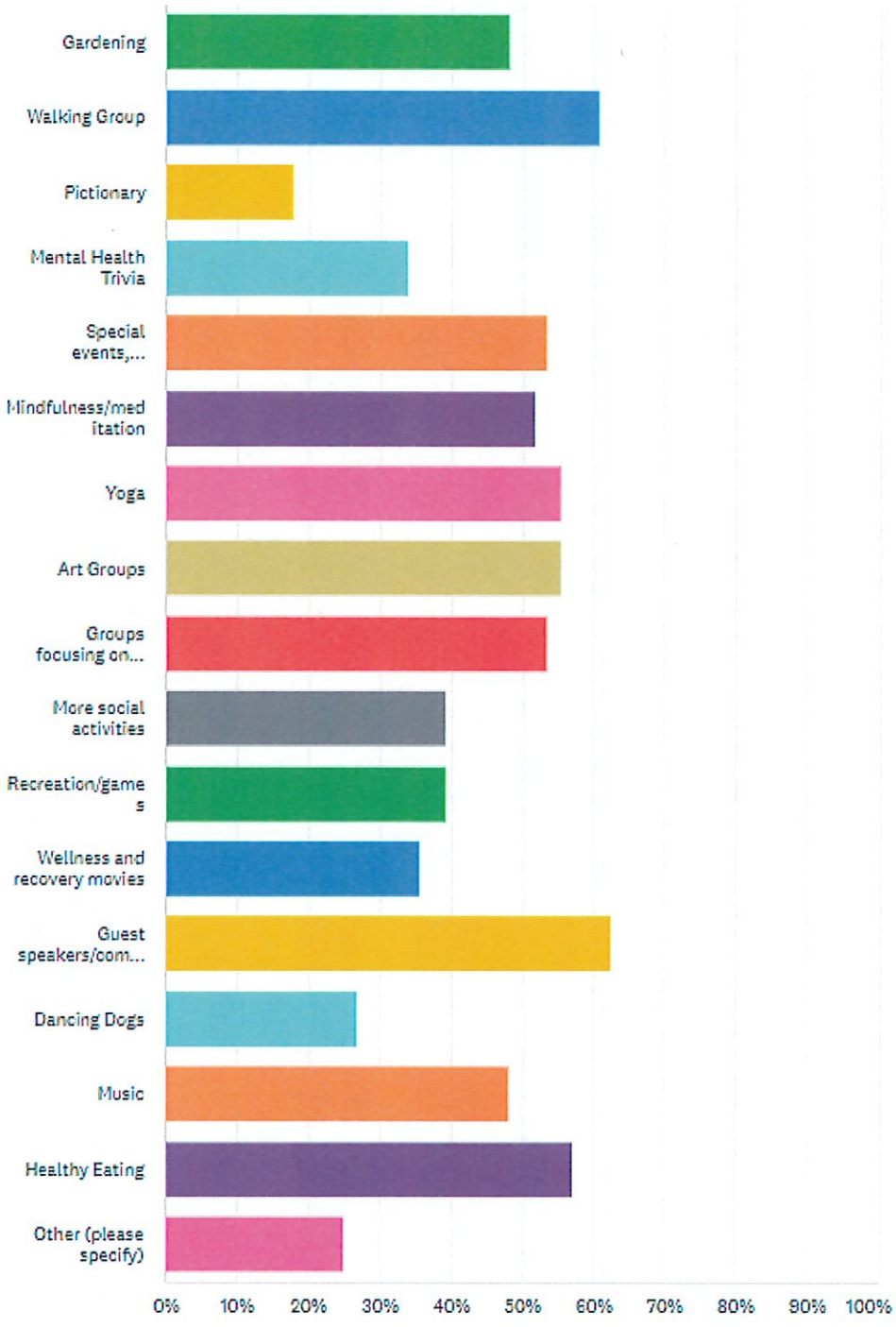
Community stakeholders were asked: "Do you like to participate in the groups and activities at the Tuolumne County Enrichment Center?" According to the chart on the following page, 56.14% of respondents said yes, 10.53% said no, 33.33% said no opinion.



Community stakeholders were asked: "Have you attended the new support groups, Wellness Wednesdays, iThrive Thursdays and/or Reintegrating into Society, at the Tuolumne County Enrichment Center?" According to the chart on the following page, 22.81% of respondents said yes, 29.82% said no, 36.84% said they didn't know about them, and 10.53% said no opinion.



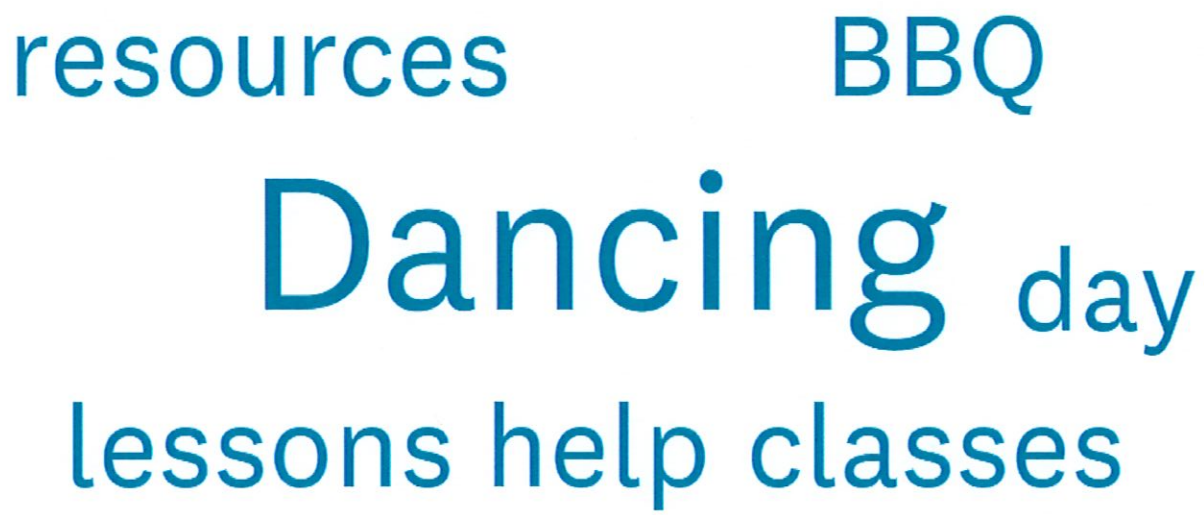
Community stakeholders were asked to: "Please check the activities that you would like to see offered at the Tuolumne County Enrichment Center."



Out of the respondents, 62.5% want guest speakers and community partner presentations, 60.71% want a walking group, 57.14% want Healthy Eating to return, 55.36% want yoga, 55.36% want art groups, 53.57% want special events, celebrations and potlucks, 51.79% want mindfulness and meditation, 53.57% want groups focusing on mental health topics, 48.21% want music, 48.21% want a gardening group, 39.29% want more social activities, and 39.29% want more recreation and games.

Community stakeholders were asked: "What other kind of activities and/or events would you like to see offered at the Tuolumne County Enrichment Center?" Responders' answers are shown in the word cloud below. Out of the all the respondents, 32 gave answers and 25 skipped this question.

**Word clouds or tag clouds are graphical representations of word frequency that give greater prominence to words that appear more frequently in a source text. The larger the word in the visual the more common the word was in the document(s).*

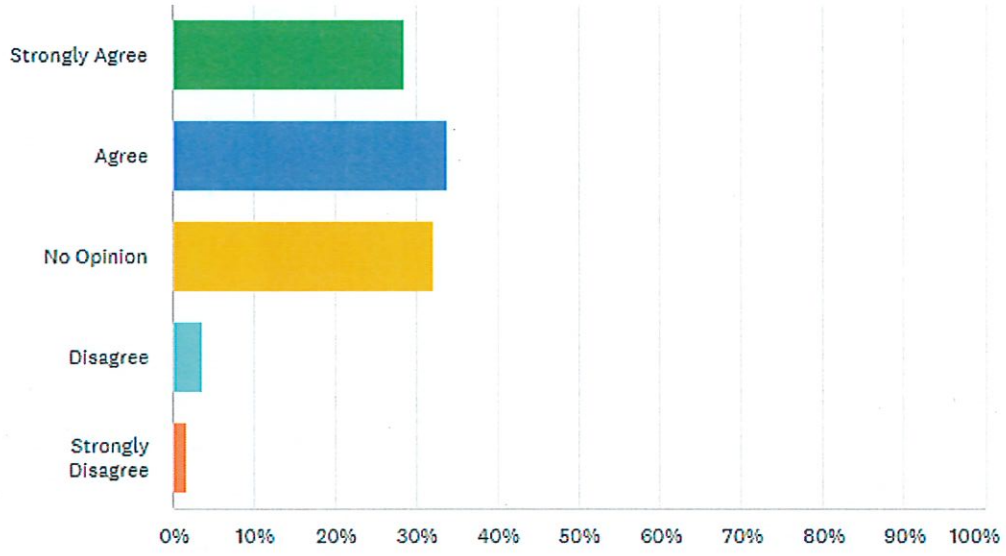


Community stakeholders were asked: "What kind of improvements would you like to see at the Tuolumne County Enrichment Center?" Responders' answers are shown in the word cloud below. Out of the all the respondents, 28 gave answers and 29 skipped this question.

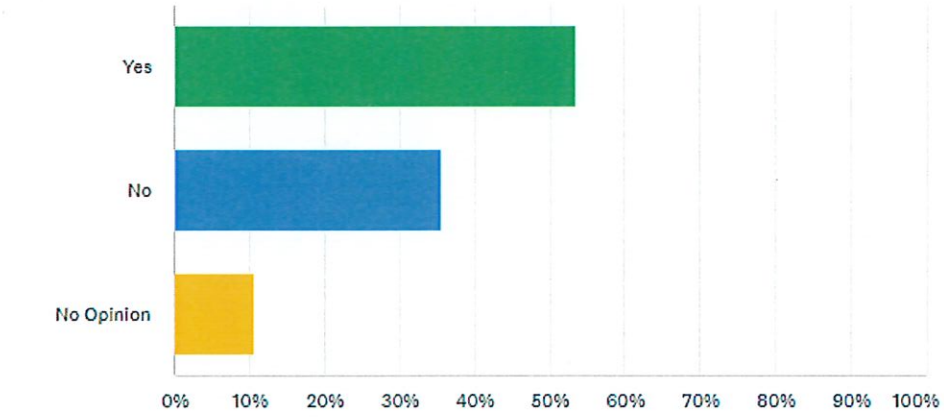


**Word clouds or tag clouds are graphical representations of word frequency that give greater prominence to words that appear more frequently in a source text. The larger the word in the visual the more common the word was in the document(s).*

Community stakeholders were asked: "I feel comfortable about making suggestions, compliments and/or complaints about the Tuolumne County Enrichment Center staff and programs." Out of the respondents, 28.57% strongly agreed, 33.93% agreed, 32.14% had no opinion, 3.57% disagreed, and 1.79% strongly disagreed.

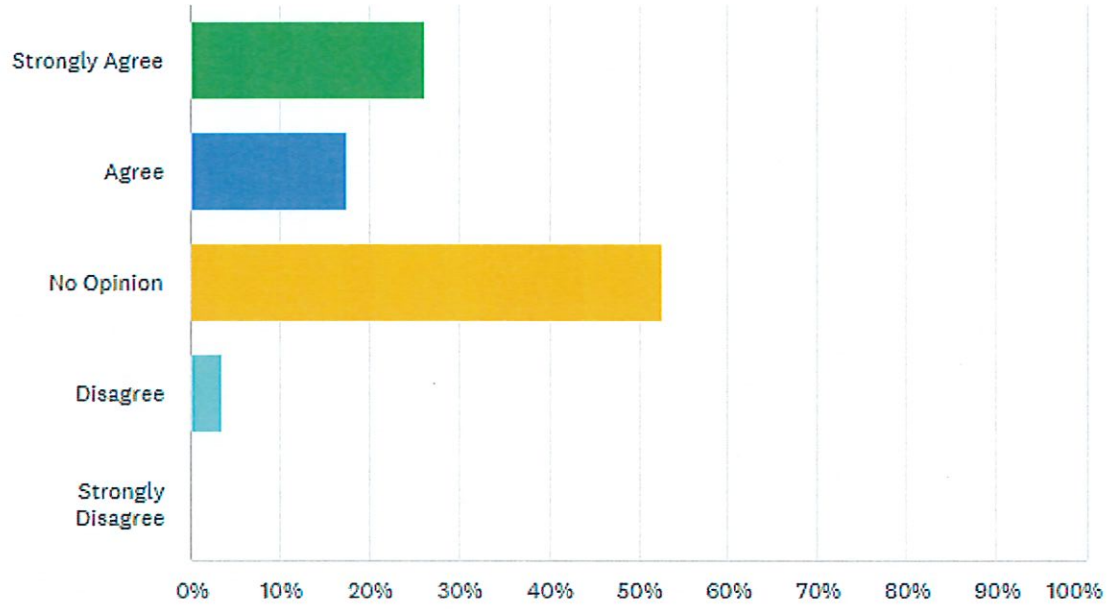


Community stakeholders were asked: "I am aware of how to submit recommendations/complaints and/or grievances." Out of the respondents, 53.57% said yes, 35.71% said no, and 10.72% had no opinion.

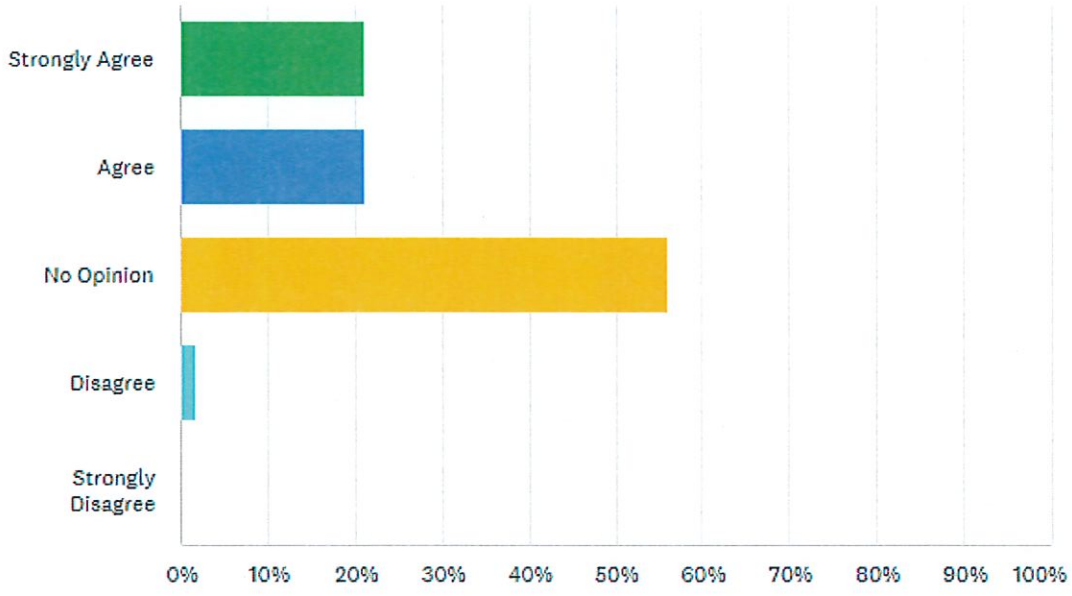


Community stakeholders were asked: "The groups and activities at the Tuolumne County Enrichment Center allow me to be more comfortable in social situations." Out of the

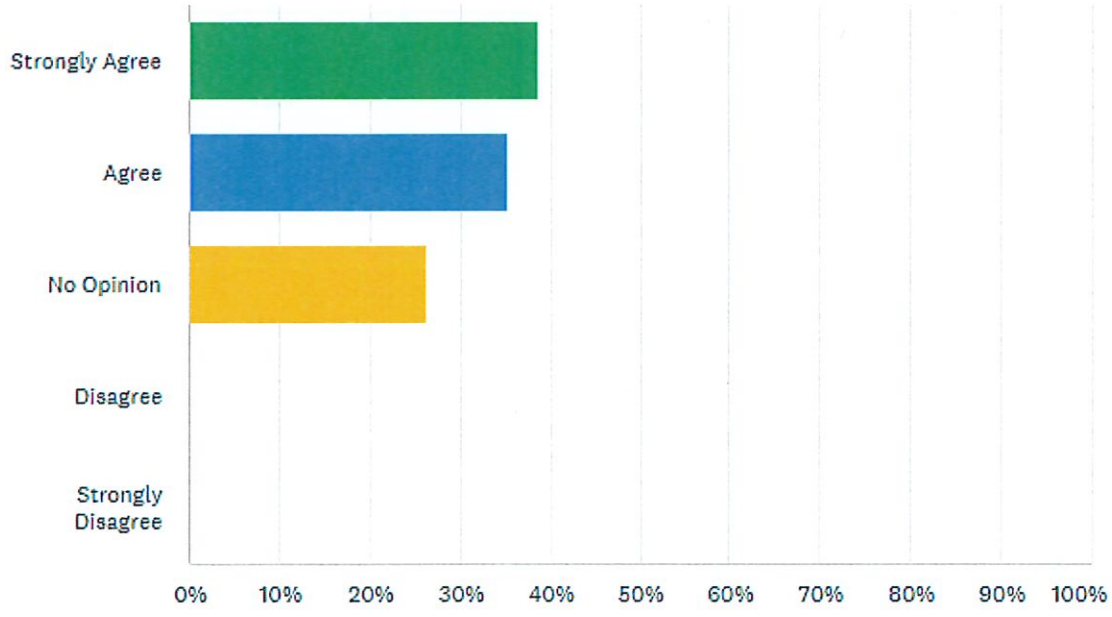
respondents, 26.32% strongly agreed, 17.54% agreed, 52.63% had no opinion, 3.51% disagreed, and 0.0% strongly disagreed.



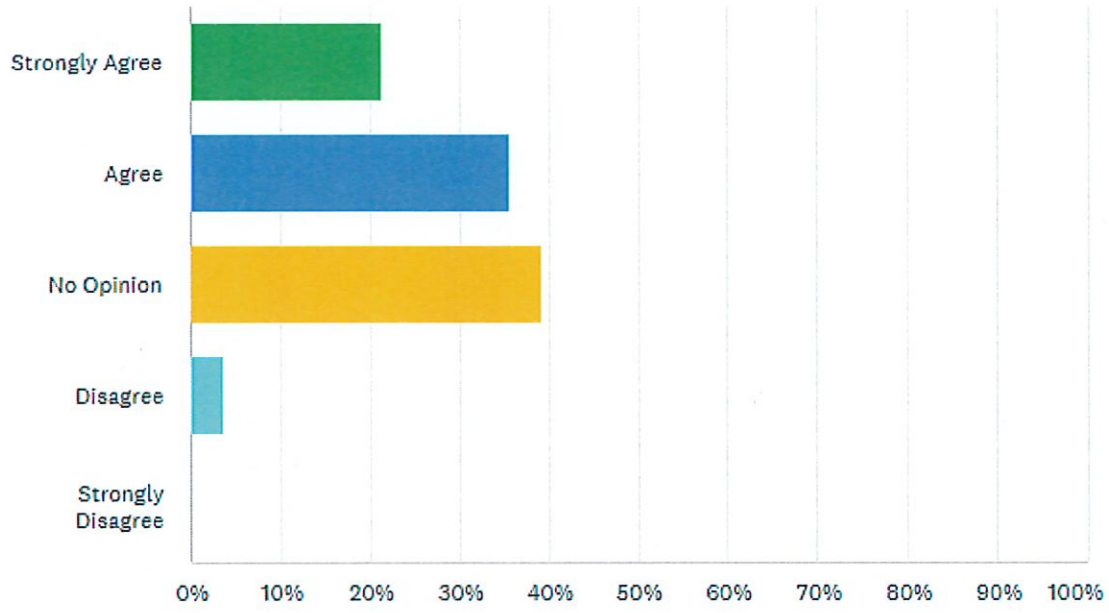
Community stakeholders were asked to rate the statement: "The groups and activities at the Tuolumne County Enrichment Center help me to manage my symptoms." Out of the respondents, 21.05% strongly agreed, 21.05% agreed, 56.14% had no opinion, 1.75% disagreed, and 0.0% strongly disagreed.



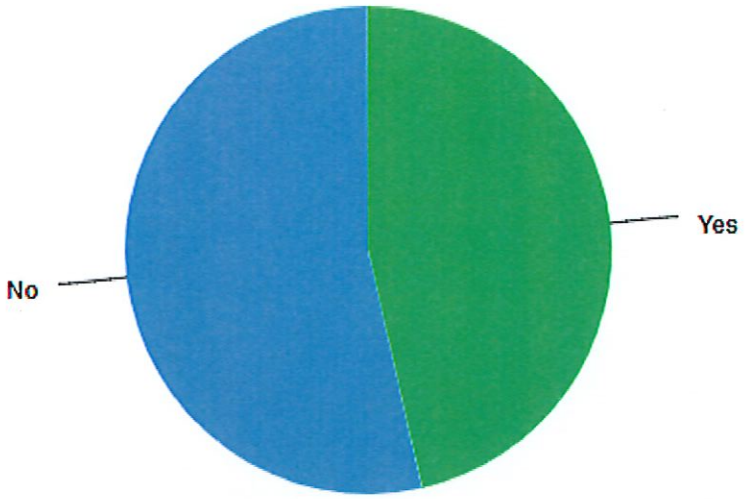
Community stakeholders were asked to rate the statement: "The Tuolumne County Enrichment Center staff and volunteers are friendly and treat me with respect and kindness." Out of the respondents, 38.6% strongly agreed, 35.09% agreed, 26.32% had no opinion, 0.0% disagreed, and 0.0% strongly disagreed.



Community stakeholders were asked to rate the statement: "The Tuolumne County Enrichment Center staff and volunteers help connect me to local resources and services that meet my needs." Out of the respondents, 21.43% strongly agreed, 35.71% agreed, 39.29% had no opinion, 3.57% disagreed, and 0.0.% strongly disagreed.

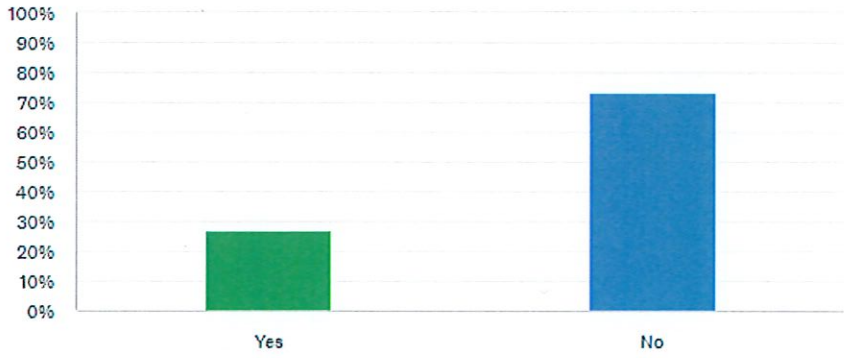


Community stakeholders were asked: "Based at the Tuolumne County Enrichment Center, there are Peer Specialists who offer individual peer support to community members regarding their wellness and recovery, connect those with the numerous resources and services at TCBH and within the community, and act as a liaison between the client(s) and service provider(s). A Peer Specialists' role is unique as it focuses on building trust and connection with community members and/or clients through an understanding of their own personal lived experience. Did you know that individual peer support is offered at the Tuolumne County Enrichment Center?" Of the respondents, 46.43% answered that they were familiar with individual peer support at the EC while 53.57% said they were not.



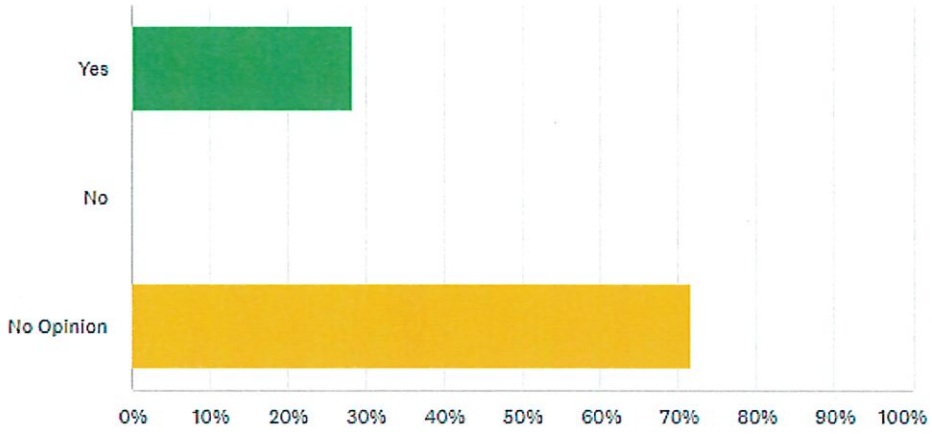
Community stakeholders were asked: "Have you received individual peer support at the Tuolumne County Enrichment Center?"

Of the respondents, 26.79% answered that they received individual peer support at the EC while 73.21% said they have not.



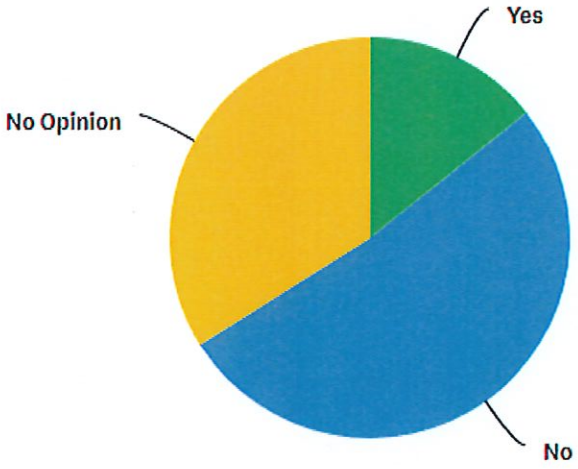
Community stakeholders were asked: "If you answered "yes" to the previous question, did you find peer support helpful?"

Of the respondents, 28.26% answered that they found individual peer support helpful while 71.74% said they have no opinion.



Community stakeholders were asked: "Has COVID-19 impacted your decision to return to the Tuolumne County Enrichment Center?"

Of the respondents, 14.29% answered yes, 51.79% said no, and 33.93% said they have no opinion.



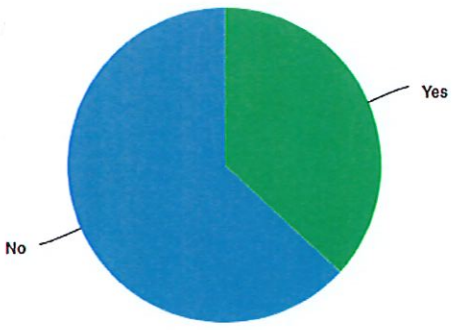
Community stakeholders were asked: "Please provide any comments and/or suggestions about the Tuolumne County Enrichment Center."



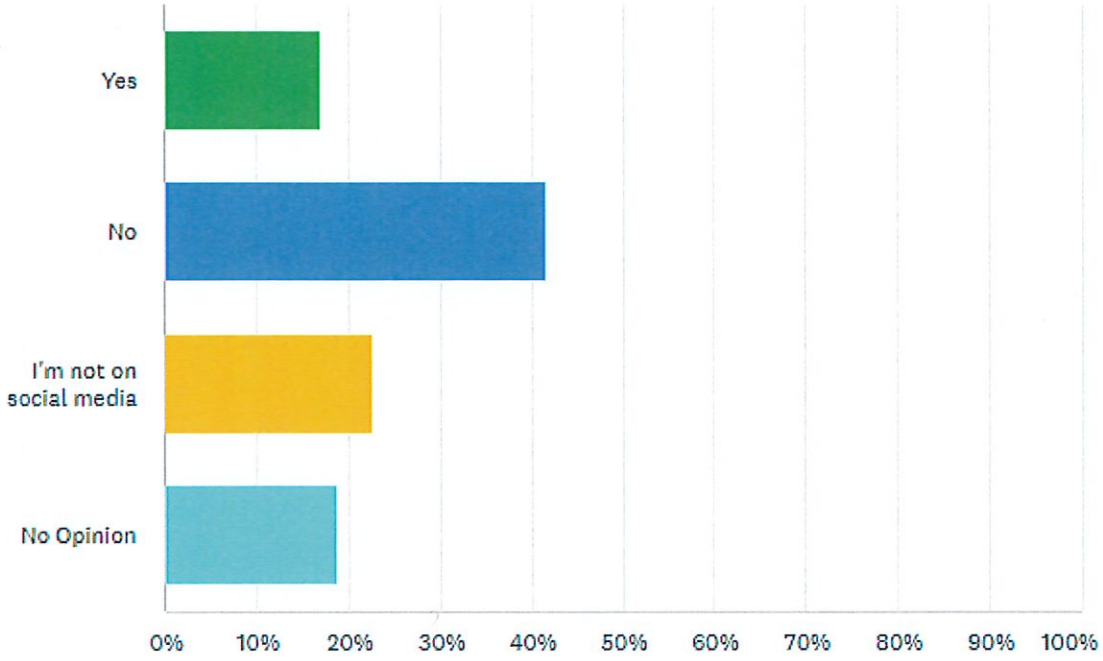
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Outreach Questions

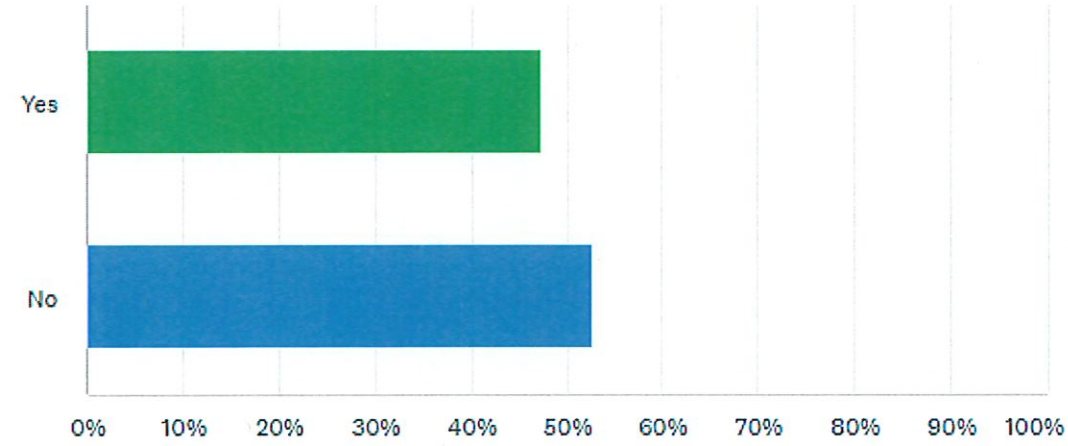
Community stakeholders were asked: "Did you know that Tuolumne County Behavioral Health has a Facebook social media page?" Of the respondents, 36.84% answered yes and 63.169% said no.



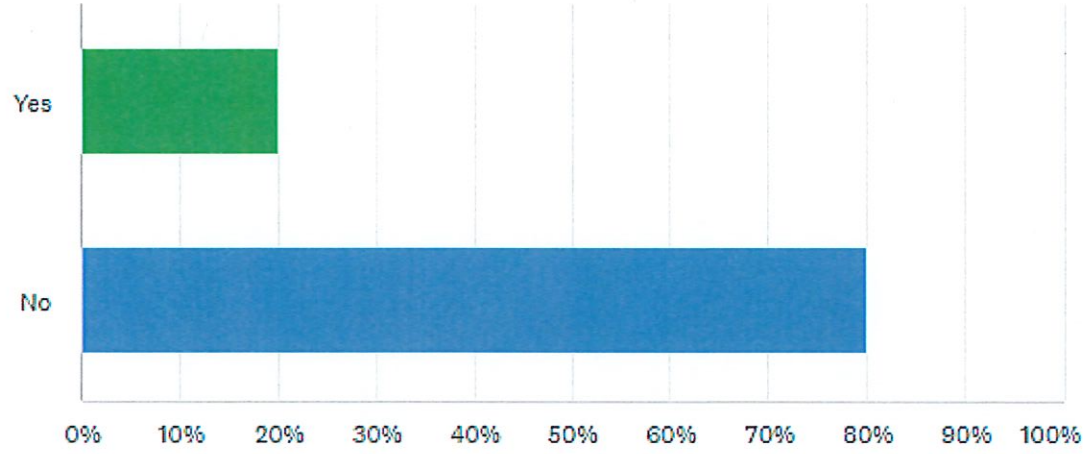
Community stakeholders were asked: "If so, do you follow the Tuolumne County Behavioral Health Facebook social media page?" Of the respondents, 16.98% answered yes, 41.51% said no, 22.64% said they are not on social media and 18.87% said they have no opinion.



Community stakeholders were asked: "Did you know that Tuolumne County Behavioral Health publishes a bimonthly agency newsletter that is distributed to the community?" Of the respondents, 47.37% answered yes and 52.63% said no.

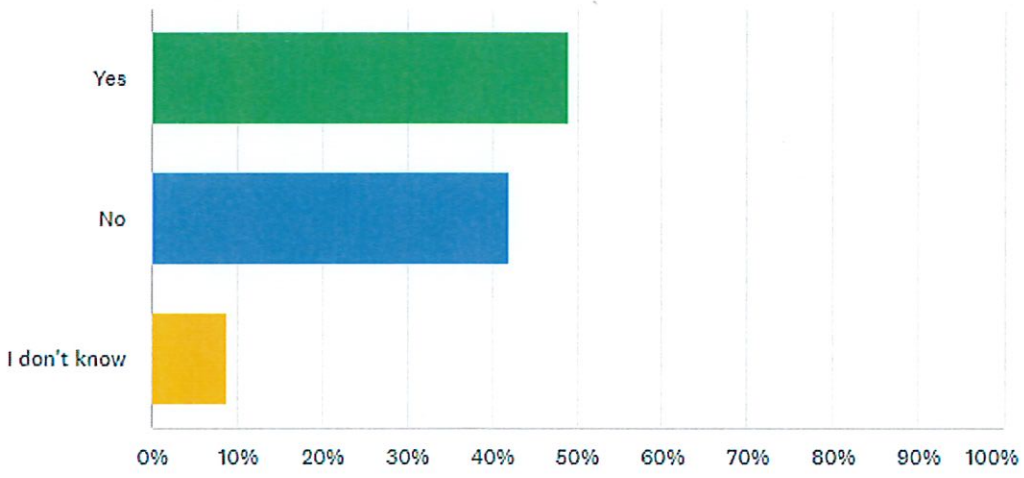


Community stakeholders were asked: "If so, are you subscribed to the bimonthly agency newsletter?" Of the respondents, 20% answered yes, they are subscribed and 80% said no they are not.



Community stakeholders were asked: "If you are not currently subscribed but would like to be added to our TCBH distribution list, please enter your email address here." From this question, TCBH gained 17 community members who signed up to receive the TCBH bi-monthly newsletter.

Community stakeholders were asked: "Is this the first time you have participated in a MHSA Community Survey?" Of the respondents, 49.12% answered yes, 42.11% said no, and 8.77% said they didn't know.



Demographics Questions: Choose as many options below that best describe you:

MHSA EC CPPP Consumer Demographics	
	Winter 2023
Mental Health Client/Consumer	30.36%
Family Member of a Mental Health Client/Consumer	23.21%
Community member/resident of Tuolumne County	57.14%
County Behavioral Health Department Employee	17.86%
Substance Abuse Service Provider	7.14%
Private Mental Health Therapist	0.00%
Community Based Organization	14.29%
Children / Family Services	7.14%
Professor, Teacher, School Staff, Education Provider	0.00%
Law Enforcement, including prison and jail staff	3.57%
Probation	5.36%
Veterans Services	1.79%
Hospital / Physical Health Care Provider	7.14%
Senior Services	1.79%
Faith Based Support Provider	3.57%
Student	1.79%
Advocate	12.50%
Prefer not to answer	8.93%

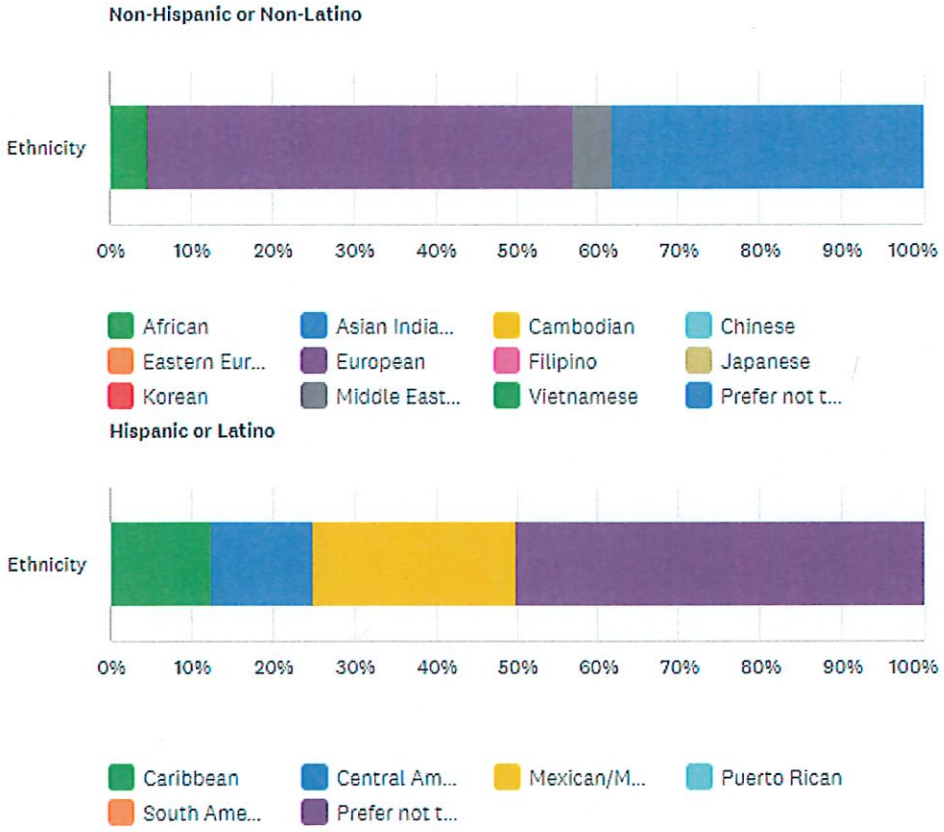
Age:

MHSA EC CPPP Consumer Age Demographics	
	Winter 2023
18-24	1.75%
25-34	14.04%
35-44	12.28%
45-54	33.33%
55-64	17.54%
65-74	15.79%
75-84	5.26%
85 or over	0.00%

Race:

MHSA EC CPPP Consumer Race Demographics	
	Winter 2023
American Indian or Alaska Native	7.55%
Asian	0.00%
Black or African American	3.77%
Native Hawaiian or other Pacific Islander	0.00%
White	75.47%
More than one race	5.66%
Prefer not to answer	7.55%

Results from the MHSA EC CPPP Consumer Ethnicity Demographics:



Gender:

MHSA EC CPPP Consumer Gender (Assigned at Birth) Demographics	
	Winter 2023
Female	64.91%
Male	29.82%
Prefer Not to Answer	5.26%

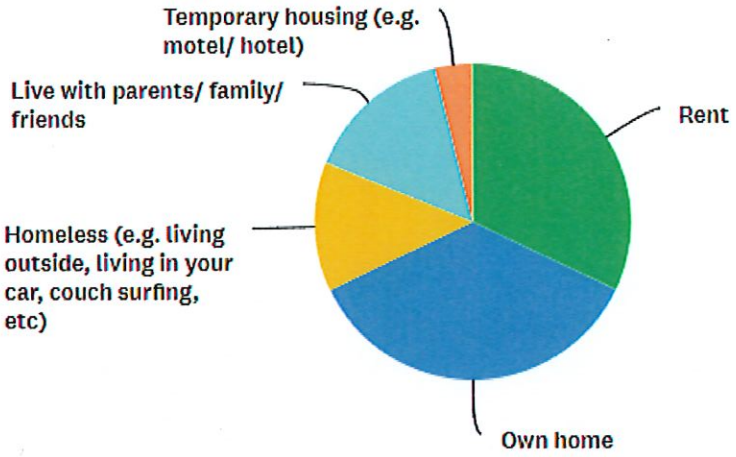
Gender Identification:

MHSA EC CPPP Consumer Gender (Identification) Demographics	
	Winter 2023
Female	63.16%
Male	26.32%
Transgender	0.00%
Genderqueer	1.75%
Gender neutral	1.75%
Questioning or unsure of gender identity	0.00%
Prefer Not to Answer	7.02%

Veteran Status:

MHSA EC CPPP Consumer Veteran Status	
	Winter 2023
Yes	3.57%
No	96.43%
Prefer Not to Answer	0.00%

Current living situation:



Summary

Throughout the CPPP, 185 stakeholders voiced their opinions through community surveys and virtual meetings. The feedback consistently identified the high importance of children, incarcerated youth, and foster youth programs, support groups and activities that are needed in Tuolumne County. In addition, LGBTQ, senior citizens and the homeless were noteworthy populations. The Tuolumne County Enrichment Center (EC) has been mentioned as a valuable resource and support for TCBH clients and the community, stakeholders noted that the reopening the center to its full potential will make a positive impact in the community. Our stakeholders expressed their deep concerns surrounding accessing mental health services in a rural area such as Tuolumne County. However, many of the challenges that were most mentioned during the stakeholder meetings were not specific to TCBH, but due to living in a rural area with limited resources similar to what other rural counties face. Those challenges include lack of transportation, affordable housing, residential treatments including services and facilities, jobs, and providers, and mental health stigma and the stigma around accessing help. Despite living a rural location, stakeholders voiced that TCBH is doing several things well such as starting its Mobile Crisis Unit, expanding substance use disorder services to youth and perinatal, and being open early at the EC. Stakeholders were very forthright in offering their feedback to help improve TCBH's services and supports. The issues identified within the survey will assist TCBH in evaluating resources and determining how to best provide MHSA and other services to clients.

30-Day Review Process

A draft of the MHSA Annual Update FY 2023-2026 will be made available for public review and comment for a minimum of 30 days from May 1, 2023, through June 7, 2023. The *Notice of 30-Day Public Comment Period* is shown on *page 167*

To review the plan electronically, you can follow this link https://www.tuolumnecounty.ca.gov/ to access Tuolumne County Behavioral Health's website.

However, to obtain a hard copy or an electronic PDF copy, individuals were directed to contact TCBH as referenced in the *Notice of 30-Day Public Comment Period (Page 167).*

Interested persons could provide written comments during this public comment period as directed on the public comment form located on page 168. Written comments and/or questions were to be addressed to:

Tuolumne County Behavioral Health Department
Attn: Jennifer Guhl, MHSA Agency Program Manager
2 South Green St., Sonora, CA 95370

Circulation Methods

Public announcements were made in order to notify stakeholders and the community of the public review and comment period via the following outlets:

- The Union Democrat
- MyMotherLode.com
- Electronic Mail Notification to TCBH newsletter subscribers
- Tuolumne County Behavioral Health Website
- Tuolumne County Behavioral Health Department Facebook page

The MHSA Three-Year Program and Expenditure Plan for FYs 2023-2026 will also be announced and have been made available to stakeholders for review in the public waiting areas of the following locations during regular business hours:

Printed copies will be available:

- Tuolumne County Behavioral Health, 105 Hospital Road, Sonora.
- Tuolumne County Board of Supervisors Chambers, 2 South Green St, 4th Floor, Sonora
- The David Lambert Community Drop-In Center, 347 W. Jackson Street, Sonora
- Tuolumne County Enrichment Center, 101 Hospital Road, Sonora
- Tuolumne County Public Health Department, 20075 Cedar Road North, Sonora

- Tuolumne County Library Sonora Branch, 480 Greenley Road, Sonora
- Tuolumne County Library Groveland Branch, 18990 Highway 120, Groveland
- Tuolumne County Library Twain Harte Branch, 18701 Tiffeni Drive #1F, Twain Harte
- Tuolumne County Library Tuolumne City Branch, 18636 Main Street, Tuolumne

MHSA Plan Public Review Process

Three-Year Plans and Annual Updates go through the following review process before they are officially adopted:

1. A draft Plan or Update is developed through the Community Program Planning Process (CPPP)
2. The draft Plan or Update is circulated during a 30-day public comment period
3. The Local Mental Health Board holds a public hearing on the draft Plan or Update to provide recommendations and proposed revisions
4. The County adopts a final Plan or Update, incorporating public comments and feedback
5. The County Board of Supervisors approves the final Plan or Update
6. The final Plan or Update is sent to the MHSOAC and DHCS within 30 days

Public Hearing

As per WIC Section 5848, the Tuolumne County Behavioral Health Advisory Board conducted a Public Hearing at the close of the minimum 30-day comment period for the purpose of receiving further public comment on the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026. The Public Hearing will be held on Wednesday, June 7, 2023. Public notice will be made with the date, time, and location of the Public Hearing at least ten (10) days in advance. Input from the public comment period and public hearing have been added to this report.

Review and Approval by the Board of Supervisors

As required by WIC Section 5847, the final MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026 and budget for FY 2023-2026 will be reviewed for approval by the Tuolumne County Board of Supervisors on Tuesday, June 20, 2023.

Progress by Component

Community Services & Supports (CSS)

The CSS component is the largest of all the five MHSA components and is intended to provide service to those most severely impacted by mental health issues including adults and older adults with severe and persistent mental illness, and children and youth with severe emotional disturbances and who meet the criteria for receiving specialty mental health services as set forth in WIC Section 5600.3. The goal of CSS is to enhance the quality of mental health services and improve outcomes for the most vulnerable populations, community collaboration and service integration that incorporates the concepts of recovery and resilience.

Funding Allocation: (% of total revenue): 76%

- At least 51% of CSS allocation is required to be spent on Full-Service Partnership

CSS covers services and supports for populations across the lifespan including:

- Children: Ages 0-15 (and their families)
- Transition Age Youth (TAY): Ages 16-25
- Adults: Ages 26-59
- Older Adults: Ages 60+

This includes a focus on individuals/families with situational characteristics such as:

- Children and youth with involvement in the foster care system, juvenile justice or probation
- Individuals/families experiencing homelessness or currently at risk of homelessness
- Frequent or recent involvement with the criminal justice system
- History of hospitalization(s), including those transitioning out of an IMD or State Hospital
- Frequent user of hospitals or emergency services
- Presence of a co-occurring substance abuse, developmental or medical issue
- Serious risk of suicide

The CSS component offers a range of services that include traditional mental health services, peer support, respite, housing and residential services, counseling, assessments, crisis continuum services, employment and education all developed through the lens of recovery and wellness.

The CSS component has the following service categories:

Full-Service Partnership (FSP)

- FSP includes a "whatever it takes" commitment toward progress on defined behavioral health goals

General System Development (GSD)

- GSD is for the expansion or enhancement of the public mental health services to increase the number of people served

Outreach and Engagement (O&E) Services

- Activities to reach, identify and engage with unserved and/or underserved individuals with communities that have no services with the goal to increase access and reduce disparities

General System Development (GSD)

GSD funds are intended to help counties improve programs, services and supports for all clients and families, to change their service delivery systems, and to build transformational programs and services.

The following are ongoing activities within the Tuolumne County GSD program:

- Peer Support & Coordination
- Benefits & Resources
- Outreach, Promotions & Community Education Activities



Peer Support Services

TCBH promotes and encourages wellness and recovery by providing peer support in various environments for individuals to learn from others who have experience living with a mental illness. Peer Specialists are employed to provide peer support within MHSA programs and services. These services include peer-run environments that encourage wellness and recovery. The Tuolumne County Enrichment Center (EC) and the David Lambert Community Drop-In Center (Lambert Center) are peer environments that stimulate socialization, model wellness and recovery, and provide an atmosphere that fosters independence.

The Tuolumne County Enrichment Center (EC)

The EC is a peer-run recovery and wellness center that encourages activities while promoting emotional, social and physical wellness. A key goal of the EC, which is open to community members 18 years of age and older, is to provide recovery and wellness supports to those who are living with a mental illness, recovering from drug and/or alcohol addiction, experiencing homelessness and those released from incarceration.

Impacts of COVID-19

Traditionally, and prior to the COVID-19 pandemic that hit our region in March 2020, the Peer Specialist staff and volunteers offer numerous support groups, individual peer support, group activities and special events that will most benefit those working on their recovery. The EC is a safe and comfortable place for socialization, clothing, phone, computers, printers, community resource referrals, Healthy Eating (food distribution), dental hygiene access (Smile Keepers), gardening, and daily laundry and shower facilities.

Due to the COVID-19 pandemic, in late March 2020 the EC reduced its peer support services and offered only the use of laundry and shower facilities to community members between the hours of 8 a.m. to 3 p.m. In October 2020, the EC began to open its doors to offer more support services, but due to the surge in COVID-19 cases locally, the EC was shut down after two weeks. Laundry and shower services continued to be offered.

Since September 2020, and as staffing permits, Peer Specialists have continued to offer weekly phone support to those clients who have not been back to the center since the pandemic began. For nearly three years, Peer Specialists have continued to engage and connect with those community members as well as to provide social and peer support, and local resources.



During the pandemic, EC staff explored and learned methods of delivering peer support services virtually via video and telephone. Video support was challenging as many of the individuals who attended EC programs did not have access to technology, lacked skills to manage the technology, or were not interested; these efforts ended in March 2021. Peer support via telephone has been the most popular medium for consumers and peer support staff continue to reach out to those who have requested support in this manner and has continued throughout the pandemic.

Throughout the pandemic, laundry and showers were and remain consistent services offered at the EC. Prior to COVID, Peer Specialists would offer sign-up lists for an Interfaith run, which is Red Church runs and was offered to all attendees who were present at the center. This allowed

community members to have additional access to community resources such as food, clothing, household items, tents and sleeping bags for those experiencing homelessness and social interaction within the community. In FY 18/19, we transported 39 community members to Interfaith compared to 20 in FY 19/20. In FY 18/19, we transported 39 community members to Red Church compared to 31 in FY 19/20. Although COVID put a halt to the weekly Interfaith Community Social Services and Red Church runs, which increased in March 2020, the hope is to bring back these services once COVID restrictions lift and staffing increases at the center.

The EC followed the County Public Health Officer's COVID-19 guidelines as the County moved into the less restrictive tiers. The EC re-opened for drop-ins in mid-April 2021 starting with a limited numbers of community members during the morning hours. As of July 1, 2021, the EC began expanding its adult program with an unlimited capacity to include support groups, social and recreational activities, and community resources again.

Since Fall 2021, TCBH has had difficulty in recruiting and retaining Behavioral Health Peer Specialist relief staff, which caused a fluctuation in EC days and hours available to the community. An entry level class position, a Behavioral Health Peer Specialist is limited to 20 hours per week. The position is primarily viewed as a stepping-stone position into county life, which may create additional employment opportunities within the county system. However, this does have an impact to the EC when staff promote from within as a Peer Specialist. For example, there were four Peer Specialists who left the EC for other county positions between November 2021 and January 2022. This was then followed by a full-time position based at the EC in March 2022. This reduction of staff had a great impact to the EC's regular programming. From early January 2022 to June 2022, the EC reduced its hours to 8 a.m. to 12 p.m. Monday through Friday and were only able to offer showers and laundry to community members, as it was only staffed by two Peer Specialists. Another full-time position was vacant from December 2021 until late February 2023.

Reopening and Restructuring

- Beginning in August 2022, the EC reopened its doors with the hours of 8 a.m. to 12 p.m. Monday through Friday. However, hours are always subject to change.
- Beginning in November 2022, additional client-only groups from various TCBH staff were integrated into the use of space at the EC to encourage new contacts
- Community groups launched since November were Wellness Wednesdays, iThrive Thursdays and Reintegrating into Society
- EC BBQ Special Event held in November (see page 85)
- Mental Health Month activities and events

Enrichment Services – Use of Facilities by Fiscal Year

	FY 20-21	FY 21-22	FY 22-23 *(through March 2023)*
Computers	34	97	198
Laundry	136	81	54
Showers	1190	878	704

During FY 20-21, the EC provided 1,190 showers and 136 laundry uses to community members compared to 878 and 81 during FY 21-22. During FY 22-23, the EC has provided 704 community members showers and 54 laundry uses through March 2023.

CPPP: Input from TCBH MHSA EC Community Stakeholder Survey Winter 2023

During the TCBH MHSA EC Community Stakeholder Survey, 36.73% of respondents access the EC for peer-led support groups, 20.41% for TCBH groups specifically for clients, and 20.41% for substance use prevention groups. In addition, 28.57% of respondents said they access the showers and/or laundry facilities at the EC.

FY 21/22 Cost Per Visit: The Enrichment Center was visited 113 times by 138 unduplicated individuals at a cost of $1,634 per visit. For the exception of showers and laundry, please note that the EC was closed 6 months, early January through July, during this fiscal year due to being short-staffed, which resulted in a reduction of regular programming.

Since July 2022, the EC has had 224 unduplicated clients visit the center with a total of 1,334 visits.

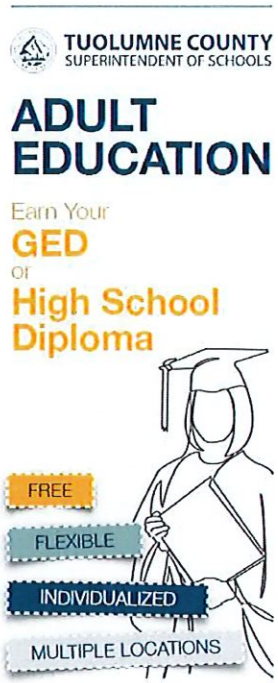
Reference the Enrichment Center calendars dating from March 2022 to March 2023, Appendix J, for examples of support groups and activities prior to the pandemic and during the pandemic.

Increased Community Partnerships

Adult Education through Tuolumne County Superintendent of Schools

Beginning in February 2018, Tuolumne County Enrichment Center began a partnership with Tuolumne County Superintendent of Schools (TCSOS) to offer for Adult Education to all interested community members who wanted to earn their general education development (GED) or high school diploma.

Due to COVID, the program has been on hold although it restarted in October 2022. It is offered weekly beginning at 11:30 on Tuesdays.



Multiple Locations Available!

- **Main Campus**
  13655 Mono Way, Sonora, CA 95370
- **Camage Campus**
  Partnership with Greater Valley Conservation Corps
- **Day Reporting Center**
  Partnership with GEO Reentry Services
- **Enrichment Center**
  Partnership with Tuolumne County
- **Resiliency Village**
  Partnership with Columbia College Adult Transition Program (CAST)
- **Also Serving Groveland**

CPPP: Input from TCBH MHSA EC Community Stakeholder Survey Winter 2023

In addition, during the TCBH MHSA EC Community Stakeholder Survey, 16.33% of respondents said they access the Adult Education program at the EC.

Mathieson Memorial Health Clinic

Beginning in February 2023 and as additional partnerships were underway to increase programming, Mathieson Memorial Health Clinic now offers weekly Narcan training to interested community members at the Enrichment Center.

Healthy Eating



The Healthy Eating program, offered through University of California Cooperative Extension's CalFresh Healthy Living Program, has been one of the EC's most popular and needed programs. It serves our TCBH clients, community members, those experiencing homelessness and/or suffering from food insecurities. The food distribution was put on hold in April 2020 and has not officially returned to the EC at this time. It was slated to begin in November 2022; however, due to unexpected challenges, the program has not officially relaunched at this time.

CPPP: Input from MHSA Community Stakeholder Survey Fall 2022

During the MHSA CPPP, 55.28% said that the Enrichment Center is absolutely essential, which is a decline from the Spring survey. However, 3.25% of community stakeholders who took the survey said that they were unfamiliar with the program. The center typically consists of community members, current and former TCBH clients, homeless individuals, and those with lived experience of behavioral health issues, and most continued to offer their valuable input into MHSA programming. During FY 21/22, 60% of community stakeholders voiced that Healthy

Eating was absolutely essential compared to 55.28% in FY 22/23. However, during FY 21/22, 7.14% weren't familiar with the program, as it temporarily was put on hold in March 2020, compared to the 3.25% in FY 22/23. It is noteworthy to mention that 12.86% of community stakeholders thought Healthy Eating was only of average importance in FY 21/22 compared to 10.57% in FY 22/23.

Enrichment Center (EC) – Community Stakeholder Feedback		
	FY 21-22	FY 22-23
Absolutely Essential	60%	55.28%
Very Important	20%	26.83%
Of Average Importance	12.86%	10.57%
Slightly Important	0	2.44%
Not Important At All	0	1.63%
I'm Not Familiar With This Program	7.14%	3.25%

The David Lambert Community Drop-In Center

The David Lambert Community Drop-In Center (Lambert Center) is open to community members, 18 years of age and older. Since 1999, the center focused on providing supports to individuals who are homeless, unemployed, or otherwise unable to meet their basic needs. Guests have access to computers and printers, as well as food, clothing and basic necessities. The center continues to help with ongoing outreach efforts for underserved populations and acts as a referral source for TCBH Mental Health and Substance Use services.



FY 21/22 Cost Per Visit: The David Lambert Center was closed during this fiscal year due to the pandemic so this data unavailable.

Funding

Through MHSA funding, backed up through community stakeholder feedback, TCBH funds operational costs of the Lambert Center including, but not limited to; monthly rent, insurance, phone, cable, utilities, garbage, water, Signal Service alarm service, and County of Tuolumne housekeeping, facilities, and information technology (IT) supports and services.

Impacts of COVID-19 and Reopening

In mid-March 2020, the Lambert Center temporarily closed due to the COVID-19 pandemic. Beginning on November 14, 2022, the Lambert Center reopened its doors with the hours of 11 a.m. to 2 p.m. Monday through Friday.

Since reopening, Lambert Center has had 253 unduplicated clients visit the center with a total of 888 visits.

Beginning on November 23, 2022, the Tuolumne County Department of Social Services allotted an Integrated Case Worker (ICW) to be available at the Lambert Center with information regarding Medi-Cal, CalFresh and Cash Aid starting and will be scheduled each month following on the fourth Wednesday of the month thereafter. Beginning in December 2022, a MHSA Program Specialist was also scheduled to be available a few times per week to connect with community members and to establish a stronger partnership between the Lambert Center and TCBH.

In February 2023, the center's hours increased to 11 a.m. to 3 p.m. Hours are subject to change.

CPPP: Input from MHSA Community Stakeholder Survey Fall 2022

During the MHSA CPPP, 4.07% of community stakeholders who took the survey said that they were unfamiliar with the Lambert Center program. However, 44.72% said that the Lambert Center is absolutely essential, which has declined since the Spring survey.

David Lambert Center– Community Stakeholder Feedback		
	FY 21-22	FY 22-23
Absolutely Essential	47.14%	44.72%
Very Important	28.57%	28.46%
Of Average Importance	12.86%	17.89%
Slightly Important	1.43%	3.25%
Not Important At All	0.00%	1.63%
I'm Not Familiar With This Program	10%	4.07%

Outreach, Promotions & Community Education Activities

Funds for outreach and engagement are meant to reach to populations that are currently unserved, underserved, or inappropriately served. In an effort to interact with these populations, outreach and engagement efforts include collaboration with community-based organizations, faith-based agencies, tribal organizations, schools, law enforcement, veterans' groups, and those working with the homeless, incarcerated, and other underserved populations in the community.

New Outreach & Engagement Activities

Community Resilience Centers

Outreach and Engagement will continue throughout FY 2026 through the opportunity to have staff available at the new Resiliency Centers in Tuolumne County. Paying for rental space at these facilities will allow for expanded Outreach and Engagement in the Tuolumne and Groveland communities. Staff will have a designated space to work directly with the community to provide resources, complete referrals, and potentially complete screenings. This opportunity comes as a collaboration with other Health and Human Services Agencies (HHSA) to be able to provide the community with the full scope of resources they may need.



Tuolumne Community Resilience Center, by Jenn Guhl





Community Cultural Collaborative

In promoting Mental Health Awareness Month, TCBH's Community Cultural Collaborative (CCC) held its first in-person meeting since COVID-19 in May 2022. Members of the CCC came together to help raise awareness on mental health and help reduce the stigma associated with it by decorating the downtown Sonora Courthouse Park (above).

Tuolumne County Probation Department

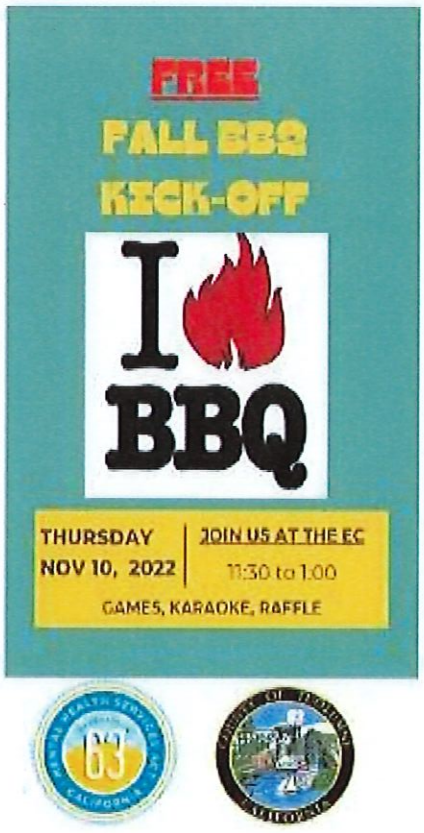
TCBH also partnered with the Tuolumne County Probation Department (at left) and decorated its garden area and trees with lime green décor in honor of mental health.

EC BBQ



Since Fall 2022, county staff has been working diligently to increase programming while embracing countless opportunities. Promotional activities took place at the EC to continue to develop the center as a safe, warm, and welcoming space. These promotions were to focus on the space the center was specifically prior to the pandemic. The TCBH staff coordinated an EC BBQ special event to engage members and attract those who may be unfamiliar with the center of its various resources, supports and offerings. The EC BBQ event was extremely successful as it brought in nearly 70 community members. Community members painted rocks (above) while staff barbecued food below during the event (below).









TCBH staff including those who are direct service providers, such as clinicians and case managers, and administrative staff from our Medical Records, Quality Improvement, and Enrichment Center teams (above and at right). All those who attended the EC BBQ in November 2022 helped to provide this outreach event to our clients and community members. In addition, this created a stronger team dynamic for the agency by blending a variety of teams together for a relaxing afternoon enjoying the sunshine.

Mother Lode Round-up Parade, May 2022



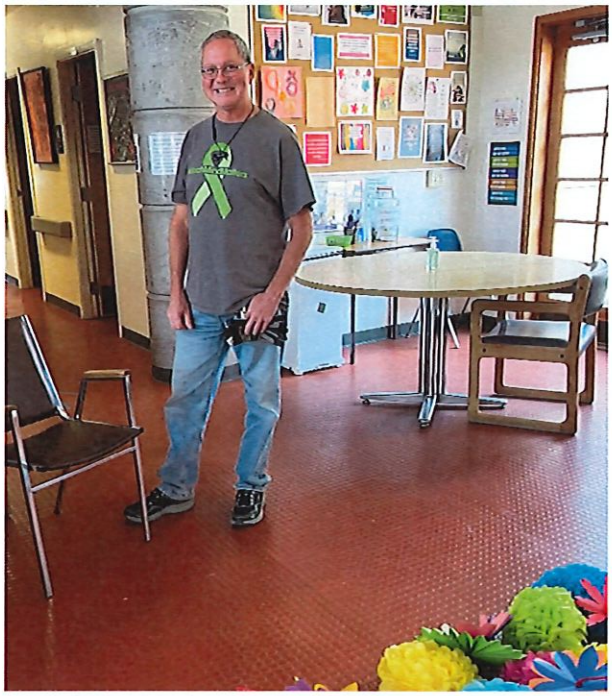








In Spring 2022, Tuolumne County Behavioral Health (TCBH) staff and volunteers gathered on numerous occasions during their breaks and lunch hours in the TCBH Conference Room and the Enrichment Center to help prepare for the agency's float in the 63rd Mother Lode Round-Up Parade on Saturday, May 7th, 2022, in downtown Sonora (previous page and above). TCBH's float featured a mental health awareness theme to support those with mental health challenges, help raise awareness and reduce stigma as well as increase community engagement. Staff and volunteers were working until an hour or so before the parade to help with decorations and the final construction of the float. Some staff were



dressed as the "Behavioral Health Inflatables" and handed out mental health awareness bracelets, lime green necklaces and resource cards to community members during the parade.





Community Roots Resource Fair

The Health and Human Services Agency, in partnership with Sonora Area Foundation, held its first Community Roots Resource Fair on August 17, 2022, at the Mother Lode Fairgrounds in Sonora. This was to help provide the general public links to resources. Supports at the event included: senior services, food resources, childcare services, youth support, transportation, disability services, utility bill help, fire protection, housing information, health insurance access, pet support, and employment opportunities. The event included a complimentary tri-tip sandwich, demonstrations, activities, giveaways, and resource information while supplies lasted.



A MHSA Program Specialist and Substance Use Recovery Counselor worked the Tuolumne County Behavioral Health table during the Community Roots Resource Fair. Mental health, substance use disorder, and self-care resources as well as brochures on TCBH services, business cards, and its perinatal program were available to community members. In addition, the famous spinning wheel was a huge attraction to those who wanted a choice of lime green mental health awareness bracelets, fidget spinners, brains, Band-Aids, Take Action for Mental Health pens, Know the Signs coasters and more.

Suicide Prevention Expo

TCBH Staff also participated in Lantern of Light's first Suicide Prevention Expo on September 13, 2022, at the Mother Lode Fairgrounds in Sonora. More than 20 agencies, groups and nonprofit organizations were in attendance to provide community members resources on suicide prevention. Lantern of Light is a faith-based suicide prevention ministry in Tuolumne County.

"Unofficial" Cooling Center, Drying & Warming Center and Extended Hours

TCBH, MHSA Impacted by Inclement Weather

The EC acted as an "unofficial cooling center" for Tuolumne County for two days in June 2021 when temperatures reached more than 105 degrees. In late December 2021, the EC was a

designated Warming Shelter opened to the public as a winter storm hit Tuolumne County. Additional emergency supplies such as water and food were provided by the Red Cross and the Lambert Center for staff to distribute to community members during this time. According to our Facebook data, our designated Warming Shelter post reached 3,510 community members, had 39 reactions and 22 shares. This post reached more people than 100% of TCBH's 50 most recent Facebook posts and stories.

September 2022

On September 2, 2022, the National Weather Service issues an Excessive Heat Warning Press Release, highlighting that "an Excessive Heat Warning 11 a.m. Saturday Sept 3rd through 8pm Tuesday Sept. 6th, 2022." In response to this urgent press release, TCBH's EC acted as an "unofficial cooling center" for Tuolumne County for two days in September 2022 when there was "Triple digit heat along with warm overnight lows are possible this weekend into next Tuesday. The combination of the very hot afternoons and warm nights with limited overnight relief will result in a period of high to very high heat risk," according to the Press Release. In addition, Tuolumne County Office of Emergency Services (OES) and Tuolumne County Public Health encouraged those to take shelter and great care during this time to protect themselves from the outside elements. Additional emergency supplies such as water and food were provided by the Red Cross and the OES to distribute to community members during this time. According to our Facebook data, it reached 33 community members.

January through March 2023

On January 8, 2023, the National Weather Service issued an advisory weather notice for heavy rain, mountain snow, damaging winds with renewed flooding, with additional storms possible later that week into the weekend.

The Tuolumne County Enrichment Center (EC) staff responded by offering an "unofficial" drying and warming center to the community between the days of Monday, January 9th through Wednesday, January 11th, 2023, with the hours 9 a.m. to 6 p.m. These extended hours offered to the community went beyond our regular programming hours of 8 a.m. to noon and offered those who needed shelter from the storm a safe, warm and dry place to stay. It is important to note that the EC was the only drying and warming center at this time to the general public. See Appendix L.

Later in February, and due to more incoming snowstorms, the EC was reopened for extended hours to the community between 12 and 6 p.m. Wednesday, February 22nd to Friday, February 24th, 2023, in addition to our regular programming.

In March 2023, the National Weather Service issued an advisory weather notice and storm briefing for the dates of March 7-13th, which outlined the severe wind, heavy rain, snow, thunderstorms and flooding that were heading to the Sierra Nevada mountains. As this warmer storm created fast and quick moving melting snowpack, these storms caused damage to homes, businesses, roads due to increased flooding. In addition, there were several surrounding areas of Tuolumne County that didn't have access to power due to heavy snow and downed trees and PG&E power lines. Many residents didn't have access to water, electricity and/or heat for several days. In addition to our regular programming, and at the direction of TCBH, the EC was reopened for extended hours to community members between 12 and 6 p.m. Wednesday, March 1st to Friday, March 10th, 2023. Most of the days and hours announced were ever-changing, and some last-minute, which called on the TCBH Staff's adaptability to the situations as County Administrator's Office (CAO), Health and Human Services (HHSA) and TCBH leaders didn't know how the weather would change from one day to the next. The CAO would offer late start days or county-wide closures, for the exception of Office of Emergency Services (OES), depending on the severity of the weather that was impacting our rural area. It is important to note that additional emergency supplies such as water and food were provided by the local American Red Cross, OES as well as other agencies to distribute to community members during this time.



During this time, the TCBH's EC staff, which consists of four Peer Support Specialists, all relief, and one MHSA Program Specialist, the only full-time staff based at the center, showed incredible resiliency, flexibility, perseverance and compassion during this time as all were ready to serve our community at a moment's notice. In addition to TCBH staff, other county staff volunteered their time to cover the Extended Hours at the EC during March.

Regardless of TCBH's attempts to provide this warm, safe space for those community members who were struggling during these times of inclement weather, the EC was highly underutilized. TCBH's contributions to the community were highlighted in the biannual TCBH March newsletter, which was also distributed late due to the technological issues caused by the

snowstorms; however, its delay also reflects the dedication of its employees as it captures the numerous days TCBH made every effort to promote outreach and engagement during an incredibly difficult time. See TCBH March newsletter in Appendix K.

Not My Kid: Mental Health Tools Every Parent Needs



TCBH and other several community partners are coming together in support of youth mental health and have created the upcoming event, Not My Kid: Mental Health Tools Every Parent Needs. The special event, sponsored by Sonora Area Foundation and to be held at Sierra Bible Church, is scheduled for April 26, 2023. The keynote speaker will be Jeremy Bates, the Hope Dealer from Tru Hope Summit followed by individual breakout sessions held by different agencies including TCBH. Workshops will highlight the following topics: anxiety, depression, sense of belonging, suicide prevention and grief. TCBH staff will also be present at the event by providing a resource table of ways to connect with the department regarding resources, supports and services. This grassroots event will be one of many to come. Community partners include Tuolumne County Superintendent of Schools, Lantern of Light, YES Partnership, Adventist Health and Front Porch. Nearly 400 community members attended the event.

According to Mail Chimp data, the Not My Kid: Mental Health Tools Every Parent Needs distribution announcement had 95.3% successful deliveries to nearly 400 community members.

Successful deliveries	**328**	95.3%
Total opens	223	
Last opened	4/14/23 2:49PM	
Forwarded	0	

Ongoing Community Outreach & Engagement Programs

Enrichment Center Community Garden

As part of the TCBH's wellness and recovery center, the EC Community Garden provides this valuable community recreation activity that contributes to health and well-being, social interaction, food production, environmental education, and connection to nature. Beginning in Spring 2022, a TCBH maintenance crew began the process of refreshing the area with newly installed flower beds, soil, and benches. The EC Community Garden (below) is a piece of land gardened collectively by members of the community in partnership with staff of Tuolumne County Behavioral Health and County of Tuolumne.





Tuolumne County Behavioral Health Bimonthly Newsletter

Originally established in March 2012, and now celebrating its 11th year, the TCBH newsletters is distributed bimonthly to nearly 400 community members and individuals representing various county agencies, organizations, nonprofits, etc., who provide services and supports to our community, as well as individuals interested in MHSA programming and behavioral health services. Reference the TCBH Newsletters calendars dating from January 2022 to April 2023, Appendix J, for examples of TCBH's community outreach efforts prior to the pandemic and during the pandemic.

For our March 2023 newsletter, successful deliveries came in at 91.9% with the most popular time of day that the email was opened was around 11 a.m. according to our Mail Chimp data shown below:

Successful deliveries	**353**	91.9%
Total opens	**288**	
Last opened	4/11/23 6:02PM	
Forwarded	**0**	

Other outreach and engagement efforts include:

- *Shared resources with Tuolumne County Probation Department for mental health awareness month*
- *LGBTQ Event, June 2022 (annual)*
- *Mental Health Coffee Talk, monthly beginning in August 2022*
- *Annual Hope and Honor Walk, September 2022*
- *Library outreach, May and September 2022*
- *Suicide Prevention Expo, September 2022*



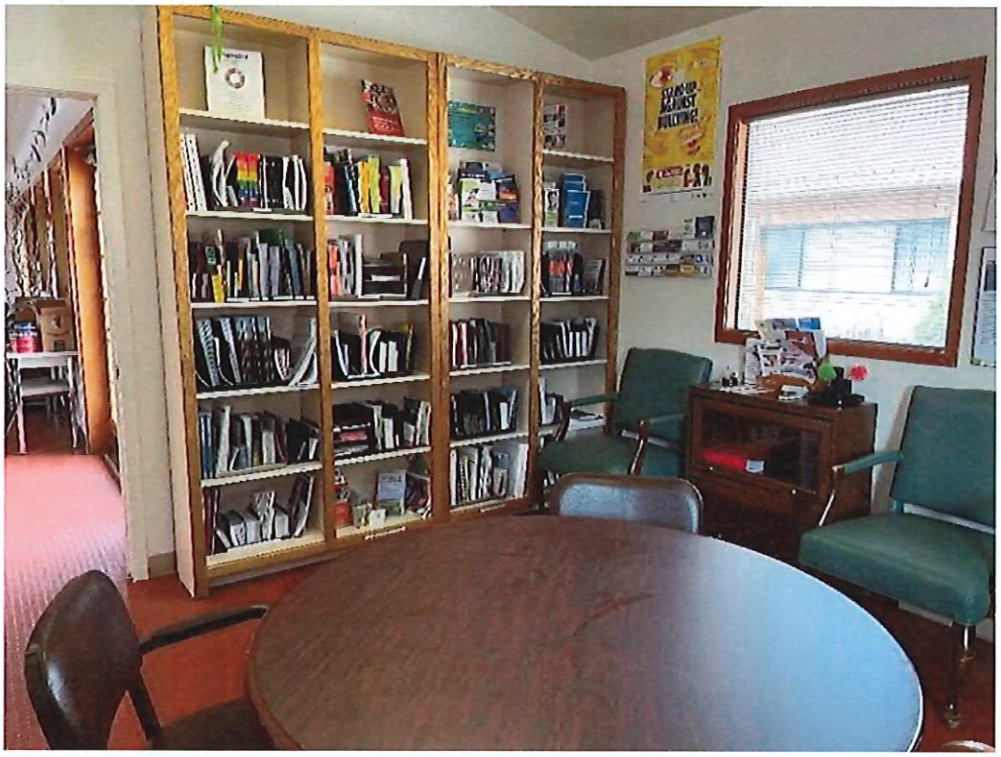
Annual Hope and Honor Walk, September 2022

- *ATCAA Drive-up Trick or Treat Street and Resources Showcase, October 2022*
- *Jimtown Walkabout and Wellness Fair Blue Zones Project, November 2022*
- *Annual YES Partnership Luncheon, December 2022*
- *Christmas Tree Lane, December 2022 – HHSA*
- *Virtual Stanislaus State Virtual Field and Career Fair, February 2023*
- *Columbia College Job Fair, February 2023*
- *Tuolumne County Volunteer Fair, March 2023*
- *Not My Kid - Mental Health Tools Every Parent Needs to Keep Kids Happy, Healthy and Successful, April 2023*

Top Social Media Posts

- *Not My Kid - Mental Health Tools Every Parent Need;* According to our Facebook data, it reached 73 community members.
- *Tuolumne County Volunteer Fair, March 21, 2023;* According to our Facebook data, it reached 699 community members, 20 post engagements and had two shares.
- *UCCE Master Gardeners, March 17, 2023;* According to our Facebook data, it reached 494 community members and had two shares.
- *Evening Photo of EC, March 7, 2023;* According to our Facebook data, it reached 119 community members and had 18 post engagements

Reference Appendix L for examples of TCBH's community outreach efforts dating from May 2022 to May 2023.



EC Recovery Library

Despite the pandemic and the reduced hours at the EC, the MHSA team has made progress in other areas. In December 2020, the EC Recovery Library was established and added as a resource for anyone within the community who needs mental health services or supports. This resource is also available to agencies, organizations, nonprofits, all county staff, etc. and has brochures on hand in both English and Spanish covering nearly 100 subject matters including local, state, federal and national resources. Community members are encouraged to donate

mental health and behavioral health resources as an ongoing effort to create a stronger connection within the community. (EC Recovery Library pictured above).

CPPP: Input from TCBH MHSA EC Community Stakeholder Survey Winter 2023

In addition, during the TCBH MHSA EC Community Stakeholder Survey, 26.53% of respondents said they access the Recovery Library at the EC.

Impacts of COVID-19

Community Events

Throughout FY 19/20 and through the current FY 22/23, COVID has presented numerous challenges to hosting and attending in-person meetings, gatherings, and community outreach events. Despite these obstacles, TCBH has persevered and maintained a positive presence within the community and provided mental health and behavioral health resources as health guidelines lessened throughout the fiscal year.

Since Spring 2022, TCBH has begun to slowly shift back to in-person outreach events and community meetings. Copies of our outreach efforts are attached, reference Appendix L.

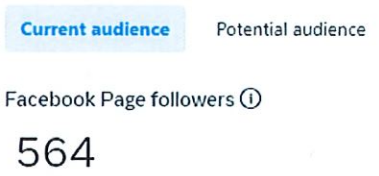
Social Media

TCBH regularly promotes the agency's internal events while also raising awareness about mental health and substance use issues, suicide prevention awareness, cultural competency, and stigma reduction. It also highlights national awareness months throughout the year and shares local community events relevant to these issues.

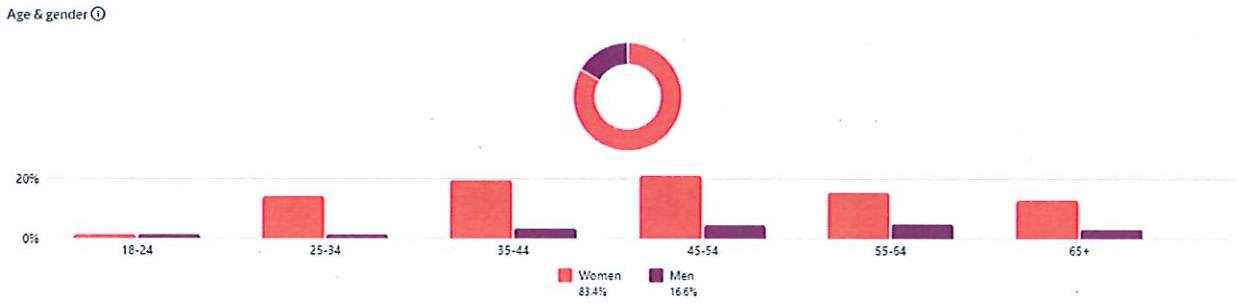
The rapid growth of social media by other local, state and federal government entities is evidence that social media is a valid and effective way to communicate, both between county agencies, and with the public and community. Ultimately, the use of social media presents a greater ability for the County to engage the public and communicate important and urgent information that further the goals and mission of the County as a whole.

Social Media data pulled April 26, 2023: (Lifetime data of March 26, 2020, to April 25, 2023).

The number of followers for TCBH's Facebook page is at 564 as seen in this chart:



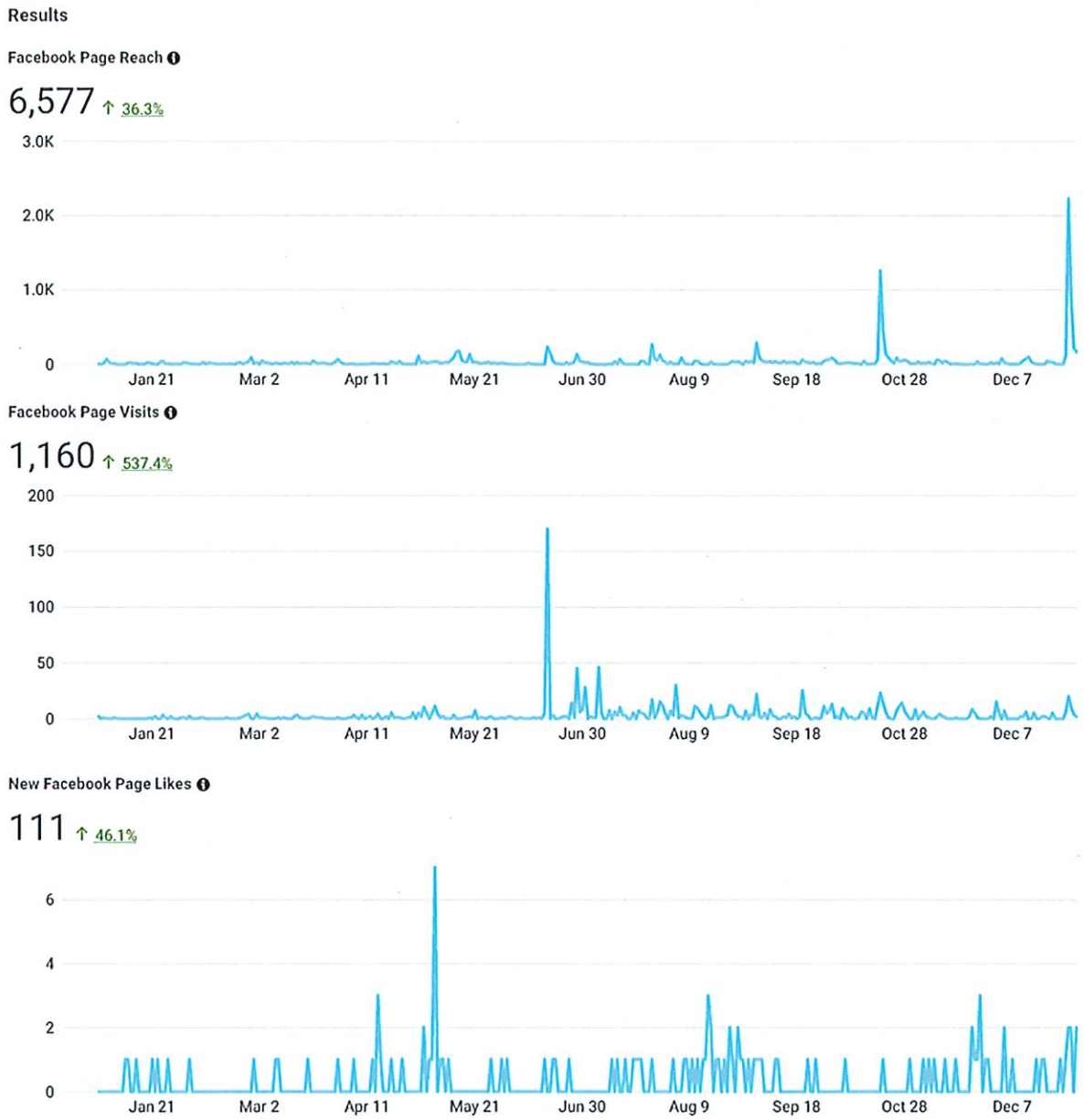
Also, the chart below shows the age and gender of our followers. According to Facebook, aggregated demographic data is based on a number of factors, including age and gender information users provide in their Facebook profiles. This number is an estimate. Demographics show that 83.4% of our page followers are women with the most in the 45-54 age bracket compared to men who make up 16.6% of our followers with the most in the 55-64 age bracket.



The Facebook data below shows that 83.6% of our current audience is women while only 16.4% is men. Top cities indicate that are largest demographic is 36.2% based in Sonora compared to 5% in Tuolumne, 4.5% in Jamestown, 4.1% in Columbia and 3.6% in Twain Harte. It is important to note that we are also reaching 2.7% of our audience members who live in Modesto (Stanislaus County), and 1.4% in Angels Camp (Calaveras County). (Lifetime data)



TCBH's Facebook data from January 1, 2021, to December 31, 2021:



According to Facebook, Facebook Page reach is defined as the number of Accounts Center accounts that saw any content from your Page or about your Page, including posts, stories, ads, social information from Accounts Center accounts that interact with your Page and more. Reach is different from impressions, which may include multiple views of your posts by the same Accounts Center accounts. This metric is estimated. Facebook Page Visits are the number of

times your page was visited by the public. New Facebook Page Likes are the number of new likes on your Facebook page.

TCBH's Facebook data pulled March 9, 2023: (January 1, 2022, to December 31, 2022)



Our social media interactions continued to show growth from CY 2021 to CY 2022. Our page reach increased by 28.1% from 6,577 to 8,201 and the page visits increased by 4.5% from 1,160 to 1,173. However, TCBH's new page likes decreased by 7.8% from 111 to 95. Even though COVID-19 has limited in-person social interactions since March 2020, this data shows that community members are still heavily relying on and connecting through ever-changing technology platforms such as Facebook.

Oral Health & Education

Smile Keepers, through Tuolumne County Superintendent of Schools, provides information and treatments regarding oral health hygiene, such as education, dental screenings and cleanings. The program utilizes relationships and trust built with their patients over time, to provide much needed oral health supports. The program provides a warm hand-off to Enrichment Center staff to support those who may be experiencing anxiety, PTSD, and other immediate mental health challenges.



In FY 19/20 Smile Keepers exceeded their quarterly goals and outcomes by increasing the number of clients seen individually at the EC. For the 19/20 grant period, Smile Keepers provided seventeen (17) educational sessions for 262 individuals for all services including dental education and dental screenings and cleanings through March 2020. Community members learned about topics including proper hydration, cause and effect of dry mouth, and how certain medications can contribute to oral health issues. In Q4 of FY 19/20, no patients were seen at the clinic due to COVID. However, the best connection the staff was able to provide during COVID was through phone call follow up with clients and providing to care when needed. The goal was met for warm hand off referrals. At least 65 follow ups were made throughout that fiscal year to clients. Dental supplies were mailed to clients upon request. Referrals to dental providers/medical providers was provided when appropriate.

Beginning in January 2022, TCBH granted Smile Keepers the ability to have reguarly scheduled clients due to being an essential service to the community.

In-person clinic visits, which were resumed in August of FY 21/22, have been a consistent service available to the community including our vulnerable populations. Referrals for services were made to the Enrichment Center, Behavioral Health, and other community resources. Smile Keepers also received walk-in referrals from the county offices and several community-based organizations. Despite the reduction of hours at the EC in january 2022, the Smile Keepers program was considered essential, so the services and access continued for community members.

During FY 22/23, in Quarters 1-3, Smile Keepers has seen 46 unduplicated adults, with barriers to care, and have participated in some level of services at the TCBH Enrichment Center and 9 were returning clients. Regardless of the slower attendance at the EC due to the pandemic, Smile Keepers has hosted 15 events with topics.

CPPP: Input from MHSA Community Stakeholder Survey Fall 2022

During the MHSA CPPP, 1.63% of community stakeholders who took the survey said that they were unfamiliar with the program, which is a decline from the Spring survey. This demonstrates the additional outreach that Smile Keepers has done for this program. However, 41.46% said that the Smile Keepers is absolutely essential.

Smile Keepers (Dental Services) – Community Stakeholder Feedback		
	FY 21-22	FY 22-23
Absolutely Essential	42.03%	41.46%
Very Important	20.29%	31.71%
Of Average Importance	26.09%	16.26%
Slightly Important	2.9%	5.69%
Not Important At All	0.00%	3.25%
I'm Not Familiar With This Program	8.7%	1.63%

CPPP: Input from TCBH MHSA EC Community Stakeholder Survey Winter 2023

In addition, during the TCBH MHSA EC Community Stakeholder Survey, 26.53% of respondents said that they access the Smile Keepers program at the EC.

FY 21/22 Cost Per Person: Smile Keepers served 64 people with a cost per person as $547.86 per person. Due to the EC programming reduction in January 2022, this impacted Smile Keepers for Quarter 3 and 4.

Give Someone a Chance (GSAC) Mobile Shower Services



In 2019 Give Someone a Chance (GSAC) began offering weekly shower services to community members in their mobile shower unit at the Lambert Center. A total of 163 showers were taken by members of the community who also had access to the resources at the Lambert Center. In Spring 2020, GSAC temporarily shut down their services due to the pandemic. GSAC planned to be up and running by May 2022 but had to delay due to being short-staffed. As of April 2023, there is still no update on GSAC returning to the Lambert Center.

FY 21/22 Cost Per Person: There is not cost associated with this program.

CPPP: Input from MHSA Community Stakeholder Survey Fall 2022

During the MHSA CPPP, 1.65% of community stakeholders who took this survey said that they were unfamiliar with this program. However, 41.32% said that GSAC's Mobile Shower Services is absolutely essential, which is a decline from the Spring survey.

Mobile Showers (GSAC) – Community Stakeholder Feedback		
	FY 21-22	FY 22-23
Absolutely Essential	42.03%	41.32%
Very Important	30.43%	28.1%
Of Average Importance	14.49%	20.66%
Slightly Important	4.35%	4.13%
Not Important At All	2.9%	4.13%
I'm Not Familiar With This Program	5.8%	1.65%

CSS and the Impact of MHSA Modernization

With the recent announcement and proposal of MHSA Modernization, this MHSA component of CSS would share 35% of MHSA funding along with other remaining components such as Workforce Education and Training (WET), Crisis Access and Intervention Program (CAIP), Prevention and Early Intervention (PEI) and Capital Facilities and Technological Needs (CFTN). This would only take effect if MHSA Modernization passed on the November 2024 ballot or if an Executive Order took place.

MHSA Permanent Supportive Housing

Permanent supportive housing (PSH) is a type of long-term housing assistance that provides individuals who are experiencing homelessness or at-risk of homelessness and who have chronic mental health conditions, with affordable and stable housing that is coupled with supportive services.

Unlike other types of housing assistance that may have time limits or requirements for employment or sobriety, PSH is designed to be permanent and ongoing, with no time limits or requirements for residents to participate in supportive services. Instead, supportive services are provided on an as-needed basis to help residents maintain their housing stability and improve their overall well-being.

Supportive services may include case management, mental health and substance abuse treatment, independent living skills training, and other services that are tailored to the individual needs of each resident. By providing stable housing and supportive services, PSH can help individuals break the cycle of homelessness and achieve greater independence and self-sufficiency.

Currently, there are two houses managed by TCBH, with a total of eleven (11) beds. The houses typically remain at full capacity throughout the year. At entrance into the housing program, tenants most likely are receiving supportive services which may include therapy, medication services, case management, and transportation services as needed. They may be part of TCBH's Full-Service Partnership program that provides intensive case management and promotes independent living skills. As a community member, tenants may also receive support at the EC, a peer-run recovery center offering support groups, individual peer support, and peer-led activities.

The Cabrini House, a house for women, has five bedrooms and five baths. It is a ranch style home and has a common living room, kitchen, and dining area. The location is close to downtown Jamestown, and the bus route is easily accessible. Zoning laws allow up to 8 unrelated individuals to live at the Cabrini house residence. Currently, there are 5 residents located in 5 rooms. It is planned to expand the number of residents sharing rooms to a maximum total of 8 residents in 5 rooms.

Although planned in FY 18/19, the repairs to the decking at Cabrini House have not been completed and are currently on hold in FY 21/22.

The *Washington Street House* is for men and has six bedrooms and four baths. There are three bedrooms downstairs and three upstairs; the levels are not joined. TCBH, The Enrichment Center, and downtown are within easy walking distance, which lends to the independence of the tenants.

MHSA Considerations: Housing

Housing is a complex issue that requires extensive community collaboration and partnership; the MHSA is a flexible funding source that may be used in various ways to support those who are experiencing or at risk for homelessness. Housing supports must be outlined in the Three-Year Program and Annual Expenditure Plans and may include various support components such as:

- Rent subsidies, security deposits and utility supports
- Housing vouchers
- Short-term, transitional and temporary, and permanent supportive housing
- Mental health treatment and crisis services

CPPP: Input from MHSA Community Stakeholder Survey Fall 2022

During the MHSA CPPP, 9.92% of community stakeholders who took this survey said that they were unfamiliar with this program compared to 14.29% from the Spring survey. This decline demonstrates that community members are becoming more aware of what TCBH's role is for housing the severely mentally ill. However, 58.68% said that the housing for those with severe mental illness is absolutely essential which is a decline from 62.86% in the Spring survey.

Permanent Supportive Housing – Community Stakeholder Feedback		
	FY 21-22	FY 22-23
Absolutely Essential	62.86%	58.68%
Very Important	17.14%	21.49%
Of Average Importance	5.71%	6.61%
Slightly Important	0.00%	2.48%
Not Important At All	0.00%	0.83%
I'm Not Familiar With This Program	14.29%	9.92%

Mental Health Services in Supportive Housing Programs

Supportive housing is an approach to providing housing and support services for individuals who are experiencing homelessness/at-risk of homelessness and have a severe mental illness. Mental health services can play a critical role in supporting individuals in permanent supportive housing to maintain their housing stability, improve their quality of life, and achieve their recovery goals.

Here are some ways that mental health services can help support individuals in permanent supportive housing:

1. Assessment and treatment of mental health conditions: Mental health services can provide assessments and treatment for individuals with mental health conditions, which can help improve their overall well-being and ability to manage their symptoms. This can include medication management, counseling, and other forms of therapy.
2. Support for recovery goals: Mental health services can help individuals in permanent supportive housing set and achieve their recovery goals. This might involve working with individuals to develop personalized treatment plans that address their unique needs and goals and providing ongoing support to help them stay on track.
3. Crisis intervention: Mental health services can provide crisis intervention support for individuals who are experiencing a mental health crisis. This can include 24-hour crisis hotlines, mobile crisis response teams, and urgent appointments which can help prevent hospitalizations and other more serious outcomes. In addition, the Full-Service Partnership program has a direct access phone line to ensure daily support during business hours.
4. Coordination of care: Mental health services can help coordinate care between different providers and organizations involved in an individual's care, including primary care providers, substance use treatment providers, and other support services. This can help ensure that individuals receive comprehensive, coordinated care that meets their needs.
5. Education and support for consumers: Mental health services can provide education and support for consumers with mental health conditions. This can help support consumers manage their conditions and access resources that can help them navigate the healthcare system.

Overall, mental health services can play a critical role in supporting individuals in permanent supportive housing to maintain their housing stability, improve their mental health and well-being, and achieve their recovery goals.

MHSA Supportive Housing Program Expansion

It is proposed that Behavioral Health also provide Supportive Housing Programs which differ from Permanent Supportive Housing in that there is required program and services associated

with the housing. Some housing is supportive in nature but tied to a treatment program, and thus is not permanent supportive housing. It is proposed that the county purchase additional housing units to provide treatment programs to aid in consumer's mental health recovery.
These programs would rely on case management in either the Full-Service Partnership Program (FSP) or in the Adult Services Program to help assist clients in the recovery-based approach described above.

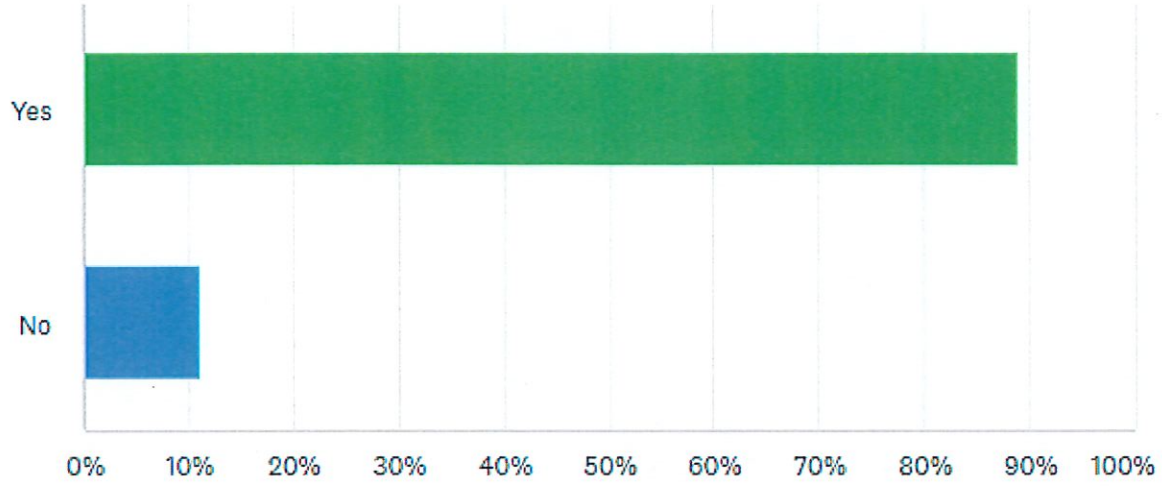
In addition, consumers on LPS conservatorship in board-and-care homes or mental health rehabilitation centers may be ready to move into the community into supportive housing. They would benefit by having available supportive housing to help them transition from more restrictive treatment facilities into more independent living situations with supports from Behavioral Health. In the spirit of the Recovery Model, upon which MHSA is based for its services, community-based housing is the ideal for consumers who are in the process of their mental health recovery.

TCBH continues to look at potential purchases for additional homes in the community. This would aid in the mental health wellness and recovery of individuals with integration into the community. These homes would be supported by the Behavioral Health. Consumers could pay rent towards their living situation, but they would receive the supportive services necessary to succeed in community housing.

The stakeholders highlighted the importance of housing throughout the CPPP. It was clear through the feedback received that housing opportunities were one of the largest concerns. If the opportunity to fund housing comes to tuition, TCBH will engage through MHSA funds. TCBH will work to ensure a variety of housing types to ensure client choice in housing. Housing of the unsheltered, underserved, those struggling with mental health and substance use issues, and more will remain a focus for MHSA to ensure that the stakeholder's identified issues are addressed. Housing options may be but are not limited to leases, rentals, purchases, mater leases, vouchers for hotel/motel stays, working with local property management companies, renting/purchasing short stay beds and the navigation center, and more.

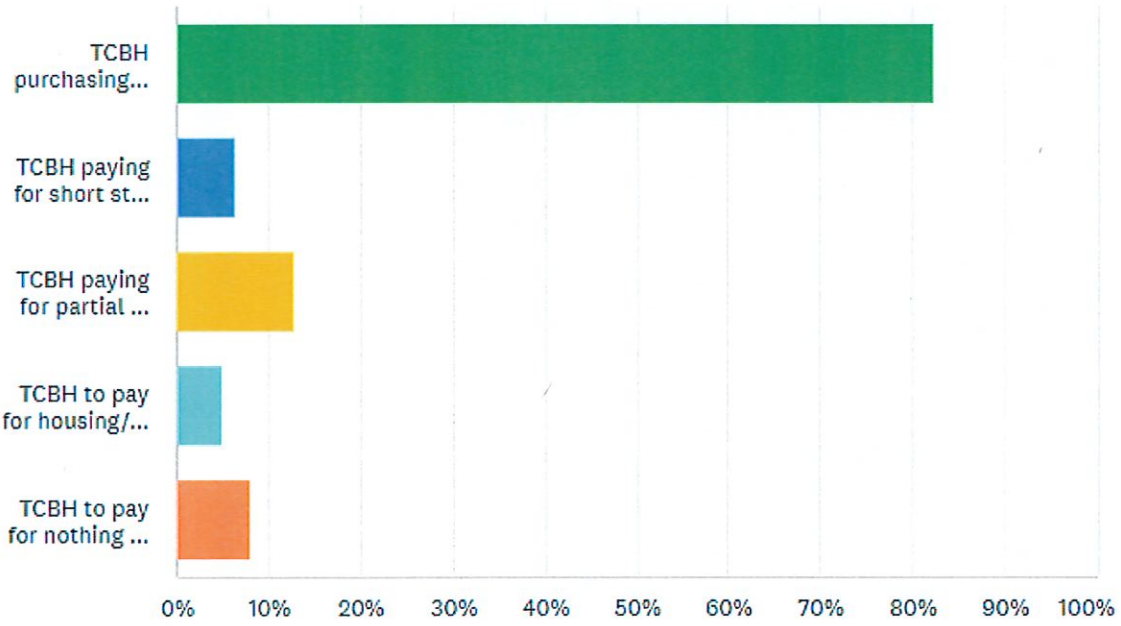
Housing Stakeholder Questions

Community stakeholders were asked: "One factor that adversely affects low-income residents living in Tuolumne County is lack of affordable housing. During our Community Program Planning Process in Spring 2022, the community voiced that the lack of affordable housing was a huge barrier. Are you in support of TCBH using MHSA funding to implement a housing project for those who are severely mentally ill?"



While most of the respondents answered that they were in support of this housing effort, 88.98% to be exact; however, 11.02% do not.

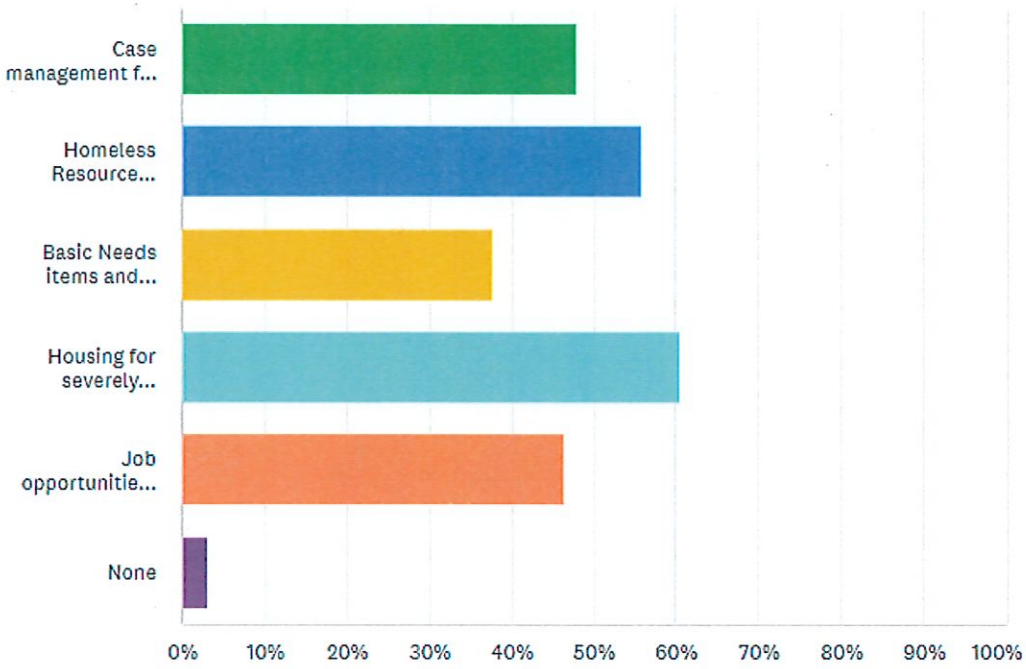
Community stakeholders were asked: "When thinking about housing options for the mentally ill, what would be the best use of TCBH funds?"



82.4% would support TCBH to purchase another house to offer transitional/supportive housing; 12.8% would support TCBH paying for partial or full rent to private landlords. 8% would not

support TCBH to do anything with housing. 6.4% support TCBH to pay for short stays in hotels or motels, and 4.08% would support TCBH to pay for housing or placement out of town.

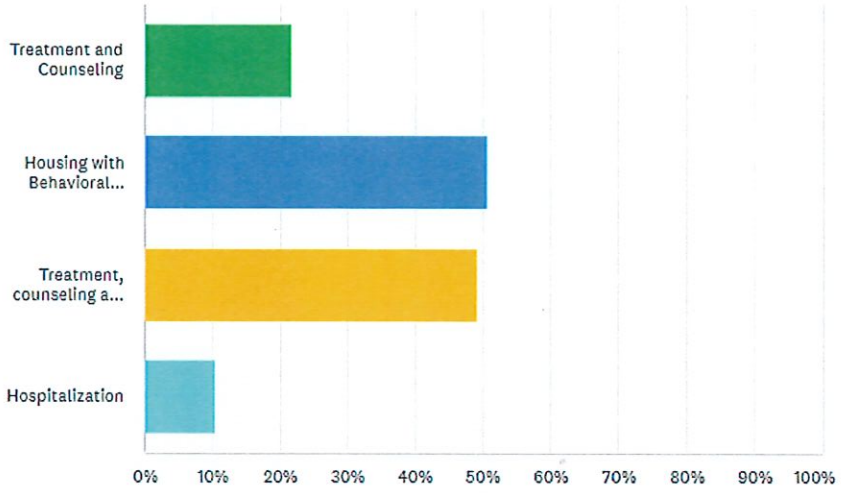
Community stakeholders were asked: "When thinking about the allowance for MHSA funding to be used for supportive housing of unsheltered individuals experiencing severe mental illness, which if any, of the homeless services should be supported by TCBH?"



60.63% of stakeholders would support housing for severely mentally ill people experiencing homelessness followed by 55.91% supporting a Homeless Resource Center/Emergency Sheltering, 48.03% for case management for local housing projects, 46.46% for job opportunities/training programs, and 3.15% wouldn't support TCBH investing anything at all.

ANSWER CHOICES	RESPONSES	
Case management for local housing projects	48.03%	61
Homeless Resource Center/ Emergency Sheltering	55.91%	71
Basic Needs items and services for severely mentally ill living on the street	37.80%	48
Housing for severely mentally ill people experiencing homelessness	60.63%	77
Job opportunities/ training programs	46.46%	59
None	3.15%	4
Total Respondents: 127		

Community stakeholders were asked: "Which of the following Behavioral Health (substance abuse and mental health) services for homeless should be TCBH's top priority?"



ANSWER CHOICES	RESPONSES	
Treatment and Counseling	21.77%	27
Housing with Behavioral Health treatment	50.81%	63
Treatment, counseling and case management	49.19%	61
Hospitalization	10.48%	13
Total Respondents: 124		

50.81% would support TCBH investing in Housing with Behavioral Health treatment, followed by a close 49.19% for TCBH investing in treatment, counseling and case management, with treating and counseling coming in third at 21.77%, and 10.48% said hospitalization.

MHSA Capacity Assessment

Tuolumne County Behavioral Health provides mental health services and substance use disorder treatment to nearly 1,800 consumers annually. Program penetration is monitored quarterly and generally reflective of the Tuolumne County Population. Tuolumne County Behavioral health completed a needs assessment by analyzing several sets of penetration data for clients served and Medi-Cal eligible data. In addition, census data and community partner data were analyzed. Then finally a provider survey was launched and informing material from

the Community Program Planning Process was reviewed. Low data numbers are removed from charts for client privacy.

Mental Health FY 21-22 Total Penetration Counts (At least 1 Service)		% Of Total Penetration
Total	1434	
Female	748	52%
Male	648	45%
Other / Unknown	38	3%
Total	1434	
Under 18	246	17%
18 and over	1188	83%
Unknown	0	0%
Total	1434	
Native American	33	2%
Hispanic / Latino	115	8%
White	786	55%
Other	48	3%
Unknown	452	32%
Total	1434	
0-5 Miles	824	58%
6 to 10 Miles	122	8%
11 to 20 Miles	75	5%
20 plus Miles	160	11%
Unknown	253	18%

SUD FY 21-22 Total Penetration Counts (At least 1 Service)		% Of Total Penetration
Total	360	
Female	130	36%
Male	203	56%
Other / Unknown	27	8%
Total	360	
Under 18	24	7%
18 and over	336	93%
Unknown	0	0%
Total	360	
Native American	-	3%
Hispanic / Latino	36	10%
White	177	49%
Other	18	5%
Unknown	119	33%
Total	360	
0-5 Miles	206	57%
6 to 10 Miles	31	9%
11 to 20 Miles	20	6%
20 plus Miles	37	10%
Unknown	66	18%

Through ongoing Quality Management Committee meetings and the Quality Improvement Council penetration rates are reviewed regularly for ongoing dialogue around the needs assessment. Quality Management discussed Tuolumne County census, Medi-Cal eligible numbers, and claims data in relation to served clients. Penetration rates are reviewed in order to assure all demographics are being served equitably.

There are almost 14,000 Medi-Cal eligible residents in Tuolumne County with 4,000 falling within Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) age ranges. Within Tuolumne County 30% of all Medi-Cal eligible are under 21. Currently, the population of Tuolumne County is 55,000 including inmates from the local prison. The Medi-Cal eligible population accounts for 25% of all residents. After reviewing the census and Medi-Cal eligible data, it was important to then review the populations being served. Currently, Tuolumne County Behavioral Health (TCBH) is serving and billing for 4% of Medi-Cal eligible population. When reviewing the age groups of 0-5 and 6-11, it looks like the amount being served needs to improve. For the age groups of 12-17 and 18-20 penetration is the same or higher for the population of Medi-Cal eligible. Claims data matches small county and statewide averages across age ranges. Foster care penetration matches small county and statewide averages. Reviewed next was demographics.

Tuolumne Census 2021

Age Range	Count	Percent
Under 5	2,225	4.40%
Under 18	9455	16.80%
19 to 65	28923	51.80%
Over 65	15017	27%

Tuolumne Medi-Cal Eligible Feb 2022

	Avg	%
00 - 05	1,244	8.9%
06 - 11	1,290	9.3%
12 - 17	1,200	8.6%
18 - 20	577	4.1%
21 - 24	662	4.7%
25 - 34	2,066	14.8%
35 - 44	1,876	13.5%
45 - 54	1,446	10.4%
55 - 64	1,967	14.1%
65+	1,610	11.6%
	13,938	100.0%

TCBH Served Feb 2022

	YTD	%
00 - 05	4	0.4%
06 - 11	46	4.5%
12 - 17	147	14.4%
18 - 20	50	4.9%
21 - 24	63	6.2%
25 - 34	163	15.9%
35 - 44	147	14.4%
45 - 54	121	11.8%
55 - 64	175	17.1%
65+	106	10.4%
	1,022	100.0%

In terms of ethnicity, those being served matches the county's population from the census. Male and female penetration matches the Medi-Cal eligible population, but the Medi-Cal eligible does not match the census. Language is important to follow as Tuolumne does not have a threshold language but having one in the future is a possibility. To have a threshold language, 5% of the Medi-Cal population would need to identify a particular language as their primary.

Tuolumne Census 2021

Ethnicity	Count	Percent
Alaskan Native or American Indian	1,112	2%
Asian of Pacific Islander	1,112	1.80%
Black or African American	1,001	2%
Hispanic	6,674	12%
Other	1,668	3%
White	43,939	79%

Tuolumne Medi-Cal Eligible Feb 2022

	Avg	%
Alaskan Native or American Indian	147	1.1%
Asian or Pacific Islander	144	1.0%
Black or African American	72	0.5%
Hispanic	1,601	11.5%
Other	114	0.8%
Unknown	1,596	11.5%
White	10,263	73.6%
	13,937	100.0%

TCBH Served Feb 2022

	YTD	%
Alaskan Native or American Indian	20	2.0%
Asian or Pacific Islander	10	1.0%
Black or African American	10	1.0%
Hispanic	97	9.5%
Other	6	0.6%
Unknown	178	17.4%
White	701	68.6%
	1,022	100.0%

The focus on the youth age group was clear from stakeholders as it was ongoingly expressed during the CPPP process. It also was a highlighted area when ongoing review of penetration rates was completed for the capacity assessment. This will be a focus for CSS funds over the next few fiscal years. The Full-Service Partnership program will continue to serve and outreach to the most high-level needs youth. This focus to serve may expand the number of youths served within the FSP Program. While ongoing monitoring of demographics continue, other populations were reviewed to understand the needs of the community through the Behavioral Health lens.

Populations served were also reviewed throughout the year. This was done through ongoing client services reports. Understanding the location of services rendered helps the committees within Quality Management understand where services are taking place. Services in the jail and at the Juvenile Detention Center were reviewed regularly. Over FY 21-22 services in the jail went from 22 services per month to 73 services. The number of unduplicated clients served went from 15 to 45 by the end of the fiscal year. This jump in services put a focus on clients being

served that are involved in the judicial system. Prior to FY 22-23 there was not as large of a focused placed on the judicial system within Behavioral Health. There was always an ongoing partnership with SUD but now there was an understanding for the need for services for those in the jail, on probation, or those in a diversion program.

JAIL Services FY 21-22												
	July	August	September	October	November	December	January	February	March	April	May	June
Total Rendered Services	22	27	7	21	27	19	21	22	56	41	32	73
Total Scheduled Services (w/Rendered Cancelled and No Shows)	22	27	7	21	27	19	21	24	56	41	32	73
Total Unduplicated Clients Served	15	22	6	18	21	18	19	15	39	25	23	45
Total Time Spent (doc & travel)	22 Hours	18 Hours	6 Hours	17 Hours	28 Hours	20 Hours	16 Hours	23 Hours	54 Hours	47 Hours	32 Hours	58 Hours

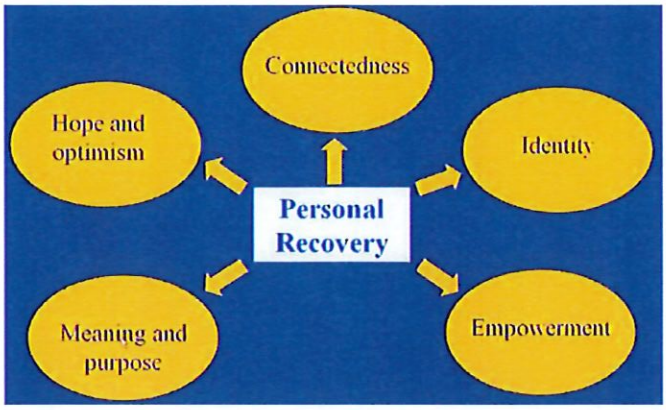
With the clear increase for needed services with the judicial population it was determined through our capacity assessment that this population would need to be a focus. For clients with a severe mental illness who were also involved in the judicial system intense case management could help with housing and potentially lower recidivism rates for this specific population. Over the next few years CSS funds could help support this population when it is medically necessary through the FSP program.

Full-Service Partnership (FSP)

Full-Service Partnership (FSP) is an intensive service program for Behavioral Health consumers experiencing and/ or at risk of institutionalization, homelessness, incarceration, or psychiatric inpatient services. FSP services may also support a consumer as they transition to a lower level of care.

Each FSP enrolled consumer participates in the development of an Individual Services and Support Plan (ISSP) that is focused on wellness and recovery goals. The treatment team is available 24/7 to provide crisis services to the client.

FSP funds are used to provide "whatever it takes" in terms of support of a client and/or family in their journey to wellness, recovery, and independence. FSP Services are culturally competent and include individualized client/family-driven mental health service and support plans that emphasize recovery and resilience and offer an integrated service experience for clients and families. TCBH provides wrap around intense case management, and services for these individuals based on goals as determined by the client. FSP Service represent the most intensive services that are available to TCBH clients on an outpatient basis. Services can be provided to individuals in their homes, the community, and other locations. Peer supports are included in these services and are provided by trained Peer Specialist staff with lived experience.



The FSP program includes the availability of flexible funding to meet the goals of the individual service and support plans for each client. Some examples of flexible funding may include emergency housing, rental assistance, residential treatment for substance use disorders, clothing, food, transportation, and educational materials.

Considerations

Due to various State initiatives, it is possible that expanded FSP programs may be supported through MHSA funds.

Available Programs

There are three FSP programs available:

- ✓ Children ages 0-15 years old (eligible for mental health services)
- ✓ Youth ages 16-25 years old (eligible for behavioral health services)
- ✓ Adults ages 26 - 60+ years old (eligible for mental health services)

Children

Ages 0-15 years old

The FSP Program is focused on all age groups but has designed programs specially for children ages 0 through 15 and their families who are interested in participating in a program designed to address the total needs of a family whose child is experiencing significant emotional, psychological, or behavioral problems that are interfering with their well-being and the well-being of the family members and the community.

A child with a Serious Emotional Disturbance (SED) and may not have responded well to traditional outpatient mental health and/or psychiatric rehabilitation services or those individuals who have incurred high costs related to o acute psychiatric hospitalization or long-term care.

Children ages 0-15 years old (eligible for mental health services) with a Serious Emotional Disturbance (SED) who meet the following criteria in the last 6 months:

- Seriously Emotionally Disturbed
- At risk of being removed from the home
- Has extreme behavior problems in school/home
- Has been in an out-of-home placement and is moving back into a home/community setting
- Unserved or underserved

Wrap around services use a team approach to meet you and your family's needs. It gathers your family, community-based services, and natural support people already in your life together to come up with a plan to try to meet your child's needs and the needs of the family.

To be considered for the Children's FSP program, a referral must be submitted and screened for eligibility. Anyone in the community can refer a person to FSP.

Transitional Age Youth (TAY)

Ages 16-25

Youth ages 16-25 years old (eligible for behavioral health services) with a serious mental illness who have experienced at least one or more of the following within the last year:

- At-risk of homelessness
- In jail or has frequent contact with the criminal justice system, or is aging out of the juvenile justice system
- Risk for psychiatric hospitalization or institutionalization
- Aging out of children's mental health or child welfare systems
- Having experienced a first episode of serious mental illness.

Adults & Older Adults Ages 26-60+

Adults ages 26 - 60+ years old (eligible for mental health services) with a serious mental illness who have experienced at least one or more of the following within the last year:

- Homelessness or at-risk of
- In jail or has frequent contact with the criminal justice system
- Frequent admissions to psychiatric hospitals or receiving psychiatric emergency services

- On LPS conservatorship, in placement, and returning to live in the community

Together, the consumer and treatment team determine the type and frequency of services provided based on the client's recovery goals. Because services provided are unique to each individual consumer, not all persons will require all the services listed.

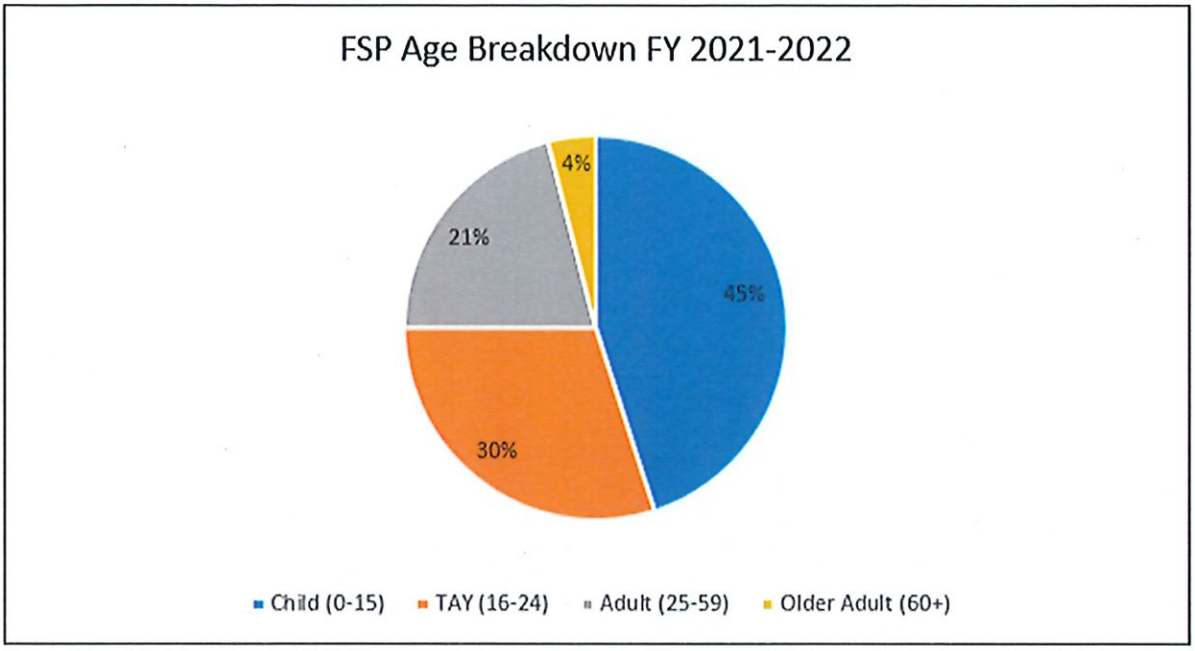
The following mental health and supportive services are examples of potential services that consumers might receive if participating in FSP:

- Counseling, psychotherapy, and case management
- Field-based services
- Peer and family support services
- 24/7 Crisis assessment services
- Self-help and peer support groups
- Independent living skills training
- Social / recreational skills training
- Pre-vocational services
- Accessing educational programs
- Learning transportation services
- Assistance in finding a place to live or in remaining in one's home
- Access to physical health care
- Establishing benefits for qualified individuals
- Financial management training
- Substance recovery services



The following charts show FSP clients in all age groups. The data shows a continuation in the trend in FY 19-20 and FY 20-21 of FSP primarily serving younger clients. Child (age 0-15) and transitional age youth (TAY, age 16-24) now make up a combined 75% of FSP clients, up from 44% of clients two years prior. Adults (age 25-59) and older adults (age 60+) presently comprise 25% of FSP clients.

FSP Age Counts by Fiscal Year			
	FY 19-20	FY 20-21	FY 21-22
Child (0-15)	18	27	39
TAY (16-24)	18	25	26
Adult (25-59)	38	30	18
Older Adult (60+)	12	10	4



FSP Service Counts by Fiscal Year			
	FY 19-20	FY 20-21	FY 21-22
Count of Rendered Services	5132	6086	5260
Rendered Percentage	85%	82%	83%
Cancelled Percentage	9%	11%	12%
No Show Percentage	6%	7%	5%

Several data points are collected to review outcomes for the FSP program. Currently, the average number of rendered services per client is tracked by age and service provider type. Service counts for FSP are tracked by rendered, cancelled, and no showed services. The chart below shows the services by category over the last three FYs. Current FY shows slight increase in the percentage (up 1%) of services rendered and slight decrease in combined cancelled/no show services (down 1%) when compared to previous FY 20-21. Total count of rendered services is down from previous FY 20-21, but up roughly 2.5% from FY 19-20.

The charts below represent the average number of rendered services per client by provider type, age group, and FY. Previous trends for FY 19-20 and 20-21 indicated that for case management and peer services, the average amount of rendered services increased with age. Data from FY 21-22 indicated peer services continues that trend, however case management numbers show a reduction in average numbers of services for adults in FY 21-22. Intense case management continues to be the primary intervention for the FSP program, showing significantly higher numbers when compared to clinical and peer services.

Average Number of FSP Case Management Services Rendered Per Client			
	FY 19-20	FY 20-21	FY 21-22
Child (0-15)	31	42	27
TAY (16-24)	35	44	45
Adult (25-59)	44	51	37
Older Adult (60+)	54	105	115

Average Number of FSP Peer Services Rendered Per Client			
	FY 19-20	FY 20-21	FY 21-22
Child (0-15)	2	2	2
TAY (16-24)	3	7	5
Adult (25-59)	22	9	9
Older Adult (60+)	30	50	73

Average Number of FSP Clinical Services Rendered Per Client			
	FY 19-20	FY 20-21	FY 21-22
Child (0-15)	9	17	12
TAY (16-24)	8	7	13
Adult (25-59)	9	6	6
Older Adult (60+)	7	12	4

Crisis and hospitalization counts can be effective in evaluating program outcomes and because of this are heavily reported and reviewed internally within TCBH. The chart below demonstrates

FSP clients' utilization of crisis services. The number of unduplicated clients has remained relatively stable over the past three FYs, with the number of FSP crisis services decreasing rapidly in FY 19-20 and then returning roughly to its prior pace for FY 20-21 and FY 21-22. In FY 20-21, forty-five unduplicated FSP clients used an average of six (6) crisis services each; this is compared to five (5) average services used by forty-six clients in FY 21-221. The data shows and increase of FSP clients utilizing crisis services for the current FY (54%) when compared to FY 20-21 (49%). The data indicates that FSP services have been effective at stabilizing just under fifty (50) percent of clients and providing the wrap-around supports they need before a crisis develops.

FSP Crisis Counts by Fiscal Year			
	FY 19-20	FY 20-21	FY 21-22
Duplicated	192	277	232
Unduplicated	42	45	46
Total Admitted FSP for entire year	85	91	85
Percent of FSP population used crisis	49%	49%	54%

The charts below give a count of FSP and total agency client hospitalizations. These reports are reviewed and compared when studying agency hospitalizations. Hospitalization agency wide were steady with a slight increase in FY 19-20, this trend was not seen for FSP specific clients who had steady hospitalizations across the three FYs. The hospitalization reports show a slight decrease in hospitalizations for FSP clients in the current fiscal year (18%) when compared to FY 21-22 (19%). The data indicates that despite an increase in percentage of FSP clients utilizing crisis services, fewer of those crises result in a hospitalization. This can be attributed to the efforts of FSP staff at plan development aimed at crisis stabilization.

FSP Hospitalization Count by Fiscal Year			
	FY 19-20	FY 20-21	FY 21-22
Duplicated Client Counts	34	30	32
Unduplicated Client Counts	20	17	15

Total Hospitalization Count by Fiscal Year			
	FY 19-20	FY 20-21	FY 21-22
Duplicated Client Counts	145	130	131
Unduplicated Client Counts	115	100	92

In FY18/19, a new protocol was launched in the FSP team known as Officer of the Day to offer additional support to FSP clients and enhance engagement with the FSP program. This protocol has been successful as FSP clients calling in to the dedicated FSP Warm Line between the hours of 8 a.m. to 5 p.m. Monday through Friday and they are able to speak to staff who are familiar with their case. The Officer of the Day protocol has continued and shows to be an additional support to all FSP clients. This line has allowed FSP clients to directly connect with FSP Case Managers and staff they are familiar with their case, rather than being routed to our Crisis Access team. However, the Officer of the Day and FSP Warm Line are currently underutilized by clients.

In FY 20/21, TCBH estimates that it can serve a total of one hundred and sixty (160) FSP clients over the fiscal year with a current caseload at any given time of no more than eighty (80) per clinical. Capacity is established through ongoing quarterly network adequacy reports. The program goal for FY 20/21 was to increase capacity to serve the transitional age youth (TAY) population while reducing the number of those served in the adult age group. This goal was reached by hiring a dedicated case manager for the TAY population at the end of the FY 19/20 fiscal year.

CPPP: Input from MHSA Community Stakeholder Survey Fall 2022

During the MHSA CPPP, 13.93% of community stakeholders who took the survey said that they were unfamiliar with the program. However, 51.64% said that the FSP is absolutely essential, which is a decline from the Spring survey.

Full-Service Partnership (FSP) – Community Stakeholder Feedback		
	FY 21-22	FY 22-23
Absolutely Essential	54.29%	51.64%
Very Important	24.29%	25.41%
Of Average Importance	4.29%	5.74%
Slightly Important	1.43%	0.82%
Not Important At All	0.00%	1.65%
I'm Not Familiar With This Program	15.71%	13.93%

Crisis Services

TCBH provides Phone and Walk-in Services through the Crisis Access and Intervention Program (CAIP). CAIP staff consists of a specialized team of clinicians and behavioral health workers who are available to respond to crisis prevention or emergency support and referral services. Services provided include:

- Telephone and face-to-face support or crisis intervention
- On-site mental health evaluations in the Emergency Department at Adventist Health Sonora
- Assistance connecting to community resources
- Arrangements for hospitalization and post-hospitalization follow-ups as necessary

TCBH currently provides crisis services as follows:

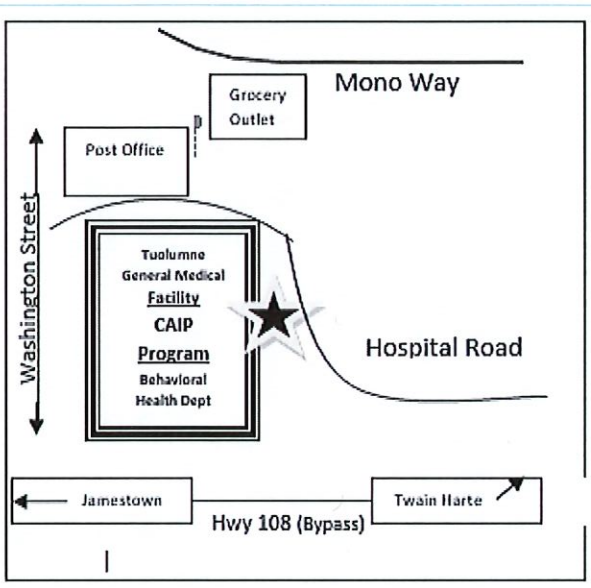
- Behavioral Health Walk-In Services available from 8 a.m. to 7 p.m. daily, with the exception of major holidays
- Behavioral Health Clinician available to Adventist Health Sonora from 8 a.m. to 1 a.m. daily
- Phone Support available 24/7
  In addition to the Emergency Department at Adventist Health Sonora, Behavioral Health provides assessments and responses to the community for crisis.



Tuolumne County is committed to the ongoing development of behavioral health services to meet the immediate needs for all community members. The current plan for supportive services

reflects the emphasis on providing crisis response and care "the sooner, the better" at any time, any day.

Many crisis situations that result in hospitalization and placement out of County could have been prevented by talking or meeting with trained counselors or therapists prior to an emergency situation. In partnership with local hospitals, law enforcement, and other social service agencies, necessary inpatient psychiatric services will continue to be provided. If a person is determined to be a danger to themselves, or someone else, or unable to meet their basic needs due to a mental disorder, admission to a psychiatric hospital will be arranged.



The charts below give a count of total clients served through CAIP. Although the number of duplicated clients fell during FY 20-21, the number of unduplicated clients stayed steady. The Covid-19 Pandemic began at the end of FY 19-20 and may be the reason for the 13% decline in the duplicated client count and the 11% decline in the unduplicated client count moving into FY 20-21. This is also represented in the decline of rendered services.

Total Clients Served by CAIP by Fiscal Year			
	FY 19-20	FY 20-21	FY 21-22
Duplicated Client Counts	4265	3709	3629
Unduplicated Client Counts	916	819	807
Total Rendered CAIP Services	4230	3698	3624

FY 21/22 Cost Per Person: The CAIP unit served 807 unduplicated individuals for an average cost of $1,026 per client.

CPPP: Input from MHSA Community Stakeholder Survey Fall 2022

During the MHSA CPPP, 14.05% of community stakeholders who took this survey said that they were unfamiliar with this program. However, 57.85% said that Crisis Access and Intervention Program is absolutely essential, which is a decline from the Spring survey.

Crisis Support (CAIP) – Community Stakeholder Feedback		
	FY 21-22	FY 22-23
Absolutely Essential	68.18%	57.85%
Very Important	19.70%	19.83%
Of Average Importance	6.03%	4.96%
Slightly Important	0	1.65%
Not Important At All	0	1.65%
I'm Not Familiar With This Program	9.09%	14.05%

CAIP and the Impact of MHSA Modernization

With the recent announcement and proposal of MHSA Modernization, this MHSA component of CAIP would share 35% of MHSA funding along with other remaining components such as Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Community Services and Supports (CSS) and Capital Facilities and Technological Needs (CFTN). This would only take effect if MHSA Modernization passed on the November 2024 ballot or if an Executive Order took place.

Benefits & Resources

For many years, a staff position specializing in Benefits & Resources was available on site in the EC to assist individuals in the application process for public benefits such as Medi-Cal, Supplemental Security Income (SSI)/Social Security Disability Income (SSDI), and CalFresh food supports through March 2022. It was at this time, during the second half of FY 21/22, that this staff member left the agency. Although this position is currently vacant, TCBH has kept this

position in the agency's budget to determine the next course of action based on community stakeholder feedback.

Innovation

Component Overview

Innovation projects contribute to learning rather than a primary focus on providing a service. Through INN, counties can try out new approaches to develop new, best and/or promising practices in behavioral health.

Funding Allocation (% of total revenue): 5%

- INN provides funding for projects in an approved plan for up to 5 years

Primary Purpose of Innovation Projects:

- Increase access to underserved groups
- Increase quality of mental health services
- Promote interagency and community collaboration
- Increase access to mental health services, including, but not limited to, services provided through permanent supportive housing

MHSA Considerations: Innovation

An innovative project may affect an aspect of mental health practices or evaluate a new or changed application to solving mental health challenges. Examples may include:

- Administrative, governance, processes and procedures
- Education and training for service providers
- Advocacy
- Services and interventions
- Research

INN funding may not be used to implement a program or approach that has already demonstrated its effectiveness. Funding may not cover longitudinal studies or ongoing programs/services that would be more appropriately funded from CSS or PEI funds. Addressing an unmet need is not alone sufficient to receive funding under this component.

Community Program Planning Process

Since January 2022, TCBH has worked extensively with its community stakeholders and partners to determine the agency's next best course of action for an Innovation Plan, which is a component of the MHSA. A community stakeholders' submission form was used to gather input

on how to use MHSA Innovation funds in FY 21/22. TCBH gathered stakeholder feedback regarding potential INN project ideas for the future and discussing possible collaboration with other community agencies. A program-targeted submission form campaign to collect feedback regarding potential Innovation plans for TCBH was launched on March 1, 2022, which was also made available through online and printed format, through March 22, 2022. More than 10 Innovation submission forms and ideas were received with responses from various stakeholder groups, ages and representations. All submitted Innovation ideas were submitted to TCBH's Quality Management (QM) team, which consists of a line staff from each department, as well as management staff for discussion and review. The MHSA Agency Program Manager presented the potential Innovation plan to the QM team on March 24, 2022. The QM team was given current penetration rates of its services, as well as detailed data on served and eligible populations, if there was an area(s) that showed a gap in services, and foster youth and TAY (youth 16-24) data. The QM team thoroughly reviewed and offered data-informed decision and feedback on all submission forms, and ultimately came to a decision with a selected Innovation plan. A copy of the community submission form is attached, reference Appendix E.

Since that time, the MHSA Agency Program Manager presented the potential MHSA Innovation plan to the virtual Tuolumne County Behavioral Health Advisory Board on April 6, 2022, for suggestions and feedback. There was a second, and more in-depth, MHSA Innovation presentation on August 3, 2022, and then a Public Hearing during the Tuolumne County Behavioral Health Advisory Board on September 19, 2022. Each meeting was held virtually.

TCBH's Innovation plan, "Family Ties: Youth and Family Wellness," introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention. TCBH's Innovation plan's primary purpose is to increases the quality of mental health services, including measured outcomes.



The Quality Improvement Agency Program Manager and the MHSA Agency Program Manager presented the selected Innovation plan to the Tuolumne County Board of Supervisors for feedback on September 20, 2022, for additional feedback prior to submitting the Innovation plan proposal to the Mental Health Services Oversight and Accountability Commission (MHSOAC). After feedback and suggestions were taken into account, the MHSA Agency Program Manager sent its first Innovation Plan copy to MHSOAC in October 2022. As the initial plan grew and MHSOAC sent recommendations to TCBH to ensure compliance with MHSA Innovation rules and regulations, this created an opportunity for TCBH to strengthen its partnership between MHSOAC in months following. Due to MHSOAC's increasing workload and shifting priorities, the commission delayed the approval of the Innovation Plan to a later date.

CPPP: Input from MHSA Community Stakeholder Survey Fall 2022

During the Community Program Planning Process (CPPP) in October and November 2022, the community stakeholders were asked: "Please indicate what alternative activities/mental health approaches you feel have the greatest impact for mental health Innovation programs and services in Tuolumne County."

The top 5 answers were:

1. Mindfulness
2. Equestrian services
3. Yoga
4. Bingo nights
5. Themed food nights

Community stakeholders voiced numerous suggestions regarding potential Innovation programs Suggestions were: Movie Nights, Meditation, Sound Therapy; Job training/job search; Alzheimer's support; Social services; Rock climbing and ropes courses; FOAC/animals; Nights out to dinner; EMDR; Family game night; Cooking classes/Healthy eating and shopping; Gardening; Education and prevention support groups for the family and youth; Art therapy; Music therapy; Writing therapy/journaling; Exercise therapy/sports/physical activities; Conflict resolution; Mental health values; Walking/Exploring nature; Family; Work; Worship; Productivity; Knowing your emotions; Group counseling; Acupressure/acupuncture; Tai chi; Light therapy; Breathing therapy; and Exposure therapy.

When asked about community members' familiarity with TCBH services, 66.93% said they were familiar and 33.07% said they were unfamiliar.

Innovation and the Impact of MHSA Modernization

With the recent announcement and proposal of MHSA Modernization, this MHSA component would be removed from all future MHSA programming. Despite this possibility, TCBH will keep our pending Innovation plan in the MHSA budget. As of April 14, 2023, the current Innovation plan has yet to be approved by the Mental Health Services and Oversight Commission (MHSOAC). This would only take effect if MHSA Modernization passed on the November 2024 ballot or if an Executive Order took place.

Workforce Education and Training (WET)

Component Overview

WET programs are designed to increase and sustain the number of qualified individuals, including clients and family members, working in the public behavioral health system. Funds are meant to increase mental health career development opportunities and include supports for both prospective and current public mental health system employees, contractors, and volunteers.

Training Components include:

- ***Mental Health Career Pathways***: Educational, training and counseling programs that are designed to recruit and prepare individuals for entry into a career in the public mental health system.
- ***Residency and Internship Programs***: Funding for psychiatric residency programs, internship programs leading to licensure and physician assistant programs with a mental health specialty.
- ***Training and Technicial Assistance***: Support for events and activities to assist all individuals in better delivery consistent with the fundamental principles intended at the Act.
- ***Financial Incentive Programs***: Scholarships, stipends, and loan assumption programs
- ***Workforce Staffing Support***: The specific earmarking of funds to plan for, administer, support or evaluate programs and training included in the other WET categories.

MHSA Considerations for WET

WET funds may not be used for:

- Addressing/supporting the workforce recruitment and retention needs of systems other than the public mental health system, such as criminal justic, social services, and other non-mental health systems
- Direct service provision
- Offset lost revenues that would have been generated by staff who participate in WET programs
- Personnel, operating and administrative costs

Component Update

Workforce staffing support is a required element of the WET component and is focused on tracking mental health workforce trends, identifying local needs and assisting staff with work-related and training goals. Trainings provided are wellness and recovery oriented, with a concentration on strength-based and best practice models for staff and community members. Trainings offered integrate the philosophy of a client/family-driven mental health system and foster cultural sensitivity and community collaboration. The COVID-19 pandemic presented

challenges to in-person trainings beginning in March 2020 and on into 2023. Out of necessity, electronic training platforms replaced many in-person trainings.



In FY 21/22 and FY 22/23, trainings included, but were not limited to: Motivational Interviewing; Fraud, Waste and Abuse; Beneficiary Rights Training; Understanding Human Trafficking; Title 22; Strength Finders; Working More Effectively with LGBTQ+ Children and Youth; various CalAIMS trainings; ongoing cultural competency trainings and more. Law and Ethics for Healthcare Providers is provided annually in Spring, and in 2021 through 2023, the training was held virtually.

TCBH is a certified Continuing Education (CE) Provider for the Board of Registered Nursing (BRN), the California Consortium of Addiction Programs and Professionals (CCAPP), and the California Association of Marriage and Family Therapists (CAMFT). As such, TCBH can offer CEs to eligible staff and community members for qualifying trainings. This benefit provides licensed and license-eligible staff a means to meet continuing education requirements at low cost and which is easily accessible. TCBH charges a nominal fee to community members for CEs to help recuperate some cost related to WET expenditures.

TCBH provides opportunities for master's level college students and post-graduate license-eligible individuals to gain hands-on, practical experience in mental health services.

TCBH provides clinical supervision to licensed and license-eligible mental health staff through WET funds. Providing clinical supervision is a key benefit to recruit new staff and to continue to follow the "grow your own" model of workforce sustainability. This program will continue to be funded by WET and is currently budgeted for $25,000 for FY 23/24.

TCBH also collaborates with a local junior college nursing program to provide a venue, the Enrichment Center, in which the nursing students can gain experience working with those experiencing mental health issues and/or homelessness. The students offer community members support in the area of physical health care. However, the EC has been unable to serve as a venue as it has in past years due to COVID. The last nursing program that was offered was in Fall 2019. TCBH plans to work with the student nursing program in the future as the local health guidelines loosen regarding COVID and as programming allows.

Stipend Program/TCBH Retention Program

The Central Region Partnership through the MHSA Workforce Education and Training (WET) program has developed a Stipend Program opportunity. Our county, in collaboration with other counties in the region, has partnered with the California Mental Health Services Authority (CalMHSA) to make this funding available to the county Public Mental Health System workforce. It will award up to $1,000 to qualified workers within the Region's Behavioral Health System.

The purpose of the program is to provide financial incentive to retain current qualified, eligible mental health professionals who:

- Are bilingual and/or who reflect the populations served and share the same ethnic, cultural, and linguistic backgrounds of the communities served
- Work in the "hard to fill/retain" positions, as defined by their county, in the Behavioral Health Care system.

Eligibility Requirements:

Employees must meet the following criteria to be considered eligible:

<table>
<tr><th colspan="2">DIRECT CLINICAL SERVICE STAFF</th></tr>
<tr><td colspan="2">Work Hours & Location
Must work a minimum of 32 hours per week in an eligible County-operated public mental health setting to receive full benefits.
Relief employees are to receive $500 after 1 year

Employment Status
Must be employed in an eligible role as identified here, in a permanent position.[2]

New employees to receive $1,000 at 1 year employed in a permanent role.</td></tr>
<tr><th colspan="2">AND AT LEAST ONE OF THE FOLLOWING:</th></tr>
<tr><td>Providers who are bilingual in one of the Regional Partnership county's threshold languages and/or who represent the ethnically and culturally diverse communities served.</td><td>• Bilingual in Spanish, Cantonese, Mandarin, Tagalog, Farsi, or Vietnamese
and/or
• Have lived experience as a mental health consumer/family member or represent a culturally or ethnically diverse community</td></tr>
<tr><th colspan="2">OR</th></tr>
<tr><td>Workers in hard-to- fill/retain positions, or those who possess experience or expertise in hard-to- fill/retain skill sets.</td><td>• Persons working for Tuolumne County Behavioral Health
• Workers with behavioral healthcare experience or expertise
• Providers who work in programs delivering services to:
1. Older adults
2. Transitional age youth
3. LGBTQI2-S
4. Adults with Severe Mental Illness
5. Children and Youth Services</td></tr>
</table>

2 Change of jobs to a different organization during the application review process is cause for disqualification, as it voids the minimum length of time for the employment requirement. However, a change of job with the same organization, serving the same population in a hard to fill/retain position will not disqualify.

3 Direct Service is defined as: services that generate units of service, opening or closing cases, crisis intervention, assessments, individual /family/group therapy, rehabilitation services, medication evaluation/consultation, integrated behavioral and EBP

interventions.

Eligible Professions

Eligible provider roles for the program are:

• Licensed Clinical Social Worker	• Associate Professional Clinical Counselor
• Associate Clinical Social Worker	• Licensed Psychiatrist
• Licensed Marriage and Family Therapist	• Psychiatric Mental Health Nurse Practitioner
• Associate Marriage and Family Therapist	• Dual Diagnosis: Clinicians
• Licensed Professional Clinical Counselor	• Discharge and LPS services
• Electronic Health Records	• Transportation services
• Administration	• Behavioral Health Workers
• Peer Support Specialist	• Psych Tech or Licensed Vocational Nurse

Award Process

The first step to the Retention Program is to submit an *Employment Verification for* working in this or another role at TCBH. This will be followed by an *Employment Verification* at the 6-month mark and again at the end. This section of the Program Guide will outline how and where to get and turn in the retention program documents.

There are three distinct parts to the Retention Program:

1. General Eligibility Criteria
2. Awardee Information
3. Employment Verification

As part of the requirements of the Retention Program, awardees may not serve multiple service obligations concurrently and must be in service of the program during the agreed upon 12 months service obligation.

General Eligibility Criteria

Awardees include anyone currently employed at Tuolumne County Behavioral Health who is willing to stay the course and continue to work at TCBH for a 1-year Service Commitment.
New hires receiving a signing bonus will not qualify, due to not allowing multiple service obligations.

Once eligible, TCBH will provide CalMHSA with the employee's name, email address,

supervisor's name, and supervisor's email address. The employee will be required to complete and sign an Employment Eligibility Verification Form, which will subsequently be routed to their direct supervisor to review and attest that the information provided by the employee is accurate.

Establish Individual Contracts & Begin Service Obligation

Once the initial Employment Eligibility Verification process is complete and the award determination is made, CalMHSA will communicate with TCBH to verify all employees eligible for the retention program.

Employees: subsequently referred to as Awardees will have two weeks to respond to next steps. If an employee does not confirm acceptance of their award and submit the completed Employment Verification, CalMHSA may take this as a forfeit of their interest in this program.

Program Timelines

Event	Key Dates
Service Obligation Period Begins	July 10, 2022
Service Period Check-In 2	December 10, 2022
Service Period Check-In 3 (Final)	April 10, 2023
Service Obligation Period Ends	July 10, 2023
Funds Dispersed	August 1, 2023

Issuing Body

TCBH and WET MHSA is to work as the issuing body for the Retention Program. This program is to reward longevity and dedication. After the service obligation, awardees will be rewarded for the number of years spent working at TCBH.

Available Funding and Amounts

Individual awards will not exceed $1,000 for each applicant per service obligation.

- $1,000 for Full Time Employees
- $450 for qualifying Relief/Part Time staff

See the full Retention Program Guide for Tuolumne County Behavioral Health in Appendix M.

CPPP: Input from MHSA Community Stakeholder Survey Fall 2022

Community stakeholders were asked: "On what topics would you like to see training offered to these providers?" The top 5 answers were:

1) Trauma informed care and resiliency
2) Cultural competency/cultural and language sensitivity/gender and sexuality literacy
3) Outreach and Engagement/community resources
4) Mental health trainings (/depression/anxiety/bipolar/PTSD)
5) Substance Use trainings

WET and the Impact of MHSA Modernization

With the recent announcement and proposal of MHSA Modernization, this MHSA component of WET would share 35% of MHSA funding along with other remaining components such as Prevention and Early Intervention (PEI), Crisis Access and Intervention Program (CAIP), Community Services and Supports (CSS) and Capital Facilities and Technological Needs (CFTN). This would only take effect if MHSA Modernization passed on the November 2024 ballot or if an Executive Order took place.

Capital Facilities and Technological Needs (CFTN):

Component Overview

The CFTN component emphasizes providing the capital facilities and technology to enhance counties' ability to provide the community-based services and increase access to services that are cultural and linguistically appropriate. CFTN has two components:

Capital Facilities: Funds to acquire and develop land and/or construct or renovate building(s) in which MHSA administrative activities, services and/or supports are provided. This may include:

- Acquiring a building of land that will be County-owned
- Construction or renovation or buildings that will be County-owned

Technological Needs: Uses and strategies and/or of community-based facilities which support integrated service experiences that are culturally and linguistically appropriate. This may include:

- Electronic Health Record (EHR), Personal Health Record (PHR) system projects

- Data warehousing projects
- Clinical Data Management

MHSA Considerations for CFTN

CFTN cannot be used to pay for housing.

CFTN Budget

Funds in the amount of $60,635 were budgeted in FY 18/19 for an upgrade to TCBH's electronic medical record system to come into compliance with federal privacy regulations, but the current system did does not have the capacity to be upgraded and an entirely new Electronic Medical Record System (EMRS) is needed. Funds are being allocated for a new EMRS that meets compliance standards.

In FY 23/24, the following funds are being allocated:

- $120,000 Cabrini House deck replacement
    1. Funds for replacement of the deck at Cabrini House were budgeted in FY 18/19 MHSA Annual Update in the amount of $34,214, but the project has not yet been started yet. Due to the recent rise in cost of materials, the budgeted amount will be increased to $120,000 for FY 23/24.
- $100,000 New Electronic Medical Record System (EMRS)
- $27,500 Computer Purchases
- $61,875 Administration

In FY 24/25, the following funds are being allocated:

- $100,000 New Electronic Medical Record System (EMRS)
- $27,500 Computer Purchases
- $31,875 Administration

In FY 25/26, the following funds are being allocated:

- $27,500 Computer Purchases
- $6,875 Administration

CFTN and the Impact of MHSA Modernization

With the recent announcement and proposal of MHSA Modernization, this MHSA component of CFTN would share 35% of MHSA funding along with other remaining components such as Workforce Education and Training (WET), Crisis Access and Intervention Program (CAIP), Prevention and Early Intervention (PEI) and Community Services and Supports (CSS). This would only take effect if MHSA Modernization passed on the November 2024 ballot or if an Executive Order took place.

Prevention and Early Intervention (PEI)

Component Overview

The PEI component funds programs designed to prevent and/or reduce the likelihood of mental illnesses from becoming severe and disabling, with an emphasis on improving timely access to services for underserved.

Prevention in mental health involves reducing risk factors or stressors, building protective factors and skills, and increasing support. Prevention programs promote positive cognitive social and emotional development and encourage a state of well-being. Early intervention involves assisting individuals and/or families in a short, relatively low-intensity support service to improve mental health problems and avoid the need for more extensive mental health treatment.

Funding Allocation (% of total revenue): 19%

- At least 51% of PEI funds must be used to serve individuals 25 or younger.

PEI programs integrate strategies to reduce the following ***7 Negative Outcomes***:

- Prolonged suffering
- School failure or dropout
- Homelessness
- Suicide
- Incarceration
- Unemployment
- Removal of children from their homes

FY 18/19 brought the passage of Senate Bill 1004 which allows oversight by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in how MHSA funds are spent. The legislation mandates all counties in California to allocate their PEI funds to designated "areas of proven need" in these five categories:

1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
2. Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the life span.
3. Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
4. Culturally competent and linguistically appropriate prevention and intervention programs.
5. Strategies targeting the mental health needs of older adults.

PEI programs support the development of these programs and support for individuals across the lifespan with a priority focus on the above populations.

The State also requires that TCBH have at least one strategy or program for each of the following: 1) Outreach for Increasing Recognition of Early Signs of Mental Illness; and 2) Access and Linkage to Treatment. TCBH's suicide prevention and stigma reduction program through the Amador Tuolumne Community Action Agency (ATCAA) addresses the first requirement and is described further in this section. All TCBH PEI programs address access and linkage to treatment; access and linkage data will be reported in TCBH's Annual Prevention and Early Intervention Evaluation Report for FY 2021-2022 in Appendix G.

PEI Considerations

PEI program funds cannot be used for:

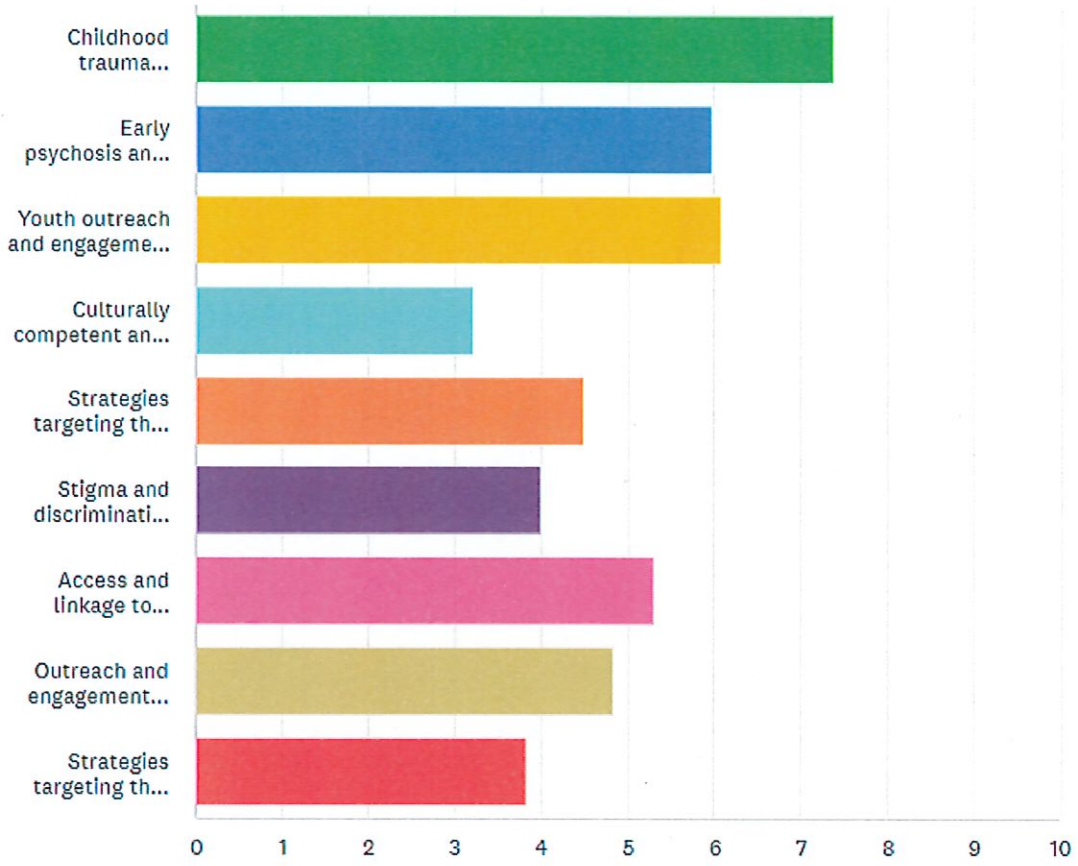
- Filling the gaps in treatment and recovery services for individuals who have been diagnosed with a serious mental illness or severe emotional disturbance
- Capital or technology projects
- Workforce education and training
- Large scale projects such as social marketing campaigns or training curriculum (State-administered projects support these activities)

CPPP: Input from MHSA Community Stakeholder Survey 2022

During the MHSA CPPP, community stakeholders were asked: "Below is a list of priorities that Prevention and Early Intervention programs are directed by MHSA regulations to address. Please rank these in order of importance from 1 (most important) to 9 (least important) for the residents of Tuolumne County."

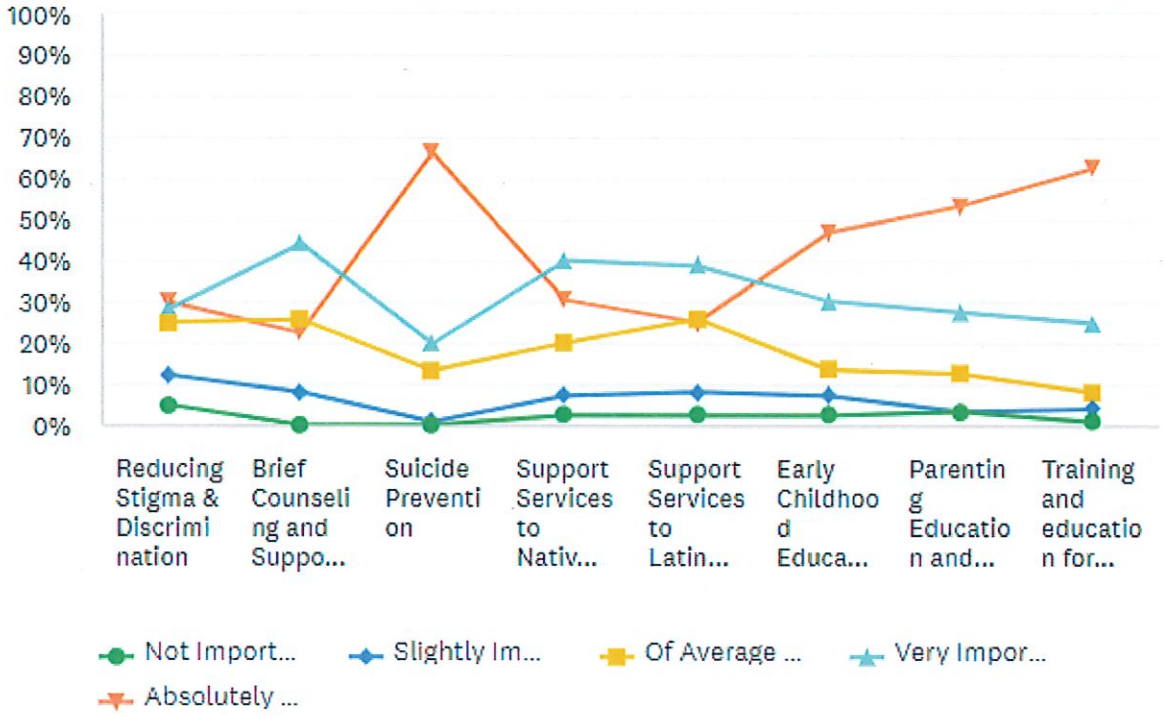
During the MHSA CPPP, it was identified that the top five Prevention and Early Intervention programs and services ranked, in order of community importance per our stakeholders, are:

- Childhood Trauma
- Youth outreach and engagement
- Early psychosis and mood disorder and early intervention
- Access and linkage to services including timely access to services for underserved populations
- Outreach and engagement focusing on substance use prevention



Strategies targeting mental health needs of older adults ranked 6. Stigma and discrimination reduction for those experiencing mental illness ranked number 7, followed by strategies targeting mental health needs and/or services or parolees or those who are recently released from incarceration. Community stakeholders ranked culturally competent and linguistically appropriate prevention and intervention last.

Listed below are Prevention and Early Intervention programs and services that are currently funded by MHSA funds in Tuolumne County. Please rate them in importance as services to provide to those who may be at-risk of mental illness in Tuolumne County.



Current PEI Projects through June 30, 2023

PEI Project Number 1 – Parenting Education Services

Nurturing Parenting Education

Nurturing Parenting is a priority intervention, universal prevention program that is a multi-level parenting and family support strategy to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. This program is implemented by a team led by contract provider, Infant/Child Enrichment Services (ICES) through a program called, "*Raising Healthy Families*". Nurturing Parenting classes are designed to help parents in stressed families including those with a history of substance use disorder, child abuse and/or neglect, domestic violence and social isolation.

The Nurturing Parenting Program is an evidence-based strategy for improving parenting outcomes for families in our community. The program utilizes an evaluation tool, the Adult Adolescent Parenting Inventory (AAPI), which measures parent progress, and assures the program is meeting desired outcomes. The AAPI assesses skills in five domains:

1. Expectations of Children
2. Empathy
3. Discipline

4. Family Roles
5. Power and Independence.

Parents take a pre-test and are provided with their scores for them to see where they are showing strengths, as well as areas for improvement.
The program reported:

- 89% of participants were able to increase their knowledge in one area based on pre/post quizzes
- 43% of participants were able to increase their AAPI scores in three parenting areas based on pre/post scores

FY 21/22 Cost Per Person: The program served 46 unduplicated individuals and 78 families. The estimated cost for this program is $604 per individual or family served. This program is 75% Prevention and 25% Early Intervention.

PEI Project Number 2 – Early Childhood Education Services

Supporting Early Education and Development (SEED), First Five

In a contract with The Tuolumne County Superintendent of Schools Office (TCSOS) First 5 program, the Supporting Early Education and Development (SEED) program, promotes the social and emotional development of pre-school children ages 0 through 5. This Early Intervention program utilizes an Early Childhood Education (ECE) specialist to provide on-site training, consultation and materials to preschools in the community.

These visits include observations of the social emotional climate in the classrooms, modeling behavior management strategies and supporting teachers in dealing with challenging behaviors. Children and families may receive targeted consultation, expanded special education services, and/or evaluation for an Individualized Education Plan (IEP). This project allows children and their families to receive early intervention support and services.

FY 21/22 Cost Per Person: The program served 112 children in the classroom who benefitted. This PEI contract is 100% Early Intervention with an annual cost of $178 per person.

PEI Project Number 3 – School Based Resiliency Services

Currently, TCBH does not have a PEI Contractor fulfilling this service. Tuolumne County Behavioral Health did not receive any PEI contractor bids for this category for FY 22/23 or 23/24. The program is 100% Prevention.

PEI Project Number 4 – Suicide Prevention Program Services

Amador-Tuolumne Community Action Agency (ATCAA)

The Amador Tuolumne Community Action Agency (ATCAA) provides the Suicide Prevention and Stigma Reduction services for TCBH. The goal of the program is to provide a variety of community-wide trainings, education, and information to open dialogue and raise awareness about risk factors, protective factors, and warning signs of suicide as well as how to recognize that a person may be dealing with a mental health problem or crisis. Through trainings, meetings and community involvement, ATCAA continues to work toward ensuring that Tuolumne County is a suicide safer community and that those with signs of mental health issues are connected to support and services. By training individuals in local behavioral health, primary care, school settings, staff of large local organizations, faith-based organizations, and the populace at large, each year the awareness around recognizing early signs of mental illness increases.

FY 21/22 Cost Per Person: 93 people received training, attended a presentation or event, or received information about the program resulting in a cost per person of $887. This program is 50% Stigma and Discrimination Reduction and 50% Suicide Prevention.

PEI Project Number 5 – Mental Health Services for Adults

CAFÉ (Connections and Awareness for Elders), Catholic Charities Diocese of Stockton

TCBH has contracted with Catholic Charities to provide outreach and engagement services to Tuolumne County's older adult population. The purpose of the program is to engage individuals, aged 65 or older, that are isolated, lonely, unserved or underserved. Trained volunteers utilize engagement strategies such as in-home visits to provide socialization, counseling, resources, and referrals.

The program continues to plan events and strategies to reach older adults including providing information at community meetings, attending multi-disciplinary team meetings, and working closely with County departments and other community agencies.

FY 21/22 Cost Per Person: A total of 20 people received supports, training, or outreach material for an annual cost of $3,250 per person. This program is 100% Prevention.

PEI Project Number 6 – Latinx American Outreach and Engagement Services

Promotores de Salud (Promoters of Health)

TCBH contracts with the Amador Tuolumne Community Action Agency (ATCAA) to provide prevention and early intervention services to the Latino community in Tuolumne County. The program consists of two Promotores de Salud (Promoters of Health) who provide mental health education, outreach, and support. The Promotores are from the Latino community themselves

and have succeeded in building relationships and trust with their peers. They focus on breaking down barriers to accessing services, such as transportation, culture, language, stigma, and mistrust of behavioral health services.

The ATCAA Promotores de Salud *'People Helping People'* volunteer group continues to collaborate with the Tuolumne County Sheriff's Department to build trust in the community. The volunteer group focuses on working with the Latino community to decrease anxiety and fear around immigration challenges. The Promotores continue to support Latino families on preparedness plans and provide connections to legal assistance.

FY 21/22 Cost Per Person: Approximately 58 community members received services or education, resulting in an annual cost of $431 per person. This program is designated as 70% Early Intervention and 30% Prevention.

PEI Project Number 7 – Native American Outreach and Engagement

Tuolumne Me-Wuk Indian Health Center

The Tuolumne Me-Wuk Indian Health Center (TMWIHC) provides prevention and early intervention services for anyone in need, but specifically targeted to the Native American population including youth and families. By offering programs designed to engage the participants in health and wellness activities, with a focus on connections with Native American culture, the program encourages activities such as sweat lodges, traditional beading, and talking circles. Participants benefit from specific services and supports that honor the culture, beliefs and spirituality of Native American traditions.

FY 21/22 Cost Per Person: Approximately 148 individuals received services, supports and education through this project for an annual cost of $220 per person. This PEI contract is 80% Prevention and 20% Early Intervention.

PEI Project Number 8 – Trauma Informed Schools

Jamestown Family Resource Center

The Jamestown Family Resource Center (JFRC) is working toward implementing a trauma-informed approach to working with students and their families in Jamestown School District by educating school staff on trauma-informed principles. School staff are trained to effectively reach out to, and work with, high risk students such as those experiencing homelessness, or living in the foster care system or other out-of-home placement. This project is intended to provide students with access to preventative health care services that may be otherwise unavailable.

FY 21/22 Cost Per Person: During FY 21/22, JFRC faced school closures, staff illnesses and severe staff shortages, and limited in-person meetings and in-person training opportunities and hence data is unavailable. This program is 100% Early Intervention.

MHSA PEI Contractors' Forum

Quarterly Connection Meetings

To create connections, build relationships and breakdown organizational silos, the MHSA Agency Program Manager launched an MHSA PEI Contractors' Forum. This first forum, which was held from 9 to 10 a.m. Thursday, April 7th, 2022, was needed to give an opportunity for each of the PEI contractors to get to know each other, possibly for the first time, and to have an introduction to TCBH county staff who work behind the scenes on PEI contracts. The forum's goal is to foster a support system to help increase knowledge and raise awareness about other TCBH PEI contractors and their programs by strengthening communication between agencies. By empowering our partners and encouraging them to connect, this will enhance TCBH's presence within the community.

This ongoing forum, to be held quarterly, will become a strong foundation for our PEI contractors that can be used to share resources, events, programming information and more. This virtual environment, and soon to be in-person, will encourage attendees to share successes and challenges within their program, community and/or county with each other for feedback and suggestions from the team.

PEI contractors who participated in the first MHSA PEI Contractors' Forum are represented with these logos:

Catholic Charities of the Diocese of Stockton
Help for Today...Hope for Tomorrow

Infant/Child Enrichment Services ICES

Tuolumne County Superintendent of Schools

FIRST 5 TUOLUMNE COUNTY

County of Tuolumne California

Jamestown School District

1981 - Celebrating - 2021 40 Years ATCAA

PEI Demographics

The Mental Health Services Oversight and Accountability Commission (MHSOAC) created PEI regulations to ensure that all counties are meeting PEI requirements within their programs.

California Code of Regulations (CCR), Title 9, Sections 3560.010, requires specific data to be collected by counties and reported annually. Examples of demographic information that must be asked for, collected, and reported on by the county annually include: age group, race, ethnicity, primary language, gender, sexual orientation, any disability, and veteran status. A county may ask for other relevant data. The demographic collection form is attached as Appendix G. It is understood that participation in completing demographic information is voluntary and participant anonymity will be respected.

To ensure participant privacy, the demographic information collected and reported for Tuolumne County's Annual Prevention and Early Intervention Evaluation Report for fiscal years, FY 2021-2022 will be presented to include participants across all PEI programs. Demographic data that can potentially be perceived as identifiable information, and place a participant at risk of being recognized, is not included.

MHSA PEI Contractors' Fair

Our original EC Open House and BH Fair, which was launched in May 2019, morphed into the PEI Contractors' Fair that will be held annually. TCBH hosted its first annual TCBH Prevention and Early Intervention (PEI) Contractors' Fair from 4 to 6:30 p.m. Wednesday, September 28th, 2022, at Tuolumne County Enrichment Center, 101 Hospital Road, Sonora. This community event will feature the agency's PEI contractors who are funded through the Mental Health Services Act (MHSA) Prop 63 funds. Over the past two years, COVID-19 has presented many challenges for our PEI contractors to reach our community members with in-person events. With the TCBH's help, the event was intended for contractors to increase community engagement and awareness about local agencies. Contractors actively provide outreach services, supports and resources to our unserved and underserved populations within Tuolumne County. Contractors who attended the event were Amador Tuolumne Community Action Agency (ATCAA), Catholic Charities, Infant/Child Enrichment Services, Jamestown Family Resource Center, and Smile Keepers through Tuolumne County Superintendent of Schools. If the event proves to be successful for TCBH's PEI contractors, the MHSA team will consider exploring future events to support each agency's community outreach efforts and help them to reach their annual PEI outreach goals.



PEI Statewide Plans Program

CalMHSA, a joint powers authority, has implemented statewide prevention and early intervention programs since 2011. TCBH has received supports in the following areas:

- Statewide social marketing educational campaigns including the *Take Action for Mental Health*, formerly known as *Each Mind Matters,* stigma reduction campaigns and the *Know the Signs* suicide prevention campaign with an emphasis in reaching diverse communities throughout California
- Community engagement programs including the *Walk In Our Shoes* stigma reduction programs for middle school students, and the *Directing Change* stigma reduction and suicide prevention program for high schools and higher education
- Technical assistance for counties and community-based organizations to integrate statewide social marketing campaigns into local programs, and to provide support to counties in addressing county-specific stigma reduction and suicide prevention concerns
- Networks and collaborations that support dissemination of educational outreach materials

MHSA PEI Requests for Proposals

In preparation for the MHSA Three-Year Program and Expenditure Plan for FYs 23-26, TCBH put out a Request for Proposals (RFP) for all MHSA PEI Contracts on January 24, 2023, to the public. The MHSA Agency Program Manager met with all current PEI contractors via the online platform of Zoom on January 24, 2023, the day RFPs were released to the public, to share that the County of Tuolumne had shifted away from past processes of accepting an RFP to now an online RFP submission process through OpenGov.com.

The meeting was for the new technical piece of the PEI RFP process, and was a generic informational meeting communicating the upcoming expectations and changes for all future PEI contractors, which are clearly identified in the RFP and reflected in next year's contracts.

PEI RFP Timeline:

1.4. Timeline

Release of published RFP	January 24, 2023
Deadline for receiving all questions	February 9, 2023, 5:00pm
Deadline for RFP responses to be received by County	February 16, 2023, 5:00pm
Review Committee evaluates and ranks proposals	February 24, 2023
Commencement of negotiation period	March 1, 2023
Notice of contract award (Tentative)	March 1, 2023
Deadline for protests/appeals (Tentative)	March 15, 2023
Contract executed (Tentative)	July 1, 2023

However, many weeks of inclement weather created difficulties for TCBH in obtaining completed PEI evaluations and rankings in a timely manner, as outlined in the general timeline picture above. Due to various late start days and county closures, which impacted staffing across all county departments. Despite these challenges, TCBH sent out award notifications through the online platform of OpenGov.com on March 23, April 5, and then again on April 14, 2023.

New PEI Requirements for FYs 2023-2026

Significant changes to PEI Contractors, effective July 1, 2023, are outlined below.
Awarded applicants will also be mandated to have a representative present at the following activities:

- The monthly Tuolumne County Behavioral Health Community Cultural Collaborative
- The MHSA PEI Contractors' Forum with all PEI awarded contractors

- The monthly Tuolumne County Behavioral Health Quality Improvement Council
- The annual TCBH PEI Contractors' Fair

Awarded applicants will also be mandated, per fiscal year, to:

- Attend a minimum of two Mental Health Coffee Talk events at the Tuolumne County Enrichment Center
- Attend a minimum of two community stakeholder meetings for TCBH's ongoing MHSA Community Program Planning Process (CPPP)
- Submit one written article to highlight its specific PEI contract for publication in the bimonthly Tuolumne County Behavioral Health Newsletter
- Participate in the distribution and collection process of MHSA CPPP outreach surveys to its identified unserved and/or underserved targeted populations
- Pick up and distribute outreach materials annually through TCBH's inventory of Mental Health Month (May) and Suicide Prevention Awareness Month (September) to its identified unserved and/or underserved targeted populations

Each proposer received award notification emails via OpenGov accordingly:

- Trauma Informed Schools – *RFP closed due to no vendor selected.*
- Latinx American Outreach and Engagement – *RFP closed due to no bids.*
- School Based Resiliency Services – *RFP closed due to no bids.*
- Suicide Prevention & Stigma Reduction – *ATCAA recommended for award.*
- Parenting – *ICES recommended for award.*
- Native American – *TMWIHC recommended for award.*
- Childhood Education – *First 5 recommended for award.*
- Older Adults – *Catholic Charities recommended for award.*

MHSA PEI Requests for Proposals

The following applicants received award notifications for the following categories:

- Suicide Prevention & Stigma Reduction – *Amador Tuolumne Community Action Agency*
- Parenting – *Infant/Child Enrichment Services*
- Native American – *Tuolumne Me-Wuk Indian Health Center*
- Childhood Education – *First 5*
- Older Adults – *Catholic Charities*

TCBH has met with individual contractors to review budget proposals before moving to the County Administrator's Office and County Counsel for final approval.

PEI and the Impact of MHSA Modernization

With the recent announcement and proposal of MHSA Modernization, this MHSA component of PEI would share 35% of MHSA funding along with other remaining components such as Workforce Education and Training (WET), Crisis Access and Intervention Program (CAIP), Community Services and Supports (CSS) and Capital Facilities and Technological Needs (CFTN). This would only take effect if MHSA Modernization passed on the November 2024 ballot or if an Executive Order took place.

MHSA THREE-YEAR EXPENDITURE PLAN BUDGET SUMMARY

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan

Funding Summary

County: Tuolumne Date: 4/13/23

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2023/24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,113,120	1,505,337	1,437,730	39,939	254,576	
2. Estimated New FY 2023/24 Funding	5,978,548	1,494,637	393,326			
3. Transfer in FY 2023/24[a/]	(270,000)			70,000	100,000	100,000
4. Access Local Prudent Reserve in FY 2023/24						0
5. Estimated Available Funding for FY 2023/24	8,821,668	2,999,974	1,831,055	109,939	354,576	
B. Estimated FY 2023/24 MHSA Expenditures	5,161,913	586,000	186,602	83,820	309,375	
C. Estimated FY 2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,659,756	2,413,974	1,644,453	26,119	45,201	
2. Estimated New FY2024/25 Funding	3,972,911	993,228	261,376			
3. Transfer in FY2024/25[a/]	(200,000)			50,000	150,000	
4. Access Local Prudent Reserve in FY2024/25						0
5. Estimated Available Funding for FY2024/25	7,432,666	3,407,202	1,905,829	76,119	195,201	
D. Estimated FY 2024/25 Expenditures	3,990,151	586,000	191,027	52,500	159,375	
E. Estimated FY 2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,442,515	2,821,202	1,714,802	23,619	35,826	
2. Estimated New FY2025/26 Funding	3,919,763	979,941	257,879			
3. Transfer in FY2025/26[a/]	(115,000)			65,000	50,000	
4. Access Local Prudent Reserve in FY2025/26						0
5. Estimated Available Funding for FY2025/26	7,247,279	3,801,142	1,972,681	88,619	85,826	
F. Estimated FY 2025/2026 Expenditures	4,069,954	586,000	210,382	52,500	34,375	
G. Estimated FY 2025/2026 Unspent Fund Balance	3,177,325	3,215,142	1,762,299	36,119	51,451	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2023	506,884
2. Contributions to the Local Prudent Reserve in FY 2023/24	100,000
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2024	606,884
5. Contributions to the Local Prudent Reserve in FY 2024/25	0
6. Distributions from the Local Prudent Reserve in FY 2024/25	0
7. Estimated Local Prudent Reserve Balance on June 30, 2025	606,884
8. Contributions to the Local Prudent Reserve in FY 2025/26	0
9. Distributions from the Local Prudent Reserve in FY 2025/26	0
10. Estimated Local Prudent Reserve Balance on June 30, 2026	606,884

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Tuolumne Date: 4/13/23

	Fiscal Year 2023/2024					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP	2,815,425	2,465,425	350,000			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. non-FSP	1,814,105	1,664,105	150,000			
2.						
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	1,157,383	1,032,383	125,000			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	5,786,913	5,161,913	625,000	0	0	0
FSP Programs as Percent of Total	54.5%					

	Fiscal Year 2024/2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP	2,201,734	1,851,734	350,000			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. non-FSP	1,490,387	1,340,387	150,000			
2.						
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	923,030	798,030	125,000			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	4,615,151	3,990,151	625,000	0	0	0
FSP Programs as Percent of Total	55.2%					

	Fiscal Year 2025/2026					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP	2,238,768	1,888,768	350,000			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. non-FSP	1,517,195	1,367,195	150,000			
2.						
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	938,991	813,991	125,000			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	4,694,954	4,069,954	625,000	0	0	0
FSP Programs as Percent of Total	55.0%					

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Tuolumne Date: 4/13/23

	Fiscal Year 2023/2024					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	346,000	346,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Early Intervention	100,000	100,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	111,500	111,500				
PEI Assigned Funds	28,500	28,500				
Total PEI Program Estimated Expenditures	586,000	586,000	0	0	0	0

	Fiscal Year 2024/2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	346,000	346,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Early Intervention	100,000	100,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	111,500	111,500				
PEI Assigned Funds	28,500	28,500				
Total PEI Program Estimated Expenditures	586,000	586,000	0	0	0	0

	Fiscal Year 2025/2026					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	346,000	346,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Early Intervention	100,000	100,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	111,500	111,500				
PEI Assigned Funds	28,500	28,500				
Total PEI Program Estimated Expenditures	586,000	586,000	0	0	0	0

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Tuolumne Date: 4/13/23

	Fiscal Year 2023/2024					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Family Ties: Youth and Family Wellness	186,602	186,602				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	186,602	186,602	0	0	0	0

	Fiscal Year 2024/2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Family Ties: Youth and Family Wellness	191,027	191,027				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	191,027	191,027	0	0	0	0

	Fiscal Year 2025/2026					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Family Ties: Youth and Family Wellness	210,382	210,382				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	210,382	210,382	0	0	0	0

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Tuolumne Date: 4/13/23

	Fiscal Year 2023/2024					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Supervision	25,000	25,000				
2. Incentives	11,250	11,250				
3. Outreach & Engagement	10,000	10,000				
4. Retention match	31,320	31,320				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	6,250	6,250				
Total WET Program Estimated Expenditures	83,820	83,820	0	0	0	0

	Fiscal Year 2024/2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Supervision	25,000	25,000				
2. Incentives	11,250	11,250				
3. Outreach & Engagement	10,000	10,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	6,250	6,250				
Total WET Program Estimated Expenditures	52,500	52,500	0	0	0	0

	Fiscal Year 2025/2026					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Supervision	25,000	25,000				
2. Incentives	11,250	11,250				
3. Outreach & Engagement	10,000	10,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	6,250	6,250				
Total WET Program Estimated Expenditures	52,500	52,500	0	0	0	0

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Tuolumne Date: 4/13/23

	Fiscal Year 2023/2024					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Deck Project	120,000	120,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. New EMR/EHR Software Program	100,000	100,000				
12. Computer Purchases	27,500	27,500				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	61,875	61,875				
Total CFTN Program Estimated Expenditures	309,375	309,375	0	0	0	0

	Fiscal Year 2024/2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. New EMR/EHR Software Program	100,000	100,000				
12. Computer Purchases	27,500	27,500				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	31,875	31,875				
Total CFTN Program Estimated Expenditures	159,375	159,375	0	0	0	0

	Fiscal Year 2025/2026					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Computer Purchases	27,500	27,500				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	6,875	6,875				
Total CFTN Program Estimated Expenditures	34,375	34,375	0	0	0	0

Tuolumne County Behavioral Health Department

MENTAL HEALTH SERVICES ACT (MHSA): NOTICE OF 30-DAY PUBLIC COMMENT PERIOD

WELLNESS • RECOVERY • RESILIENCE

MHSA Three-Year Program and Expenditure Plan for FYs 2023-2026

To all interested stakeholders, Tuolumne County Behavioral Health, in accordance with the Mental Health Services Act (MHSA), is publishing this **Notice of 30-Day Public Comment Period** regarding the above-entitled document.

I. **The public review and comment period is open from May 1, 2023 through June 7, 2023.** Interested persons may provide written comments during this public comment period. Written comments and/or questions should be addressed to TCBHD, Attn: Jennifer Guhl, MHSA Agency Program Manager, 2 South Green St, Sonora, CA 95370. Please use the public comment form.

II. **A Public Hearing will be held by the Tuolumne County Behavioral Health Advisory Board on June 7, 2023,** for the purpose of receiving further public comment on the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026. Public notice will be made with the date and time of the Public Hearing at least ten (10) days in advance.

III. **To review the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026** or other MHSA documents via internet, follow the link:

https://www.tuolumnecounty.ca.gov/

IV. Printed copies of the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026 will be available for review in public locations as has been the practice in the past.

Printed copies will be available:

- Tuolumne County Behavioral Health, 105 Hospital Road, Sonora.
- Tuolumne County Board of Supervisors Chambers, 2 South Green St, 4th Floor, Sonora
- The David Lambert Community Drop-In Center, 347 W. Jackson Street, Sonora
- Tuolumne County Enrichment Center, 101 Hospital Road, Sonora
- Tuolumne County Public Health Department, 20075 Cedar Road North, Sonora
- Tuolumne County Library Sonora Branch, 480 Greenley Road, Sonora
- Tuolumne County Library Groveland Branch, 18990 Highway 120, Groveland
- Tuolumne County Library Twain Harte Branch, 18701 Tiffeni Drive #1F, Twain Harte
- Tuolumne County Library Tuolumne City Branch, 18636 Main Street, Tuolumne

To request a hard copy be mailed to you: Call (209) 533-6245, or email

To request an electronic PDF copy: Email behavioralhealth@tuolumnecounty.ca.gov

Tuolumne County Behavioral Health Department Mental Health Services Act (MHSA)
Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026
30-Day Public Comment Form
Dates of Posting: May 1, 2023 – June 7, 2023

PERSONAL INFORMATION	
Name:_____	
Agency/Organization:_____	
Phone Number:_____	E-mail Address:_____
Mailing Address:_____	
YOUR ROLE IN THE MENTAL HEALTH SYSTEM	
_____ Client/Consumer _____ Family Member _____ Education _____ Social Services	_____ Service Provider _____ Law Enforcement/Criminal Justice _____ Probation _____ Other (specify)_____
COMMENTS:	
All Comments Must Be Received by: June 7, 2023	

All Electronic Comments and Inquiries Regarding the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026 should be sent to:
Email address: JGuhl@co.tuolumne.ca.us

Written Comments may be submitted by mail to:
Jennifer Guhl, MHSA Agency Program Manager, Tuolumne County Behavioral Health
2 South Green St., Sonora, CA 95370
All Comments Must Be Received by Wednesday, June 7, 2023

A Public Hearing on the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026 will be held on Wednesday, June 7, 2023. Public notice of the date, time, and location will be made at least ten (10) days in advance.

Public Comments Received for Draft MHSA Three-Year Program and Expenditure Plan for FYs 2023-2026

Posted May 1, 2023 - June 7, 2023 and Corresponding Responses:

A draft of the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026 was available for public review and comment for 30 days from May 1, 2023, through June 7, 2023. Two MHSA CPPP Q&A in-person stakeholder meetings will be held during May. The first meeting will be held from 5:30-6:30 p.m. Thursday, May 4, 2023, at the Tuolumne County Enrichment Center and the second meeting will be held from 12:30-1:30 p.m. Monday, May 15, 2023, at the Tuolumne County Enrichment Center to review the document as well as answer any questions. The public comments received regarding the DRAFT MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026 are as follows:

Carol Doud, Community Member

Carol: "Lambert Center does not have a GSAC Shower Bus."

County MHSA program response: "Currently, Give Someone a Chance (GSAC) does have a Memorandum of Understanding (MOU) with the County of Tuolumne to provide shower bus services at David Lambert Community Drop-In Center although it has not been operational since March 2020 due to COVID-19 and lack of volunteers. This is identified on page 104 of the MHSA Three-Year Program and Expenditure Plan FY 23-26."

Carol: "Appendix G. Page 19 Error: Distributing suicide prevention materials in Quarter 2; date was Oct. 29, and not Oct. 23, and no suicide prevention materials were distributed."

County MHSA program response:

In the Annual Prevention and Early Intervention Report, which reports data from Fiscal Years, 2021-2022, Amador Tuolumne Community Action Agency did report that in Quarter 2, 'suicide prevention materials were distributed during the RX Take Back Day on October 23,' which is accurate. The 2021 RX Take Back Day was held on October 23, 2021, (attached).

Carol: "Suicide Prevention Expo, 9-13-22, may have had 20 vendors, but no one came, less than 20 people. Very poor outreach."

County MHSA program response:

Tuolumne County Behavioral Health did not sponsor the Suicide Prevention Expo. The Suicide Prevention Expo was sponsored by Lantern of Light, a faith-based suicide prevention ministry. Tuolumne County Behavioral Health did, however, help promote their event through our TCBH Newsletter and our Facebook social media page.

Carol: "Public Hearing and mission too focused on Modernization. Not enough numerical data, percentages are the topic. I don't know the totals."

County MHSA program response:

Thank you for that feedback. Every section in the MHSA Three-Year Program and Expenditure Plan FY 23-26 highlights specific programs' numerical data if you would like more information.

Carol: "Binder really hard to follow. Need colored page dividers for ease."

County MHSA program response:

Thank you for that feedback.

Carol: "Lot of unmet needs revealed in report, especially transportation. Why isn't Transit involved?"

County MHSA program response:

Tuolumne County Behavioral Health (TCBH) has partnered with the Transit Department prior to COVID; however, once COVID hit our county, the rides became free to community members and the Transit coupons in our possession were no longer applicable or in demand. However, we will continue to explore more opportunities with the Transit Department in the future when/if our programming allows.

Jaron Brandon, Tuolumne County Board of Supervisor and Tuolumne County Behavioral Health Advisory Board member

Jaron: "We should consider changing hours of drop-in center so it's open fewer days at extended amounts (i.e. 8am to 8pm). Use as housing navigation/social service drop-in center. See word cloud."

County MHSA program response:

Thank you for your feedback. If you are referring to our David Lambert Community Drop-In Center, it is currently open from 11 a.m. to 3 p.m. Monday through Friday and is solely supported through TCBH vetted community volunteers. If we can find enough volunteers to be onsite at 8 a.m. and others until 8 p.m., then we can explore that possibility at a later date.

If you are referring to the Tuolumne County Enrichment Center, it is currently open from 8 a.m. to 12 p.m. Monday through Friday and is supported through MHSA-funded relief

peer support specialists and one program specialist at this time. We do not have the capacity to expand hours at this time with the limited staffing that we have. Most of our peer specialists have limited hours due to those receiving SSI/SSDI benefits and/or having second jobs. TCBH, however, is looking for additional, creative ways to increase programming without a massive impact to our staff and to MHSA funds. The word cloud that you are referencing is on page 52 of the MHSA Three-Year Program and Expenditure Plan FY 23-26.

Jaron: "Outreach issues on programs with just 29% attending a new program."

County MHSA program response:

If you are referring to the Tuolumne County Enrichment Center (EC) outreach information when identifying how many community stakeholders were aware of the new support groups at the EC, yes, TCBH is aware that additional outreach is necessary for all new programs. We are doing our best to share the information with our community stakeholders and contacts, community-based organizations, nonprofits, veterans, partners, as well as staff county-wide. This can be found in the pie chart on page 53 of the MHSA Three-Year Program and Expenditure Plan FY 23-26.

Jaron: "We have a low social media following by clients according to the chart. Are we texting? Unlike other forms of marketing, texting has almost a 100% direct open rate."

County MHSA program response:

To clarify, we do not have the ability to determine if those who are following us on our TCBH Facebook Page are clients or not; we only know them as community members. Community members are defined by several categories that are identified in our MHSA CPPP Surveys, that is, if they choose to fill out the optional demographics form. However, those populations we reach through our Facebook Page and those who complete MHSA surveys may be different. As outlined on pages 98-101, our social media efforts have increased from calendar years 2021 to 2022, specifically our Facebook reach and Facebook page visits. Our Facebook Page new likes, which fluctuates regularly, decreased from 111 to 95, during this same time period. Our Facebook followers for the Tuolumne County Behavioral Health Facebook Page have increased over the last few calendar years and was last reported as 564 in the MHSA Three-Year Program and Expenditure Plan FY 23-26, page 98.

Jaron: "Lambert much higher views of being essential/important, very low amount haven't heard (10%). Perhaps this is an opportunity to analyze among clients of what makes our center unique or opportunities for improvement. Potentially even rebranding.

What does "Enrichment Center" mean to an average person not familiar with it? The connotations suggest hospital, education, business."

County MHSA program response:

The "Enrichment Center" was a vision created by community stakeholders and program participants who attended support groups and activities. The members listed a large building as part of their vision. They wanted a building that had space for an art room, large room for recreational activities with a large TV screen, a computer area, a garden area, etc. When the building of the current EC location became available, Rita Austin, the BH Director at the time, advocated for them and was successful in obtaining the EC's current location. Everything that the peers wanted came to fruition. Prior to moving to the new location in May 2012, everyone had a discussion regarding the name of the new location. All the peers put names in a hat and the name "Enrichment Center" was chosen out of that hat. When it came time for the open house at the new location, the peer who had put the Enrichment Center in the hat got to cut the yellow ribbon. While the name Enrichment Center may suggest "*hospital, education, business*" to some, to those who frequent it, the Enrichment Center means support, empowerment, inspiration and hope. The EC, from the very beginning, has been client-driven and family driven, which are two of MHSA's prominent core values.

Jaron: "I like the pg. 94 stats on open rate for the Not My Kid meeting. This is how all of our outreach efforts should be."

County MHSA program response:

Thank you for that feedback.

Jaron: "Pg 97-100 social media state are growing but pretty low. Needs a social media boosting budget, interesting content."

County MHSA program response:

The social media duties, which previously were under a Program Specialist job classification, were integrated when this staff member took the current position of MHSA Agency Program Manager in mid-December 2021. Once increased staffing occurs, additional efforts to increase TCBH's online presence will create opportunities for more content to be explored, researched and posted with management feedback, approval, oversight and accountability. We do not have a specific job classification that focuses only on social media nor the budget to do so within MHSA.

Jaron: "Pg. 104 GSAC. Support for community nonprofit service providers must be a component. At every point, we should be trying to not just collaborate but actively support them."

County MHSA program response:

Currently, Give Someone a Chance (GSAC) does have a Memorandum of Understanding (MOU) with the County of Tuolumne to provide shower bus services at David Lambert Community Drop-In Center although it has not been operational since March 2020 due to COVID-19 and lack of volunteers. Tuolumne County Behavioral Health created this MOU and built this partnership with GSAC beginning in 2019. TCBH actively supports GSAC in our adopted MOU. This is identified on page 104 of the MHSA Three-Year Program and Expenditure Plan FY 23-26.

Jaron: "Pg. 109 purchase of a housing unit was strongly supported for MHSA funds. Recommend brainstorming combining funds with personal ownership to maximize amount rather than just straight up purchases. Purchasing deed restrictions for that population. Are we cross-pollinating this with the housing discussions for PLHA, Housing Element, senior advocates, tribes, and Title 17?"

County MHSA program response:

This survey was part of the Mental Health Services Act (MHSA) Community Program Planning Process, which specifically outlines its duty/obligation/requirement to gain stakeholder feedback regarding any kind of adjustments to current county programs and/or services and/or changes within the MHSA. MHSA is comprised of specific core values including being client-driven, family driven and with support of community collaboration. MHSA is supported and designed by community stakeholders. If there are changes to current programs and/or services and/or changes within the MHSA it is required to be supported by data such as this survey. TCBH must be transparent when actively pursuing new MHSA projects, which all, in turn, need community stakeholder voice, participation, support, awareness and involvement. Therefore the question was included in the survey. If it's not in the MHSA Plan and/or Annual Update, it's not going to happen.

Jaron: "Low youth participation, both services and this survey. Needs some low-tech simple ways to change this. For example, poster campaign at high schools or having a subsidiary youth advisory board from local schools that meets once a year. Something to engage them."

County MHSA program response:

We appreciate that feedback. The Tuolumne County Enrichment Center and the David Lambert Community Drop-In Center do not serve those 18 and under, so it is difficult to gain stakeholder feedback on a population that neither community center serves. It is, however, crucial that TCBH gains youth feedback to improve the child services we have at our clinic. We are actively pursuing various ways that create more opportunities for youth voice to be more prominent within our community.

Jaron: "Pg. 113: Is the prison population added to the county? I don't think it is. Not for elections."

County MHSA program response:

Yes.

Jaron: "How does it address workforce issues, both with BH and getting people jobs? Specifically incentivizing employers to hire BH clients – I know we offer this but my impression is it's underutilized, not well known, and only for short periods."

County MHSA program response:

The Tuolumne County Behavioral Health (TCBH) Retention Program was created to "provide financial incentive to retain current qualified, eligible mental health professionals" in the TCBH workforce by signing a one-year service agreement to continue employment within our department. Employees must meet specific criteria to be eligible for the program. The Retention Program was created to award current TCBH employees rather than an incentive to be hired for TCBH. While it does not address workforce issues, the TCBH Retention Program creates an opportunity for our agency to retain its professionals, increase employee morale and build trust within our department. This is identified on page 131 of the MHSA Three-Year Program and Expenditure Plan FY 23-26, which is under "Stipend Program"; however, it should be noted as "Retention Program."

Jaron: "Pg. 142 CAFE program for seniors is expensive at $3,250 per person for 20 people. What's that about?"

County MHSA program response:

As noted in the Annual Prevention and Early Intervention Report, which reports on data for FY 2021-2022, the Catholic Charities Diocese of Stockton details out its inability to reach and serve additional clients during this fiscal year due to restraints from COVID-19. The pandemic created numerous unprecedented challenges for our Prevention and Early Intervention contractors, which included having limited outreach and engagement efforts, thus decreased number of clients served, and limited face-to-face contact. The agency's challenges, and accomplishments, along with all of our Prevention and Early

Intervention contractors, were noted in this report, which is included in the MHSA Three-Year Program and Expenditure Plan FY 23-26, under Appendix G.

Sherry Bradley, Family Member and Tuolumne County Behavioral Health Advisory Board member

Sherry: Excuse me, I just want to ask a question. CalMHSA. What is that? Are they state? Are they county?

County MHSA program response:

They are state.

Sherry: So, I have a question. So, what percentage what CSS again?

County MHSA program response:

72%.

Sherry: So I know that Capital Facilities and Technological Needs (CFTN) that money has to come from CSS, right? You have to transfer it over. So, that sliver shown there, is that percentage transferred from CSS?

County MHSA program response:

Yes.

Sherry: So, it makes the CSS bucket a little smaller? Or does it stay at 72%.

County MHSA program response:

The percentage would stay at 72%. The Community Services and Supports transfers are referenced on page 151 of the MHSA Three-Year Program and Expenditure Plan FY 23-26.

Sherry: Can I ask? It's not a question, but a suggestion. On the chart that says current MHSA funding, it would really be awesome, is under that whole CSS component, could you break that up into how much of it currently is FSP, how much of it is for CAIP, how much of is for, you know, for other pieces of it, which I'm sure there are a lot of positions that are funded, you know, administratively, and that is not reflected in here and it would be good to see that because I think that the public needs to know what it as risk ... that there is a strong possibility, that if this, if it becomes an executive order, it's going to be pretty much decimating a lot of the current departments. I'm sure it's going to filter on up, because I know how government works, and that means there are positions at higher levels that have responsibilities and part of those positions are funded under MHSA. I

think that it might be important to break that out and then when it goes to this chart for the funding, I think that it might become more realistic. It's like uh-oh, how much are you really gonna lose here.

County MHSA program response:

Thank you for your feedback.

Cassandra Jenecke, District Attorney

Cassandra: Good job. Thank you. That 30%, 33% for housing...

County MHSA program response:

30% for housing.

Cassandra: That would be a portion of CFTN. I heard you say some of that money goes to fixing some of the houses we already have.

County MHSA program response:

It goes to the infrastructure.

Cassandra: Yeah, but that would be .... Is there vision like just more housing? Just more?

County MHSA program response:

Basically, yes. More and mandated.

Cassandra: More and mandated. Yeah.

County MHSA program response:

It's not an option. We've got to figure it out. The purpose of having additional outreach and engagement is so when this does come up on the ballot, we have community members and community-based organizations, partners and agencies who are aware of what MHSA is. What are they voting on? Do they know the impact that there will be? So, it's really the outreach and engagement portion that must get stepped up considerably over the year.

Cassandra: Right. I hear you. Good.

Sherry Bradley, Family Member and Tuolumne County Behavioral Health Advisory Board member

Sherry: But if we were doing that all along, it wouldn't have to be so bad. People would be more aware of it. Because one thing that is supposed to happen under MHSA is that you're supposed to be training about MHSA and perhaps that's the way to approach it. And that's to educate and train the community. Not just here's this is... Here's this Modernization thing that is coming. Here's what MHSA is intended to do and what it is doing.

County MHSA program response:

Right. Thank you for that feedback.

Sherry: It's just, I have my own concerns about if there's no executive order and it goes to ballot and it's approved, um, I'm very concerned for the department. Absolutely. And what it's going to do to clients in this community.

Mary Anne Schmidt, Tuolumne County Behavioral Health Advisory Board member

Mary Anne: Even if you have an approved (Innovation) plan?

County MHSA program response to MHSA Modernization which would eliminate the Innovation component currently under MHSA:

Yes.

Mary Anne: So if there's an executive order, when do you think that's going to happen? It has to happen before the item could go on the ballot, which is in September?

County MHSA program response:

November of next year.

Mary Anne: Oh next year?

County MHSA program response:

November 2024. That's his proposed target.

Cassandra Jenecke, District Attorney

Cassandra: So, he would have to have the signatures for it to be on the ballot by Spring of next year.

Mary Anne Schmidt, Tuolumne County Behavioral Health Advisory Board member

Mary Anne: So, he's going to have a special election?

Cassandra Jenecke, District Attorney

Cassandra: No, it's mid-terms.

Mary Anne Schmidt, Tuolumne County Behavioral Health Advisory Board member

Mary Anne: It's what?

Cassandra Jenecke, District Attorney

Cassandra: Oh, no, it's presidential.

Mary Anne Schmidt, Tuolumne County Behavioral Health Advisory Board member

Mary Anne: It's not November 24th.

Cassandra Jenecke, District Attorney

*Cassandr*a: November 2024.

County MHSA program response:

November 2024.

Cassandra Jenecke, District Attorney

Cassandra: November 2024.

Mary Anne Schmidt, Tuolumne County Behavioral Health Advisory Board member

Mary Anne: November 2024.

County MHSA program response:

Yes.

Cassandra Jenecke, District Attorney

Cassandra: With the budget projection, I couldn't envision him being able to slow state-wide special, which is probably why the executive order has so much appeal. Cause he gets it faster with no cost.

Mary Anne Schmidt, Tuolumne County Behavioral Health Advisory Board member

Mary Anne: Yes.

Cassandra Jenecke, District Attorney

Cassandra: To him. No cost to him. Lots of costs here, but not to him. Well, whatever support you guys need.

Tami Mariscal, BH Director, County MHSA program response:

Thank you. I do like Sherry's suggestion of the pie chart identifying the current reliance as far as programming and whatever kind of education you can start getting going now. It's not, you know, people will see "Housing," "Homeless" – yes! What they won't see is sanctions that will hit counties when we can longer provide the federally required electronic health record. Or 24/7 crisis intervention. Cause we're not … We don't have to have a CAIP. Our walk-in services would be affected. Our ability to go mobile as we've been encouraged to do would be a challenge. Also within your CSS, FSP, is your match for your revenue that comes from your Medi-Cal billing from the services provided in Full Service Partnership, so the ripple effect is really great.

Mary Anne Schmidt, Tuolumne County Behavioral Health Advisory Board member

Mary Anne: I think a picture and your infographic that can really explain it easily to the public. This is what we used to have. This is what he's proposing. And somehow words on this, that says we're going to lose this.

County MHSA program response:

Yes.

Mary Anne: Whatever clever way that you can do it. Because they will not read.

Cassandra Jenecke, District Attorney

Cassandra: No.

Mary Anne Schmidt, Tuolumne County Behavioral Health Advisory Board member

Mary Anne: We need pictures of some sort. And even if it means hiring a specialist just for this ... just to get a picture ...

County MHSA program response:

That's me. And the Quality Improvement team.

Cassandra Jenecke, District Attorney

Cassandra: You are our specialist. You're killing it. You're doing a great job. Doing a great job.

County MHSA program response:

So, thank you. Thank you for the feedback. All were very good, very good ideas. I think that would help paint that picture for those who, like you said Sherry, regarding the MHSA training, it would help paint that picture, more of the impact, what's happening now and being more clear. It's the best way.

Cassandra Jenecke, District Attorney

Cassandra: What an incredible service. There is a hyper focus on housing as the direct service. That's the direct service that's going to fix "the problem" versus all of the elimination of the evidence-based programming that works and helps, so that's cool. Right? Sounds perfect.

Mary Anne Schmidt, Tuolumne County Behavioral Health Advisory Board member

Mary Anne: So, then how does this affect this notebook here (referencing the MHSA Three-Year Program and Expenditure Plan FY 23-26) that you just made? Does it just gets torn apart?

Cassandra Jenecke, District Attorney

Cassandra: Nope, the information is in there, right?

County MHSA program response:

It is in there. MHSA Modernization is like a big puzzle, from my interpretation. You take a big puzzle and takes all the pieces and it (MHSA Modernization) is just shifting everything around. It's basically saying that if this were going to go through, make it happen. We don't really know how to do that quite yet. Because, like I said, everything that we've gone through, like the information and the webinars, the information that we've received is very, very limited. We just have to roll with it and figure it out.

Tami Mariscal, BH Director, County MHSA program response:

Dare I say, there will most likely be a stakeholder process required because part of the Modernization includes local control, which there's nothing wrong with that. But if you think about that, it would go back through this very same thing …

Mary Anne Schmidt, Tuolumne County Behavioral Health Advisory Board member

Mary Anne: This process again.

Tami Mariscal, BH Director, County MHSA program response:

Yeah. In some shape or form.

Sherry Bradley, Family Member and Tuolumne County Behavioral Health Advisory Board member

Sherry: Well I can think of us having been there when MHSA started, my only comment is, I always borrow this term, talk about the heavy lift that this department would have to do if this all gets cattywampus and turned around and I know how much money it costs to get MHSA up and running, and know how much the administrative costs were. And you know, we just don't have that kind of money. You get the money later, you don't get it now.

Tami Mariscal, BH Director, County MHSA program response:

What the department will do, barring continued silence from the Governor, is to begin planning what we do know, by gosh, now, no, I'm not kidding now, to really look at this

and to be able to look at this and be able to have some more direction to give the stakeholder process. It's going to be vital. Perfectly honest, we cannot run housing without staffing, we cannot provide this without that. And so, we will make sure that the community has a proposed plan that will keep as many services as we can intact. And of course, the mandated only, and then identified very clearly, very clearly everything that is just a loss and then go from there. But it's our partners I'm more worried about. I don't think the Governor, at any point, spoke about the number of nonprofit entities that make up any one county Behavioral Health system.

Cassandra Jenecke, District Attorney

Cassandra: What I didn't hear you say is he thought about passing this through Legislation.

Tami Mariscal, BH Director, County MHSA program response:

Yes.

Cassandra: He is?

Tami Mariscal, BH Director, County MHSA program response:

Otherwise, it's going to the people.

Cassandra: Otherwise, the ballot? So, did it get through this? Cause it ended, the season ended last week.

Tami Mariscal, BH Director, County MHSA program response:

Nope, it did not.

Cassandra: It didn't get signed?

Tami Mariscal, BH Director, County MHSA program response:

No.

Cassandra: Ok.

Mary Anne Schmidt, Tuolumne County Behavioral Health Advisory Board member

Mary Anne: So, it can't be legislation?

Cassandra Jenecke, District Attorney

Cassandra: He could bring it back next year.

Tami Mariscal, BH Director, County MHSA program response:

Yes, he's… the only thing that he spoke about as far as dates, this is our proposal between now and then, we're going on a road show. And as they've been presenting, they've been learning and their proposal has been morphing. All the while, the message has been, this will go on the ballot in November 2024 for vote by the people. That's all we do know. I don't know about iterations; I haven't seen anything written outside of the Modernization page which DHCS has up now.

Mary Anne Schmidt, Tuolumne County Behavioral Health Advisory Board member

Mary Anne: I don't think you'll waste any, I don't think you'll waste time or money educating the public on this, no matter which way it goes.

Tami Mariscal, BH Director, County MHSA program response:

Right, with what we're doing now. Absolutely. I agree with you.

Mary Anne: And so whatever you have been doing and what we can do even more would be great. And have our support and I don't know, you let us know. If we can write some kind of resolution to ask the Board of Supervisors to do something um, about comment, Modernization of this, than that's what we should do. And I'm not sure. I've never done a resolution, okay. I've got some help, but anyway, I think that's just alerting, being at more Board of Supervisors meetings, alerting the public that's there, newspaper, whatever, and our Board ...

Sherry Bradley, Family Member and Tuolumne County Behavioral Health Advisory Board member

Sherry: I think being as loud as we can is important right now in starting the process of education probably should start tomorrow, full blown. I know it's going to take a lot of energy and work. I know everybody is doing lots of other things. Because I do have empathy for the department cause I know that small counties have to do the same things that large counties do with a lot less people. But it's going to have to happen.

Rebecca Espino, HHSA Director

Rebecca: We sit on a legislative platform for the Board right now and that supervisor is not on there. It is required.

Cassandra Jenecke, District Attorney

Cassandra: And it should be. Half our staff are in session in January... because I was thinking like Staff Reports.

Rebecca: I was thinking Mark who is our legislative analyst, right?

Tami Mariscal, BH Director, County MHSA program response:

Yeah, Mark has a list of a few. It doesn't have it... it wasn't on the list that we just last submitted to him.

Cassandra Jenecke, District Attorney

Cassandra: Yikes, well new frontier. New frontier and you don't even know what direction you're going. Except you do know that we are going toward housing. Great job.

Sherry Bradley, Family Member and Tuolumne County Behavioral Health Advisory Board member

Sherry: You did an awesome job putting in together.

Mary Anne Schmidt, Tuolumne County Behavioral Health Advisory Board member

Mary Anne: You did. Well done.

Maureen Woods, Tuolumne County Behavioral Health Advisory Board member

Thank you.

Sherry Bradley, Family Member and Tuolumne County Behavioral Health Advisory Board member

Sherry: It was a big, big, big lift.

County MHSA program response:

Literally, a big lift.

Cassandra Jenecke, District Attorney

Great job, Jenn.

County MHSA program response:

Thank you.

Appendix A

Tuolumne County Behavioral Health

WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act 3-Year Program & Expenditure Plan 2023-2026

Community Stakeholders Survey

Your voice matters! We'd like to hear what you think Tuolumne County Behavioral Health Department should spend Mental Health Service Act dollars on going forth as we are planning for fiscal years 2023/24, 2024/25, and 2025/26. We invite community members of Tuolumne County of all ages, races, ethnicities, sexual orientation, gender identity, and religious or spiritual beliefs to take this survey so we can hear the mental health needs of the diverse populations within the community and create relevant programs.

What is MHSA? The Mental Health Services Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA is funded by a tax of 1% on individual income over a million dollars and funds county programs as well as state-wide programs to provide services to people with mental illness or those at risk of developing mental illness, to educate and train mental health workers and to ensure that counties have the proper facilities to serve those in need.

This survey takes about 15-20 minutes to complete. If you or someone you know needs help taking this survey in another language or accessing this survey in another format please call TCBH at (209) 533-6245 and ask for the MHSA Agency Program Manager.

The survey will close on November 30th, 2022. *Thank you for your participation!*

1. Listed below are some of the potential issues facing someone living with an untreated mental health challenge. Please select three that you feel are the most important to address.

- [ ] Suicide / Suicidal thoughts
- [ ] Incarceration
- [ ] Severe and/or untreated medical conditions (e.g. Cancer, diabetes, heart disease)
- [ ] Isolation
- [ ] Joblessness/ Limited income or lack of income
- [ ] School Failure (e.g. Suspension, truancy, expulsion)
- [ ] Homelessness
- [ ] Housing needs
- [ ] Substance Abuse
- [ ] Children in foster care or juvenile justice system

2. Listed below are some of the challenges that may be a barrier to those seeking mental health services in Tuolumne County. Please check the top five that you believe are the biggest barriers.

- [ ] Lack of transportation
- [ ] Mental health stigma/stigma around accessing help
- [ ] High turnover of staff/high vacancies/focus on job retainment
- [ ] Denial of mental health issues/challenges
- [ ] Communication issues/cultural differences/language barriers
- [ ] Lack of Insurance/insurance issues/health insurance coverage
- [ ] Lack of providers and their availability
- [ ] Timeliness
- [ ] Lack of accessibility/need more evening availability
- [ ] Lack of affordable/transitional/supportive housing
- [ ] Virtual challenges and geographic isolation
- [ ] Lack of local residential treatment/services/facilities
- [ ] Siloed programs/need improved information sharing between agencies and organizations to work collaboratively
- [ ] Increased need for more outreach and engagement/more outreach to those with severe mental illnesses
- [ ] Need better working relationships with local law enforcement

3. One factor that adversely affects low-income residents living in Tuolumne County is lack of affordable housing. During our Community Program Planning Process in Spring 2022, the community voiced that the lack of affordable housing was a huge barrier. Are you in support of TCBH using MHSA funding to implement a housing project for those who are severely mentally ill?

- [ ] Yes
- [ ] No

4. When thinking about housing options for the mentally ill, what would be the best use of TCBH funds?

- [ ] TCBH purchasing housing to offer transitional/ supportive housing
- [ ] TCBH paying for short stays in hotel/ motels
- [ ] TCBH paying for partial of full rent to private landlords
- [ ] TCBH to pay for housing/ placement out of town
- [ ] TCBH to pay for nothing to do with housing

5. When thinking about the allowance for MHSA funding to be used for supportive housing of unsheltered individuals experiencing severe mental illness, which if any, of the homeless services should be supported by TCBH?

- [ ] Case management for local housing projects
- [ ] Homeless Resource Center/ Emergency Sheltering
- [ ] Basic Needs items and services for severely mentally ill living on the street
- [ ] Housing for severely mentally ill people experiencing homelessness
- [ ] Job opportunities/ training programs
- [ ] None

6. Which of the following Behavioral Health (substance abuse and mental health) services for homeless should be TCBH's top priority?

- [ ] Treatment and Counseling
- [ ] Housing with Behavioral Health treatment
- [ ] Treatment, counseling and case management
- [ ] Hospitalization

7. Below is a list of priorities that Prevention and Early Intervention programs are directed by MHSA regulations to address. Please rank these in order of importance from 1 (most important) to 9 (least important) for the residents of Tuolumne County.

⠿	Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
⠿	Early psychosis and mood disorder detection and early intervention; mood disorder and suicide prevention programming that occurs across the lifespan
⠿	Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs
⠿	Culturally competent and linguistically appropriate prevention and intervention
⠿	Strategies targeting the mental health needs of older adults
⠿	Stigma and discrimination reduction for those experiencing mental illness
⠿	Access and linkage to treatment including timely access to services for underserved populations
⠿	Outreach and engagement focusing on substance use prevention
⠿	Strategies targeting the mental health needs and/or services of parolees or those who are recently released from incarceration

8. Listed below are Prevention and Early Intervention programs and services that are currently funded by MHSA funds in Tuolumne County. Please rate them in importance as services to provide to those who may be at-risk of mental illness in Tuolumne County.

	Not Important At All	Slightly Important	Of Average Importance	Very Important	Absolutely Essential
Reducing Stigma & Discrimination	○	○	○	○	○
Brief Counseling and Support Services for Older Adults (56+)	○	○	○	○	○
Suicide Prevention	○	○	○	○	○
Support Services to Native Americans	○	○	○	○	○
Support Services to Latino Americans	○	○	○	○	○
Early Childhood Education for Teachers: Promotion of social & emotional development of young children ages 0-5	○	○	○	○	○
Parenting Education and Support	○	○	○	○	○
Training and education for teachers and school staff regarding trauma-informed care and how to build resiliency in children who have experience, or living with, trauma.	○	○	○	○	○

9. What other types of Prevention and Early Intervention programs would you like to see in Tuolumne County?

10. Below are unserved/ underserved racial, ethnic and cultural populations. Please indicate which groups you feel have the greatest need for mental health Prevention and Early Intervention programs and services in Tuolumne County.

	Very Low Need	Low Need	Moderate Need	High Need	Very High Need
Transition Aged Youth (aged 16-24 years)	○	○	○	○	○
Veterans	○	○	○	○	○
Homeless	○	○	○	○	○
Older Adults (60+)	○	○	○	○	○
LGBTQIA+ (lesbian, gay, bisexual, transgender, transsexual, two-spirit, queer, questioning, intersex, asexual, ally)	○	○	○	○	○
People with disabilities	○	○	○	○	○
Native Americans	○	○	○	○	○
Latino Americans	○	○	○	○	○
African Americans	○	○	○	○	○
Asian American / Pacific Islanders	○	○	○	○	○

11. Listed below are Community Services and Supports programs that are currently funded by the MHSA. Please rate them in importance as services to provide to those who may be at-risk for or experiencing mental illness and/or homelessness in Tuolumne County.

	Not Important At All	Slightly Important	Of Average Importance	Very Important	Absolutely Essential	I'm not familiar with this program
Crisis Support (CAIP)	○	○	○	○	○	○
Full-Service Partnership Program (FSP) - a "whatever it takes" service intensive program	○	○	○	○	○	○
Enrichment Center (Peer-run groups, peer support, social support and connection, SSI & Medi-Cal Assistance, computers, showers, laundry, referrals to resources, access to community programs)	○	○	○	○	○	○
Dental services at the Enrichment Center	○	○	○	○	○	○
Lambert Community Center (Food, social & emotional support, referrals to resources, computers)	○	○	○	○	○	○
Mobile shower services at David Lambert Community Drop-In Center	○	○	○	○	○	○
Housing for those with severe mental illness	○	○	○	○	○	○

12. The MHSA funds Workforce Education and Training on behavioral health topics to county staff, county-contracted staff, and community organization staff who provide behavioral health services in the community. On what topics would you like to see training offered to these providers?

13. The MHSA funds Innovation projects such as Tuolumne County's "Family Ties: Youth and Family Wellness," which was recently presented and approved by our local Board of Supervisors. This project will connect youth and families with non-mandated activities and alternatives, and non-traditional mental health approaches. The primary problem is we need to reduce the recidivism rate for youth by increasing their length of stay within the first admission by engaging youth and families concurrently. This project is approved for FYs 2022-2027.

Please indicate which alternative activities/mental health approaches you feel have the greatest impact for mental health Innovation programs and services in Tuolumne County.

- ◯ Mindfulness classes
- ◯ Meditation
- ◯ Sound therapy
- ◯ Yoga
- ◯ Movie nights
- ◯ Themed food nights
- ◯ Bingo nights
- ◯ Equestrian services
- ◯ Other (please specify)

[ ]

14. Please rate the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel adequately educated about mental health signs and symptoms.	○	○	○	○	○
I feel adequately educated about the availability of mental health services in Tuolumne County.	○	○	○	○	○
I feel that there is unfair stigma and discrimination toward those living with a mental illness.	○	○	○	○	○
I feel that mental health can impact physical health and vice versa.	○	○	○	○	○
I feel that mental illness and substance use are related.	○	○	○	○	○
I feel that there is unfair stigma and discrimination toward those who are homeless/unhoused.	○	○	○	○	○
Suicide should not be talked about because it can be 'contagious.'	○	○	○	○	○
People suffering from a mental illness are dangerous.	○	○	○	○	○
People with mental health challenges, such as depression and anxiety, are weak and should just 'get over it.'	○	○	○	○	○
Mental illness should be treated like physical illness (e.g. Annual check-ups, depression screenings)	○	○	○	○	○

15. Are you familiar with the services offered at Tuolumne County Behavioral Health Department (TCBHD)?

- ◯ Yes
- ◯ No

16. Do you know where TCBHD is located?

- ◯ Yes
- ◯ No

17. During our Community Program Planning Process in Spring 2022, community members voiced that these were the top five most concerning gaps in the behavioral health system. Please rank these in order of importance from 1 (most important) to 5 (least important) for the residents of Tuolumne County.

⠿	Lack of providers/the need for additional personnel who are trained
⠿	The need for our own local facility
⠿	Access to and timeliness of care
⠿	The need for in-field work that focuses on mental health crises (example: Mobile Crisis Unit)
⠿	Community outreach

18. Also, during our Community Program Planning Process in Spring 2022, community members also voiced that these were the top six biggest challenges facing Tuolumne County in regards to mental health and wellness. Please rank these in order of importance from 1 (most important) to 6 (least important) for the residents of Tuolumne County.

⠿	Lack of providers/high turnover/retainment of staff
⠿	Homelessness
⠿	Mental health stigma
⠿	Need for increased funding
⠿	Lack of affordable housing
⠿	Substance Use

19. Is this the first time you have participated in a MHSA Community Survey?

- ◯ Yes
- ◯ No
- ◯ I don't know

20. Choose as many options below that best describe you:

- [ ] Mental Health Client/Consumer
- [ ] Family Member of a Mental Health Client/Consumer
- [ ] County Behavioral Health Department Employee
- [ ] Substance Abuse Service Provider
- [ ] Private Mental Health Therapist
- [ ] Community Based Organization
- [ ] Children / Family Services
- [ ] Professor, Teacher, School Staff, Education Provider
- [ ] Law Enforcement, including prison and jail staff
- [ ] Probation
- [ ] Veterans Services
- [ ] Hospital / Physical Health Care Provider
- [ ] Senior Services
- [ ] Faith Based Support Provider
- [ ] Student
- [ ] Advocate
- [ ] Prefer not to answer

Other (please specify)

21. What city, town, or locale do you currently live in?

22. Answers to the following demographic questions will help us identify who is taking the survey on an aggregate level. Your individual responses will be kept confidential; however, we respect your right to decline to answer any or all of the questions.

What is your age?

23. What is your race?

- ◯ American Indian or Alaska Native
- ◯ Asian
- ◯ Black or African American
- ◯ Native Hawaiian or other Pacific Islander
- ◯ White
- ◯ More than one race
- ◯ Prefer not to answer

Other (please specify)

24. What is your Ethnicity?

	Non-Hispanic or Non-Latino	Hispanic or Latino
Ethnicity		

Other (please specify)

25. What was your assigned gender at birth?

- ◯ Female
- ◯ Male
- ◯ Prefer not to answer

26. What gender do you identify as?

- ◯ Female
- ◯ Male
- ◯ Transgender
- ◯ Genderqueer
- ◯ Gender neutral
- ◯ Questioning or unsure of gender identity
- ◯ Prefer Not to Answer

Other (please specify)

27. Are you a veteran?

- ◯ Yes
- ◯ No
- ◯ Prefer not to answer

28. What best describes your current living arrangement?

- ◯ Rent
- ◯ Own home
- ◯ Homeless (e.g. living outside, living in your car, couch surfing, etc)
- ◯ Live with parents/ family/ friends
- ◯ Temporary housing (e.g. motel/ hotel)

Other (please specify)

29. What language do you mainly speak at home?

- ◯ English
- ◯ Spanish
- ◯ Prefer not to answer

Other (please specify)

Appendix B

Tuolumne County Behavioral Health



Mental Health Services Act (MHSA) Community Program Planning Process: Tuolumne County Enrichment Center Customer Survey, January 2023

MHSA CPPP: Enrichment Center Customer Survey

Tuolumne County Behavioral Health promotes and encourages wellness and recovery by providing peer support in various environments for individuals to learn from others who have experience living with a mental illness. Peer Specialists are employed to provide peer support within the Mental Health Services Act (MHSA) programs and services. The Tuolumne County Enrichment Center (EC) is a peer-run community center that encourages socialization, models wellness and recovery, and provides an atmosphere that fosters independence.

A key goal of the EC, which is open to community members 18 years of age and older, is to provide wellness and recovery supports to those who are living with a mental illness, recovering from drug and/or alcohol addiction, experiencing homelessness and those released from incarceration. The EC is operated by Tuolumne County Behavioral Health.

We are gathering your thoughts, opinions and feedback to better serve you and our community. This survey will take about 10 minutes. We hope you can complete all of the questions. Thank you for your participation.
The survey will be open from January 18 through February 8, 2023.

1. Why do you visit the Tuolumne County Enrichment Center? Please check all that apply.

- [ ] Wellness and Recovery Supports
- [ ] Peer-led Support Groups
- [ ] Access to TCBH Groups (clients only)
- [ ] Substance Use Prevention Group(s)
- [ ] Socialization
- [ ] Bingo/Karaoke
- [ ] Recovery Library
- [ ] Shelter from heat/cold; charge electronics
- [ ] Access to local resources and services (food, clothes, housing, employment, etc.)
- [ ] Special events, celebrations and potlucks
- [ ] Access to Smile Keepers
- [ ] Access to Adult Education
- [ ] Showers/laundry facilities
- [ ] Computers/printer/Wi-Fi

2. Are you familiar with the resources and activities offered at the Tuolumne County Enrichment Center?

- ◯ Yes
- ◯ No

3. Do you know where the Tuolumne County Enrichment Center is located?

- ◯ Yes
- ◯ No

4. The Tuolumne County Enrichment Center is easy to get to (parking, public transportation, location, etc.)

- ◯ Strongly Agree
- ◯ Agree
- ◯ No Opinion
- ◯ Disagree
- ◯ Strongly Disagree

5. Do the current hours of the Tuolumne County Enrichment Center (8 a.m. to noon, Monday through Friday) accommodate your needs?

- ◯ Yes
- ◯ No
- ◯ No Opinion

6. If the Tuolumne County Enrichment Center offered special events in the evening would you attend?

- ◯ Yes
- ◯ No
- ◯ No Opinion

7. If the Tuolumne County Enrichment Center extended its hours to 2 p.m., would you attend?

- ◯ Yes
- ◯ No
- ◯ No Opinion

8. Do you have suggestions for alternative hours of operation?

9. Do you like to participate in the groups and activities at the Tuolumne County Enrichment Center?

- ◯ Yes
- ◯ No
- ◯ No Opinion

10. Have you attended the new support groups, Wellness Wednesdays, iThrive Thursdays and/or Reintegrating into Society, at the Tuolumne County Enrichment Center?

- ◯ Yes
- ◯ No
- ◯ I didn't know about them
- ◯ No Opinion

11. Please check the activities that you would like to see offered at the Tuolumne County Enrichment Center.

- ◯ Gardening
- ◯ Walking Group
- ◯ Pictionary
- ◯ Mental Health Trivia
- ◯ Special events, celebrations and potlucks
- ◯ Mindfulness/meditation
- ◯ Yoga
- ◯ Art Groups
- ◯ Groups focusing on mental health topics (stress/anxiety/depression)
- ◯ More social activities
- ◯ Recreation/games
- ◯ Wellness and recovery movies
- ◯ Guest speakers/community partner presentations
- ◯ Dancing Dogs
- ◯ Music
- ◯ Healthy Eating

Other (please specify)

12. What other kind of activities and/or events would you like to see offered at the Tuolumne County Enrichment Center?

13. What kind of improvements would you like to see at the Tuolumne County Enrichment Center?

14. I feel comfortable about making suggestions, compliments and/or complaints about the Tuolumne County Enrichment Center staff and programs.

- ◯ Strongly Agree
- ◯ Agree
- ◯ No Opinion
- ◯ Disagree
- ◯ Strongly Disagree

15. I am aware of how to submit recommendations/complaints and/or grievances.

- ◯ Yes
- ◯ No
- ◯ No Opinion

16. The groups and activities at the Tuolumne County Enrichment Center allow me to be more comfortable in social situations.

- ◯ Strongly Agree
- ◯ Agree
- ◯ No Opinion
- ◯ Disagree
- ◯ Strongly Disagree

17. The groups and activities at the Tuolumne County Enrichment Center help me to manage my symptoms.

- ◯ Strongly Agree
- ◯ Agree
- ◯ No Opinion
- ◯ Disagree
- ◯ Strongly Disagree

18. The Tuolumne County Enrichment Center staff and volunteers are friendly and treat me with respect and kindness.

- ◯ Strongly Agree
- ◯ Agree
- ◯ No Opinion
- ◯ Disagree
- ◯ Strongly Disagree

19. The Tuolumne County Enrichment Center staff and volunteers help connect me to local resources and services that meet my needs.

- ◯ Strongly Agree
- ◯ Agree
- ◯ No Opinion
- ◯ Disagree
- ◯ Strongly Disagree

20. Based at the Tuolumne County Enrichment Center, there are Peer Specialists who offer individual peer support to community members regarding their wellness and recovery, connect those with the numerous resources and services at TCBH and within the community, and act as a liaison between the client(s) and service provider(s).

A Peer Specialists' role is unique as it focuses on building trust and connection with community members and/or clients through an understanding of their own personal lived experience.

Did you know that individual peer support is offered at the Tuolumne County Enrichment Center?

- ◯ Yes
- ◯ No

21. Have you received individual peer support at the Tuolumne County Enrichment Center?

- ◯ Yes
- ◯ No

22. If you answered "yes" to the previous question, did you find peer support helpful?

- ◯ Yes
- ◯ No
- ◯ No Opinion

23. Has COVID-19 impacted your decision to return to the Tuolumne County Enrichment Center?

- ◯ Yes
- ◯ No
- ◯ No Opinion

24. Please provide any comments and/or suggestions about the Tuolumne County Enrichment Center.

25. Did you know that Tuolumne County Behavioral Health has a Facebook social media page?

- ◯ Yes
- ◯ No

26. If so, do you follow the Tuolumne County Behavioral Health Facebook social media page?

- ◯ Yes
- ◯ No
- ◯ I'm not on social media
- ◯ No Opinion

27. Did you know that Tuolumne County Behavioral Health publishes a bimonthly agency newsletter that is distributed to the community?

- ◯ Yes
- ◯ No

28. If so, are you subscribed to the bimonthly agency newsletter?

- ◯ Yes
- ◯ No

29. If you are not currently subscribed, but would like to be added to our TCBH distribution list, please enter your email address here:

30. Is this the first time you have participated in a MHSA Community Survey?

- ◯ Yes
- ◯ No
- ◯ I don't know

31. Choose as many options below that best describe you:

- [ ] Mental Health Client/Consumer
- [ ] Family Member of a Mental Health Client/Consumer
- [ ] Community member/resident of Tuolumne County
- [ ] County Behavioral Health Department Employee
- [ ] Substance Abuse Service Provider
- [ ] Private Mental Health Therapist
- [ ] Community Based Organization
- [ ] Children/Family Services Organization
- [ ] Professor, Teacher, School Staff, Education Provider
- [ ] Law Enforcement, including prison and jail staff
- [ ] Probation
- [ ] Veterans Services
- [ ] Hospital / Physical Health Care Provider
- [ ] Senior Services
- [ ] Faith Based Support Provider
- [ ] Student
- [ ] Advocate
- [ ] Prefer not to answer

32. What city, town, or locale do you currently live in?

Other (please specify)

33. Answers to the following demographic questions will help us identify who is taking the survey on an aggregate level. Your individual responses will be kept confidential; however, we respect your right to decline to answer any or all of the questions.

What is your age?

- [ ] 18-24
- [ ] 25-34
- [ ] 35-44
- [ ] 45-54
- [ ] 55-64
- [ ] 65-74
- [ ] 75-84
- [ ] 85 or over

34. What is your race?

- ◯ American Indian or Alaska Native
- ◯ Asian
- ◯ Black or African American
- ◯ Native Hawaiian or other Pacific Islander
- ◯ White
- ◯ More than one race
- ◯ Prefer not to answer

Other (please specify)

35. What is your Ethnicity?

	Non-Hispanic or Non-Latino	Hispanic or Latino
Ethnicity		

Other (please specify)

36. What was your assigned gender at birth?

- ◯ Female
- ◯ Male
- ◯ Prefer not to answer

37. What gender do you identify as?

- ◯ Female
- ◯ Male
- ◯ Transgender
- ◯ Genderqueer
- ◯ Other (please specify)
- ◯ Gender neutral
- ◯ Questioning or unsure of gender identity
- ◯ Prefer not to answer

38. Are you a veteran?

- ◯ Yes
- ◯ No
- ◯ Prefer not to answer

39. What best describes your current living arrangement?

- ◯ Rent
- ◯ Own home
- ◯ Homeless (e.g. living outside, living in your car, couch surfing, etc)
- ◯ Live with parents/ family/ friends
- ◯ Temporary housing (e.g. motel/ hotel)

Other (please specify)

40. What language do you mainly speak at home?

- ◯ English
- ◯ Spanish
- ◯ Prefer not to answer

Other (please specify)

Appendix C

Tuolumne County Behavioral Health

MHSA Community Stakeholder November 2022 Meetings

Presented by MHSA Agency Program Manager
Jennifer Guhl



WELLNESS · RECOVERY · RESILIENCE

Mental Health Services Act (MHSA)

- Established through passage of a statewide ballot initiative, Proposition 63, in 2004
- Created a 1% tax on personal income in excess of $1 million to expand mental health services in California
- Funds distributed to counties monthly

MHSA Core Values

All services are to be provided within MHSA core values:

- Wellness, Recovery and Resilience
- Community Collaboration
- Cultural Competence
- Client and Family Driven Services
- Integrated Services



WELLNESS · RECOVERY · RESILIENCE



YOUR VOICE MATTERS.

Planning Requirements & Process

Three-Year Plans and/or Annual Updates go through the following review process before they are officially adopted:

1. A draft Plan or Update is developed through the Community Program Planning Process (CPPP)
2. The draft Plan or Update is circulated during a 30-day public comment period
3. The Local Mental Health Board holds a public hearing on the draft Plan or Update to provide recommendations and proposed revisions
4. The County adopts a final Plan or Update, incorporating public comments and feedback
5. The County Board of Supervisors approves the final Plan or Update
6. The final Plan or Update is sent to the MHSOAC and DHCS within 30 days

MHSA Community Program Planning Process November 2022

Virtual Meetings: Join Zoom Meeting (Video or Audio)

- **MHSA Community Stakeholder Meeting # 1**
  Time: 1:30-2:30 p.m. Thursday, Nov. 3, 2022
  https://tuolumne-ca-gov.zoom.us/j/81662526293
  Meeting ID: 816 6252 6293

- **MHSA Community Stakeholder Meeting # 2**
  Time: 9-10 a.m. Monday, Nov. 14, 2022
  https://tuolumne-ca-gov.zoom.us/j/87596403581
  Meeting ID: 875 9640 3581

- **MHSA Community Stakeholder Meeting # 3**
  Time: 4-5 p.m. Thursday, Nov. 17, 2022
  https://tuolumne-ca-gov.zoom.us/j/86088637592
  Meeting ID: 860 8863 7592

- **MHSA Community Stakeholder Meeting # 4**
  Time: 8:30-9:30 a.m. Tuesday, Nov. 29, 2022
  https://tuolumne-ca-gov.zoom.us/j/85045951302
  Meeting ID: 850 4595 1302

- **MHSA Community Stakeholder Meeting # 5**
  Time: 3-4 p.m. Tuesday, Nov. 29, 2022
  https://tuolumne-ca-gov.zoom.us/j/81540930621
  Meeting ID: 815 4093 0621

MHSA Community Program Planning Process November 2022

In-Person Meetings:

- **MHSA Community Stakeholder Meeting # 6**
  9 a.m. Wednesday, Nov. 30, 2022 at the Tuolumne County Enrichment Center, 101 Hospital Road, Sonora, CA 95370

- **MHSA Community Stakeholder Meeting # 7 - NEW!!**
  5:30-7 p.m. Wednesday, Nov. 9, 2022 at the Tuolumne County Enrichment Center, 101 Hospital Road, Sonora, CA 95370

MHSA Community Program Planning Process November 2022

- TCBH MHSA Community Stakeholders' Survey: open through November 30, 2022
  - https://www.surveymonkey.com/survey-taken/?sm=Ik6ujH6HtJMnWN4HTXsfMcsy_2BSAIke_2F_2BqNTYA4uKh3U1YxE_2B2eDgroJY_2BH4n1tg5_2FkQKUxHkv4ABTPWG03VRL5qs6oGXaq5koRhXgZxkZqA_3D
  - Hard copies of the survey are also available at TCBH reception, the Tuolumne County Enrichment Center and the David Lambert Community Drop-In Center

MHSA Components

Programs and services that MHSA is required to fund:

1. Prevention and Early Intervention (PEI)
2. Community Services and Supports (CSS)
3. Innovation (INN)
4. Workforce Education and Training (WET)
5. Capital Facilities and Technology Needs (CF/TN)
6. Prudent Reserve (PR)
7. Community Program Planning Process (CPPP)

Community Services and Supports (CSS)

Community Services and Supports is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved.

CSS programs include General System Development (GSD) such as the Enrichment Center, the Lambert Center; Outreach & Engagement including special and promotional events, Benefits and Resources, Smile Keepers and Give Someone a Chance (GSAC), and Permanent Supportive Housing Program; and Full-Service Partnership (FSP).

General System Development (GSD) funds are intended to help counties improve programs, services and supports for all clients and families, to change their service delivery systems, and to build transformational programs and services.



Full-Service Partnership Program (FSP)

- Full-Service Partnership (FSP) provides direct services to adults, children and families who are living with a serious mental illness and/or serious emotional disturbance and who meet the criteria for receiving specialty mental health services as set forth in Welfare and Institutions Code Section 5600.3.
- The Full-Service Partnership Program (FSP) is a "Whatever it takes" program that includes the availability of flexible funding to meet the goals of the individual service and support plans for each client. Some examples of flexible funding may include housing rental assistance, clothing, food, transportation, and educational materials.

Crisis Assessment and Intervention Program (CAIP)

- TCBH provides Phone and Walk-in Services through the Crisis Access and Intervention Program (CAIP). CAIP staff consists of a specialized team of clinicians and behavioral health workers who are available to respond to crisis prevention or emergency support and referral services.
- Services provided include:
  - Telephone and face-to-face support or crisis intervention
  - On-site mental health evaluations in the Emergency Department at Adventist Health Sonora
  - Assistance connecting to community resources
  - Arrangements for hospitalization and post-hospitalization follow-ups as necessary



Workforce Education and Training (WET)

- Funds:
  - TCBH Staff Trainings
  - Some trainings open to community partner staff and community members
  - Coordination of Continuing Education credits for professional staff
  - Consultant to provide clinical supervision to unlicensed staff at TCBH



Innovation (INN)

- The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan.
- TCBH Innovation Plan "Family Ties: Youth and Family Wellness" sent to MHSOAC for review on November 1, 2022

Prevention and Early Intervention (PEI)

Contractors are:

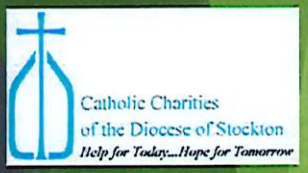
<u>Early Childhood Projects</u>
- Infant/Child Enrichment Services (ICES)
- TCSOS/First 5

<u>Suicide Prevention and Stigma Reduction Project</u>
- Amador Tuolumne Community Action Agency (ATCAA)

<u>Older Adults, Latino, and Native American Outreach Projects</u>
- Catholic Charities
- ATCAA Promotores de Salud
- Tuolumne Me Wuk Indian Health Center

<u>Fostering Healthy Activities in Non-Traditional Settings</u>
- Jamestown Family Resource Center





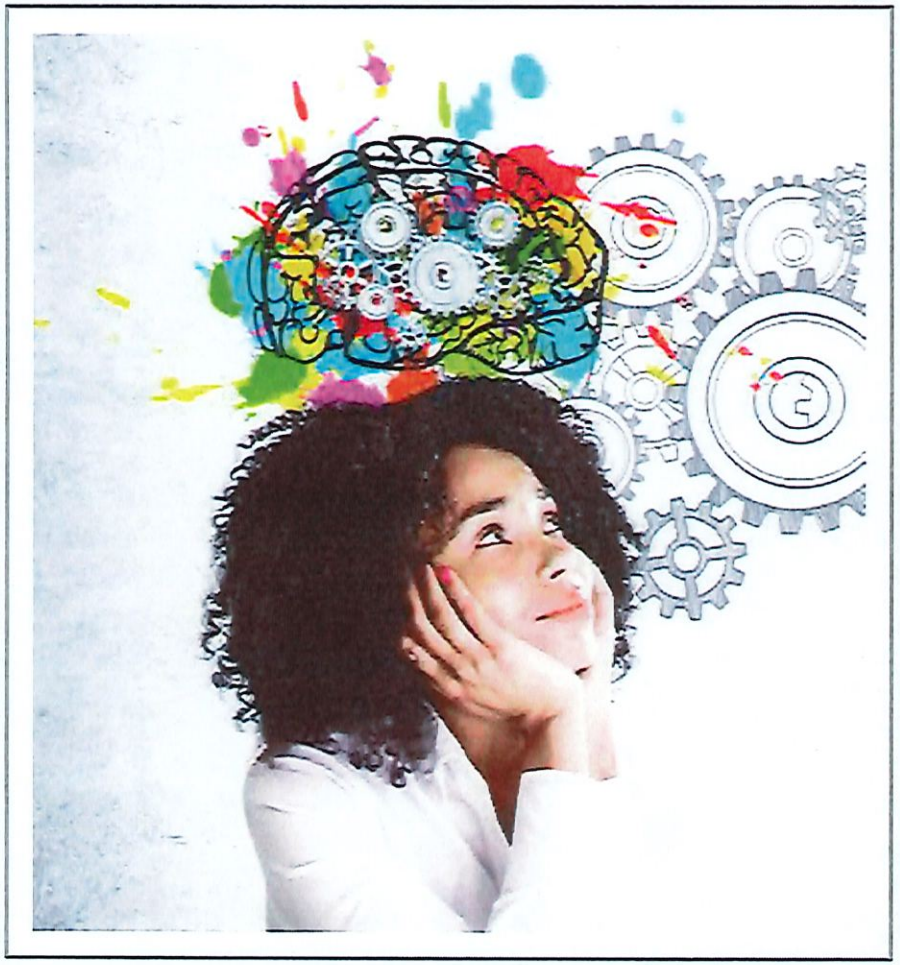


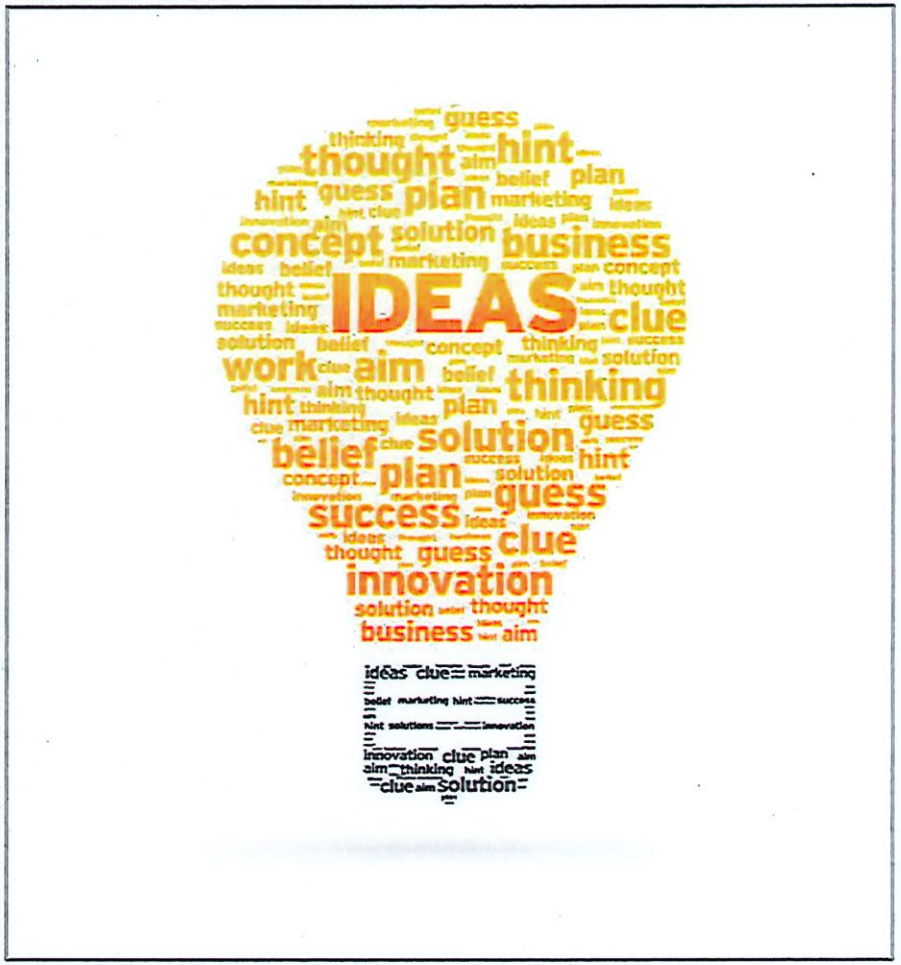




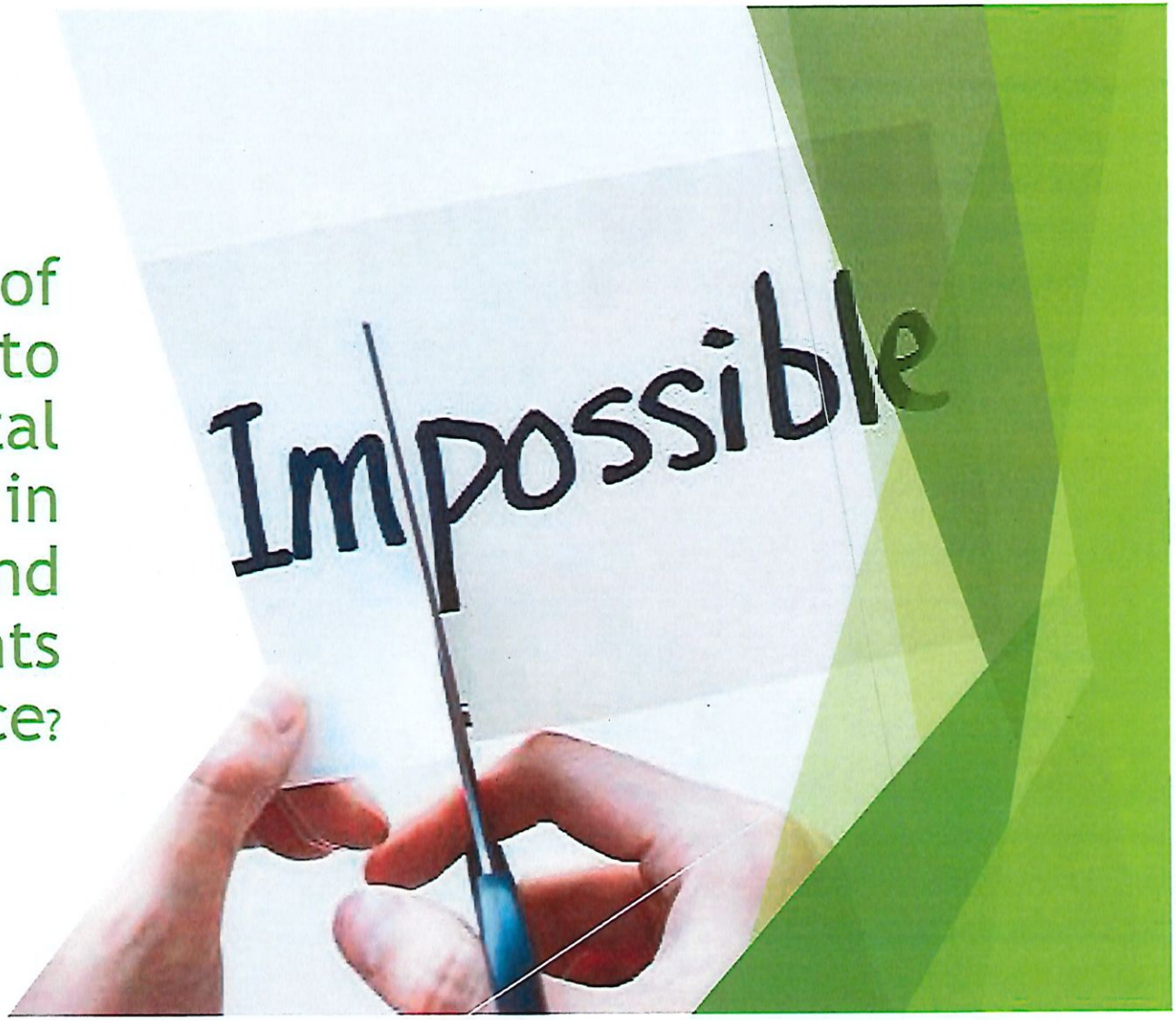







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What are types of challenges to accessing mental health services in the county and barriers clients face?





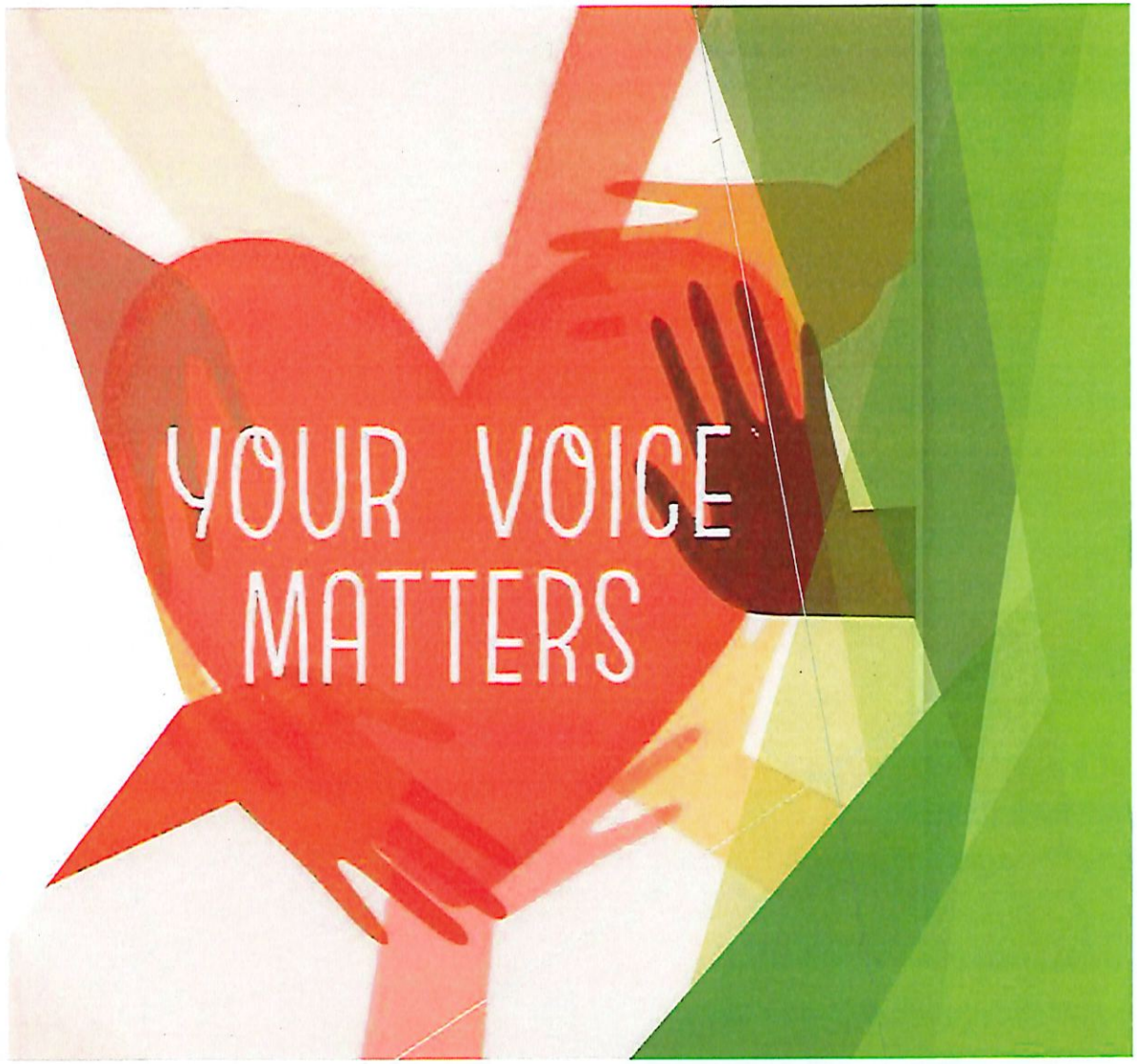
What populations should we continue focusing on?

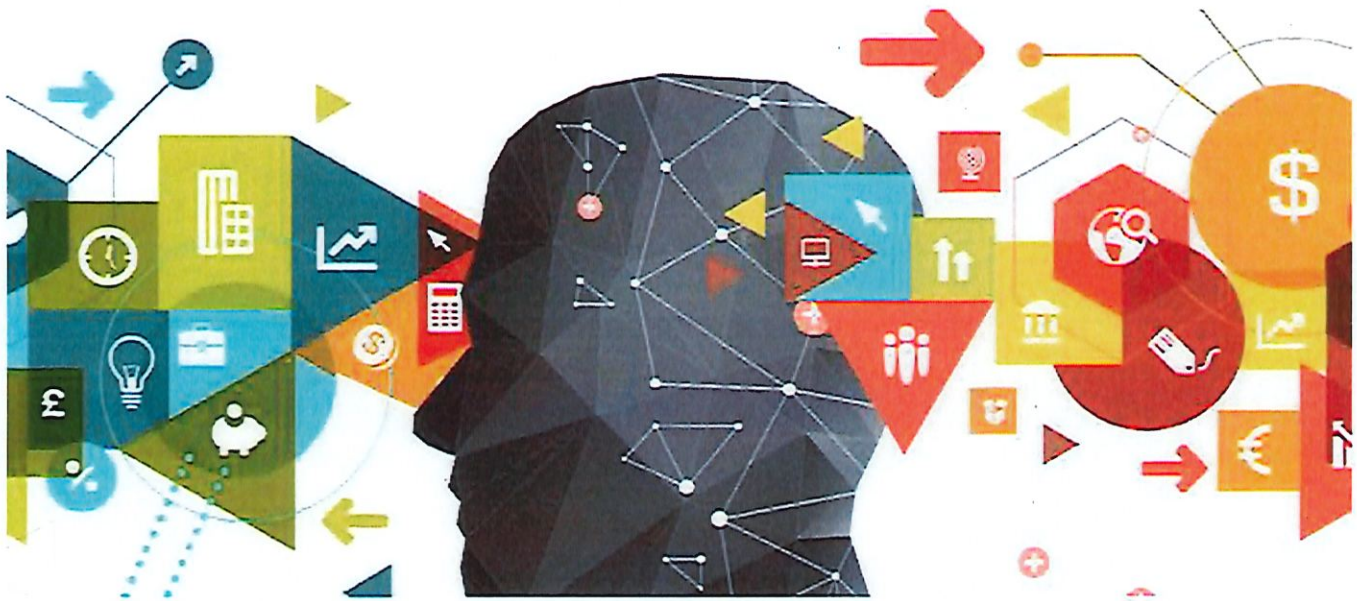
What is working well?

What isn't?



What populations are we not serving, but should?





What types of programs are needed?

What other concerns do you have?



THANK YOU FOR PARTICIPATING



Contact

- Jennifer Guhl, MHSA Agency Program Manager
- (209) 533-6245
- JGuhl@co.tuolumne.ca.us

Appendix D

Tuolumne County Behavioral Health

Sierra Professional Association

July 12, 2022

Mental Health Services Act FY 2022/2023

Jennifer Guhl

MHSA Agency Program Manager

Tuolumne County Behavioral Health

Mental Health Services Act (MHSA)

- Established through passage of a statewide ballot initiative, Proposition 63, in 2004
- Created a 1% tax on personal income in excess of $1 million to expand mental health services in California
- Funds are distributed monthly to counties



Planning Requirements and Process

- Three-Year Plans and Annual Updates go through the following review process before they are officially adopted:
  - A draft Plan or Update is developed through the Community Program Planning Process (CPPP)
  - The draft Plan or Update is circulated during a 30-day public comment period
  - The Local Mental Health Board holds a public hearing on the draft Plan or Update to provide recommendations and proposed revisions
  - The County adopts a final Plan or Update, incorporating public comments and feedback
  - The County Board of Supervisors approves the final Plan our Update
  - The final Plan or Update is sent to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS) within 30 days





MHSA Components

- Community Program Planning Process (CPPP)
- Community Services and Supports (CSS)
- Innovation (INN)
- Prevention and Early Intervention (PEI)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Prudent Reserve (PR)

Highlights by Component - CPPP

- Four MHSA Community Stakeholders' Meetings were held
  - 1 – February
  - 3 – March
- MHSA Community Stakeholders' Survey, February 9-March 31, 2022
- MHSA Community Stakeholders' Presentation, Tuolumne County Behavioral Health Advisory Board, virtual
- MHSA Community Stakeholders' Q&A Meeting: Review of MHSA Annual Update 22/23, May 9, 2022, virtual
- MHSA Annual Update Public Hearing, which officially closed the 30-day public comment period, June 1, 2022, Tuolumne County Behavioral Health Advisory Board, virtual

Highlights by Component – Prevention and Early Intervention (PEI)

- Contractors are:
  - Early Childhood Project
    - Infant Child Enrichment Services (ICES) $75,000
    - First Five/Tuolumne County Superintendent of Schools $20,000
  - Suicide Prevention and Stigma Reduction Project
    - Amador Tuolumne Community Action Agency (ATCAA) $82,500
  - Older Adults, Latino and Native American Outreach Projects
    - Catholic Charities $65,000
    - ATCAA Promotores de Salud $25,000
    - Tuolumne Me Wuk Indian Health Center $42,683
  - Fostering Healthy Activities in Non-Traditional Settings
    - Jamestown Family Resource Center $40,000

Highlights by Component – Innovation (INN)

- Last INN project "Wellness: One Mind, One Body" was completed on June 30, 2017.
- No INN project was budgeted for FY 19/20 or FY 20/21
- TCBH continues to gather stakeholder feedback on potential INN projects ideas for the future
- MHSA INN submission form, March 1-22, 2022
- Innovation Presentation to TCBH Quality Management team, March 24
- MHSA INN Presentation, April 6, Tuolumne County Behavioral Health Advisory Board, virtual
- A second MHSA INN Presentation, TBD, Tuolumne County Behavioral Health Advisory Board, virtual, (date pending)
- MHSA INN Presentation, August 16, Tuolumne County Board of Supervisors

Highlights by Component – Community Services and Supports (CSS)

- Enrichment Center
  - TCBH staff & peer led
  - 101 Hospital Road, Sonora
  - Showers and Laundry services only
  - Access to Smile Keepers
  - Access to Healthy Eating (on hold)
  - Benefits and Resources Specialist
  - Access to GED Assistance and Adult Literacy (on hold)
- David Lambert Community Drop-In Center
  - Volunteer-run
  - 347 W. Jackson St., Sonora
  - Access to Give Someone a Chance Shower Bus (on hold)





Highlights by Component – Community Services and Supports (CSS)

- Full-Service Partnership
  - "Whatever it takes" program
  - Individualized client/family drive mental health service and support plans; culturally competent services
  - More intensive services
  - Serves Medi-Cal beneficiaries, unserved and underserved populations, and private insurance clients.
  - FSP Service Age Breakdown:
    - 29% children (0-15)
    - 27% TAY (16-24)
    - 33% (25-59) adults
    - 11% older adult population (60 plus)

Highlights by Component – Community Services and Supports (CSS)

- Crisis Assessment and Intervention Program (CAIP)
  - Clinicians and BH Workers who provide crisis prevention or emergency support and referral services
    - Telephone and face-to-face support or crisis intervention
    - On-site mental health evaluations in the Emergency Department at Adventist Health Sonora
    - Assistance connecting to community resources
    - Arrangements for hospitalization and post-hospitalization follow-ups as necessary
    - Walk-In Services: 8 a.m. to 7 p.m. daily
    - Clinician available to Adventist Health Sonora 7 to 10 p.m. daily
    - Phone Support available 24/7
    - CAIP served 819 unduplicated individuals in FY 20/21 and provided 3,698 services to 3,709 duplicated individuals

Highlights by Component – Community Services and Supports (CSS)

- Outreach and Engagement
  - Benefits and Resources Program
    - Assistance applying for benefits such as Social Security, disability, Medi-Cal
  - Promotional Events
    - TCBH does outreach throughout the year at local events including health, job, career, community and volunteer fairs, mental health and suicide prevention awareness events, school outreach, LGBTQ events, our local parade and more

Highlights by Component – Community Services and Supports (CSS)

- Permanent Supportive Housing
  - For those with severe and persistent mental illness
  - Supporting services may include therapy, medication services, case management, transportation and more intensive services in the FSP program
  - Two county-owned houses
    - Cabrini House (women) – 5 bedrooms; all with private bathrooms
    - Washington House (men) – 3 bedrooms on the upper floor and 3 on the lower floor
  - Affordable, 30% of income going toward rent
  - Houses currently have two vacancies as of July 1st although we have a waitlist that will quickly fill those openings

Highlights by Component – Workforce Education and Training (WET)

- Funds:
  - TCBH Staff Trainings
  - Some trainings open to community partner staff and community members
  - Coordination of Continuing Education credits for professional staff
  - Consultant to provide clinical supervision to unlicensed staff at TCBH
  - Mental Health Loan Repayment Program

- Some examples of trainings since FY 19/20 include:
  - Law and Ethics for Healthcare Providers; 5150 & Crisis Evaluation; Tuolumne Me-Wuk Indian Culture; Applied Suicide Intervention Skills (ASIST); Implicit Bias and Cultural Awareness; and Cognitive Behavioral Therapy

Highlights by Component – Capital Facilities and Technological Needs (CFTN)

- In FY 21/22, the following funds were allocated:
  - $27,500 Computers
  - $283,423 New Electronic Medical Record System (EMRS)

- In FY 22/23, the following funds are allocated:
  - $55,760 Cabrini House deck replacement project
  - $111,520 New Electronic Medical Record System (EMRS)

Highlights by Component – Prudent Reserve (PR)

- Estimated balance on June 30, 2022: $554,758
- Estimated balance on June 30, 2023: $554,758



MHSA Budget Review



MHSA PROJECTED BUDGET FY 22/23

- **Community Services and Supports: Estimated Expenditures $3,764,849**
  - FSP $1,608,376
  - Non-FSP Programs $1,403,503 (Crisis Assessment and Intervention Program (CAIP), Enrichment Center, Lambert, Benefits, Promotions)
  - Administration $752,970
  - FSP Programs – 51.2%

- **Prevention and Early Intervention: Estimated Expenditures $502,715**
  - Project #1: Early Childhood Project; Project #2: Suicide Prevention & Stigma Reduction; Project #3: Older Adults, Latinos, Native American Outreach and Engagement; Project #4: Fostering Healthy Activities in Non-Traditional Settings

- **Innovation: Estimated Available Funding $1,570,707. $67,882 in Innovation expenditures which brings the estimated unspent fund balance to $1,502,824 for the next fiscal year.**

- **Workforce Education and Training: Estimated Expenditures $69,352**

- **Capital Facilities and Technological Needs: Estimated Expenditures $209,100**

REPORTS INCLUDED IN ANNUAL UPDATE

New reports included in appendices:

- Three-Year Prevention and Early Intervention Evaluation Report FY 2018/2019, 2019/2020, and 2020/2021
- Prevention and Early Intervention Demographics Form
- Annual Innovation Project Report FY 2020/2021



Contact

- Jennifer Guhl, MHSA Agency Program Manager
- Jguhl@co.Tuolumne.ca.us
- (209) 533-6245 main line



CONTACTS

SPA PRESIDENT:
Doreen Gibson, (209) 984-1204

VICE PRESIDENT:
Jeff Sargo, (209) 532-7132

BOARD MEMBERS:
Roger Stevens, Jim Gray, Tm Holden, Larry Jackson, Jeff Kerns, Don Smith

SPA SECRETARY:
Tracy Conrad, (209) 235-2210
tcspasecretary@gmail.com

MAILING ADDRESS:
Sierra Professional Association
c/o Roger Stevens Insurance
14590 Mono Way
Sonora, CA 95370

WEBSITE:
SierraProfessionalAssociation.com

LEADS

- Ray Kelleher (Algeo's Appliance Service & Repair) gave several referrals to Central Heat & Air this past week. Among community needs: a new HVAC system for a rental property; Direct Appliance in Jamestown needs duct work. Kelleher also recently referred an individual to JS West Propane.

- Dana Mayo (JS West Propane) referred a community member experiencing complications with a dryer to Algeo's Appliance Service & Repair.

- Roger Stevens (Roger L. Stevens Insurance Agency, Inc.) will purchase new blinds from Tommy's Window Fashions.

- Jeff Sargo (Central Heat & Air) is working with Roger L. Stevens Insurance Agency, Inc. to secure a commercial insurance policy. Sargo continues to utilize the services of GDI-Micropoint.

- Tim Holden (Sierra Nevada Communications) will have a second propane tank set by JS West Propane at his residence.

- Dan Johnson (The Radiator Doctor) will speak with Sierra Nevada Communications regarding phone services.

- TJ Keshishian (Oak Valley Community Bank) referred several homeowners in the Twain Harte Lake area to Central Heat & Air, as well as a community member to JS West Propane.

JENNIFER GUHL
MHSA Agency Program Manager

Members heard from Jennifer Guhl, MHSA Agency Program Manager at Tuolumne County Behavioral Health, on Tuesday. Guhl shared details about the Mental Health Services Act (MHSA), including funding, the planning process and services offered. Below is an overview of each component.

The MHSA was established in 2004, as part of Proposition 63, to expand mental health services in California. Funding for services comes from a 1% tax on personal income above $1 million and is distributed to counties on a monthly basis. Among the components of MHSA and estimated expenditures for FY 22/23 are:

- **Community Program Planning Process (CPPP)**, which requires community involvement and stakeholder feedback about services offered and local needs. COVID-19 and the transition to a virtual platform has made it difficult to obtain community feedback, Guhl explained.
- **Community Services and Supports (CSS)** is a large component of MHSA. Current services include:
    - The Enrichment Center (EC), a TCBH and peer-led center offering shower and laundry services, healthy eating and dental care, and access to a benefits and resource specialist. The EC has not fully reopened, due to staffing shortages, Guhl noted.
    - The David Lambert Community Drop-In Center is another component of CSS, which is located off Jackson Street in Sonora and remains volunteer-run.
    - Full-Service Partnership (FSP), known as the "whatever it takes" program, provides individualized and more intensive support plans and mental health services to children and adults.
    - Crisis Assessment and Intervention Program (CAIP) provides emergency support, crisis prevention and referral services. Walk-in crisis services are offered at TCBH from 8:00 am to 7:00 pm daily, with phone support available 24/7. A clinician is also available to Adventist Health Sonora on a daily basis.
    - Innovation (INN) allows for a new project to target underserved populations. The last INN project, "Wellness: One Mind, One Body," concluded on June 30, 2017. Funds are subject to reversion if unused, Guhl pointed out. TCBH continues to gather community feedback on project ideas and will give a MHSA INN presentation on August 16th to the Tuolumne County Board of Supervisors. Available funding for FY 22/23: $1,570,707, which includes unspent fund balance.
    - Permanent and Supportive Housing is available to those with "severe and persistent mental illness," along with supporting services. The county currently owns two houses. To qualify for supportive housing, individuals must have a severe mental illness, be homeless or on the verge of homelessness and must be over the age of 18, Guhl expanded.
    - Outreach and Engagement. A benefits and resource program provides assistance in applying for disability benefits and Medi-Cal. Promotional and outreach events, including suicide prevention awareness events and school outreach, are also provided under Outreach and Engagement.

CSS estimated expenditures: $3,764,849.

Continued on page 3

Continued from page 2

- **Prevention and Early Intervention (PEI).** TCBH partners with and funds organizations in the community to execute various projects to help children, seniors and underserved populations in our community. Estimated expenditures: $502,715.
- **Workforce Education and Training (WET)** allows for TCBH staff training and continuing education credits for professional staff. Among the trainings in FY 19/20 were Law and Ethics for Healthcare Providers, 5150 & Crisis Evaluation, and Applied Suicide Intervention Skills (ASIST). Estimated expenditures: $69,352.
- **Capital Facilities and Technological Needs (CFTN).** Funds will be allocated to a new Electronic Medical Record System (EMRS) and a deck replacement project in FY 22/23. Estimated expenditures: $209,100.
- **Prudent Reserve (PR).** The county is required to maintain a PR, as tax revenue changes. The estimated balance on June 30, 2022 was $554,758.

For further information about the MHSA, contact Jennifer Guhl at guhl@co.Tuolumne.ca.us or (209) 533-6245.

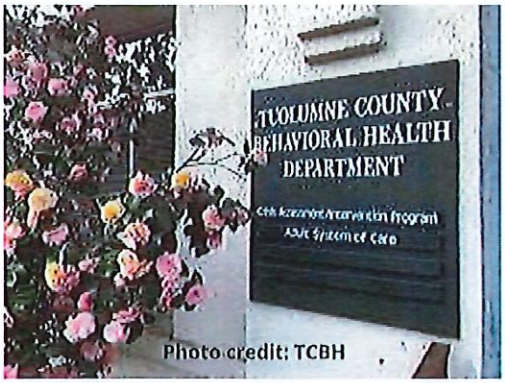


Photo credit: TCBH

MENTAL HEALTH SERVICES ACT
PROPOSITION 63
CALIFORNIA

WELLNESS · RECOVERY · RESILIENCE

GENERAL DISCUSSION

Dana Mayo congratulated TJ Keshishian for his one year anniversary at Oak Valley Community Bank!

Three homeless camps, including encampments off Stockton Road, Wigwam Road and a Highway 108 overpass, are being cleared out, Sargo reported on Tuesday. Additional information can be found **here**.

Kelleher invited the owner of Direct Appliance in Jamestown to a SPA meeting.

SAVE THE DATE

July 19th: Roger Stevens to speak on gun liability insurance
August 2nd: Mother Lode Job Training to speak on business services
August 16th: TUD to share information on Sonora Regional Wastewater Treatment Facility

Notice of MHSA Community Stakeholder Meetings

TCBH invites you to an MHSA Community Stakeholder Meeting(s) concerning MHSA dollars as we are planning for fiscal years 2023/24, 2024/25, and 2025/26. To ensure that there is an opportunity for all to participate, TCBH will offer various Zoom platform and in-person meetings to choose from to accommodate one's schedule. The public may participate and comment via teleconference, U.S. Mail, email, or video conferencing through the Zoom platform at the following links.

WELLNESS · RECOVERY · RESILIENCE

☐ MHSA Community Stakeholder Meeting # 4
Time: 8:30-9:30 a.m. Tuesday, Nov. 29, 2022
https://tuolumne-ca-gov.zoom.us/j/85045951302
Meeting ID: 850 4595 1302

☐ MHSA Community Stakeholder Meeting # 5
Time: 3-4 p.m. Tuesday, Nov. 29, 2022
https://tuolumne-ca-gov.zoom.us/j/81540930621
Meeting ID: 815 4093 0621

☐ MHSA Community Stakeholder Meeting # 6
m. Wednesday, Nov. 30, 2022 at the Tuolumne County Enhment Center, 101 Hospital Road, Sonora, CA 95370

Email: Email your comments to Jennifer Guhl at JGuhl@co.tuolumne.ca.us
U.S. Mail: Mail your comments to Jennifer Guhl, MHSA Agency Program Manager, 2 S. Green St., Sonora, CA 95370. Written comments must be received no later than 5 p.m. on Wednesday, November 30, 2022.

If you require special assistance (i.e., auxiliary aids or services) to participate in these public meetings, please call (209) 533-6245 at least 48 hours prior to the start of the meeting to enable staff to make a reasonable accommodation to ensure accessibility to these public meetings.

What is MHSA? The Mental Health Services Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA is funded by a tax of 1% on individual income over a million dollars and funds county programs as well as state-wide programs to provide services to people with mental illness or those at risk of developing mental illness, to educate and train mental health workers and to ensure that counties have the proper facilities to serve those in need.

Notice of MHSA Community Stakeholders Survey

Tuolumne County Behavioral Health (TCBH) invites you to complete an MHSA Community Stakeholders Survey with the link provided below to offer feedback concerning Mental Health Services Act (MHSA) dollars as we are planning for fiscal years 2023/24, 2024/25, and 2025/26. We invite community members of Tuolumne County of all ages, races, ethnicities, sexual orientation, gender identity, and religious or spiritual beliefs to take this survey so we can hear the mental health needs of the diverse populations within the community and create relevant programs.

What is MHSA? The Mental Health Services Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA is funded by a tax of 1% on individual income over a million dollars and funds county programs as well as state-wide programs to provide services to people with mental illness or those at risk of developing mental illness, to educate and train mental health workers and to ensure that counties have the proper facilities to serve those in need.

Hard copies of the survey will also be made available at TCBH reception, the Tuolumne County Enrichment Center and the David Lambert Community Drop-In Center. This survey takes approximately 15-20 minutes to complete.
The survey will close Wednesday, November 30, 2022.

https://www.surveymonkey.com/r/8Z82K56

MHSA COMMUNITY PROGRAM PLANNING PROCESS

NOVEMBER 2022

Question 1:

What are types of challenges to accessing mental health services in the county and barriers clients face?

Question 2:

What populations should we continue focusing on?

Question 3:

What is working well?

What isn't?

Question 4:

What populations are we not serving, but should?

Question 5:

What types of programs are needed?

Question 6:

What other concerns do you have?

Please submit all feedback to the MHSA Agency Program Manager at the end of the presentation.

YES Partnership
December 8, 2022

MHSA Community Stakeholder Information Meeting

Presented by Jennifer Guhl

MHSA Agency Program Manager

WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act (MHSA)

Established through passage of a statewide ballot initiative, Proposition 63, in 2004

Created a 1% tax on personal income in excess of $1 million to expand mental health services in California

Funds distributed to counties monthly

MHSA Core Values

All services are to be provided within MHSA core values:

- Wellness, Recovery and Resilience
- Community Collaboration
- Cultural Competence
- Client and Family Driven Services
- Integrated Services



DHCS

MHSOAC

Mental Health Services
Oversight & Accountability Commission

Planning Requirements & Process

Three-Year Plans and/or Annual Updates go through the following review process before they are officially adopted:

1. A draft Plan or Update is developed through the Community Program Planning Process (CPPP)

2. The draft Plan or Update is circulated during a 30-day public comment period

3. The Local Mental Health Board holds a public hearing on the draft Plan or Update to provide recommendations and proposed revisions

4. The County adopts a final Plan or Update, incorporating public comments and feedback

5. The County Board of Supervisors approves the final Plan or Update

6. The final Plan or Update is sent to the MHSOAC and DHCS within 30 days

MHSA Components

Programs and services that MHSA is required to fund:

1. Community Services and Supports (CSS)
2. Prevention and Early Intervention (PEI)
3. Innovation (INN)
4. Workforce Education and Training (WET)
5. Capital Facilities and Technology Needs (CF/TN)
6. Prudent Reserve (PR)
7. Community Program Planning Process (CPPP)

WELLNESS · RECOVERY · RESILIENCE

Community Services and Supports (CSS)

Community Services and Supports is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved.

CSS programs include General System Development (GSD) such as the Enrichment Center, the Lambert Center, Outreach & Engagement including special and promotional events, Benefits and Resources, Smile Keepers, Give Someone a Chance (GSAC) Shower Bus, a Permanent Supportive Housing Program, and Full-Service Partnership (FSP).

General System Development (GSD) funds are intended to help counties improve programs, services and supports for all clients and families, to change their service delivery systems, and to build transformational programs and services.

Full-Service Partnership Program (FSP)

- Full-Service Partnership (FSP) provides direct services to adults, children and families who are living with a serious mental illness and/or serious emotional disturbance and who meet the criteria for receiving specialty mental health services as set forth in Welfare and Institutions Code Section 5600.3.
- The Full-Service Partnership Program (FSP) is a "Whatever it takes" program that includes the availability of flexible funding to meet the goals of the individual service and support plans for each client. Some examples of flexible funding may include housing rental assistance, clothing, food, transportation, and educational materials.



Permanent Supportive Housing Program

- For those with severe and persistent mental illness
- Supportive services may include therapy, med services, case management, transportation, and more intensive services in FSP program
- Two county-owned houses
  - Cabrini House (Women) – 5 bedrooms; all with private bathrooms
  - Washington House (Men) – 3 bedrooms on upper floor; 3 bedrooms on lower floor
- Affordable, 30% of income towards rent



Crisis Assessment and Intervention Program (CAIP)

- TCBH provides Phone and Walk-in Services through the Crisis Access and Intervention Program (CAIP).
- CAIP staff consists of a specialized team of clinicians and behavioral health workers who are available to respond to crisis prevention or emergency support and referral services.
- Services provided include:
  - Telephone and face-to-face support or crisis intervention
  - On-site mental health evaluations in the Emergency Department at Adventist Health Sonora
  - Assistance connecting to community resources
  - Arrangements for hospitalization and post-hospitalization follow-ups as necessary

Prevention and Early Intervention (PEI)

TCBH's PEI Contractors are:

Early Childhood Projects

- Infant/Child Enrichment Services (ICES)
- TCSOS/First 5

Suicide Prevention and Stigma Reduction Project

- Amador Tuolumne Community Action Agency (ATCAA)

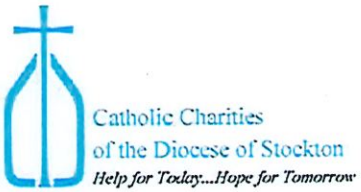
Older Adults, Latino, and Native American Outreach Projects

- Catholic Charities
- ATCAA Promotores de Salud
- Tuolumne Me-Wuk Indian Health Center

Fostering Healthy Activities in Non-Traditional Settings

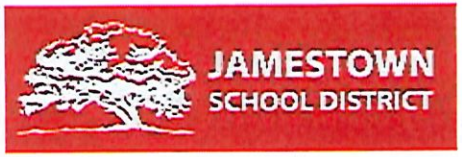
- Jamestown Family Resource Center





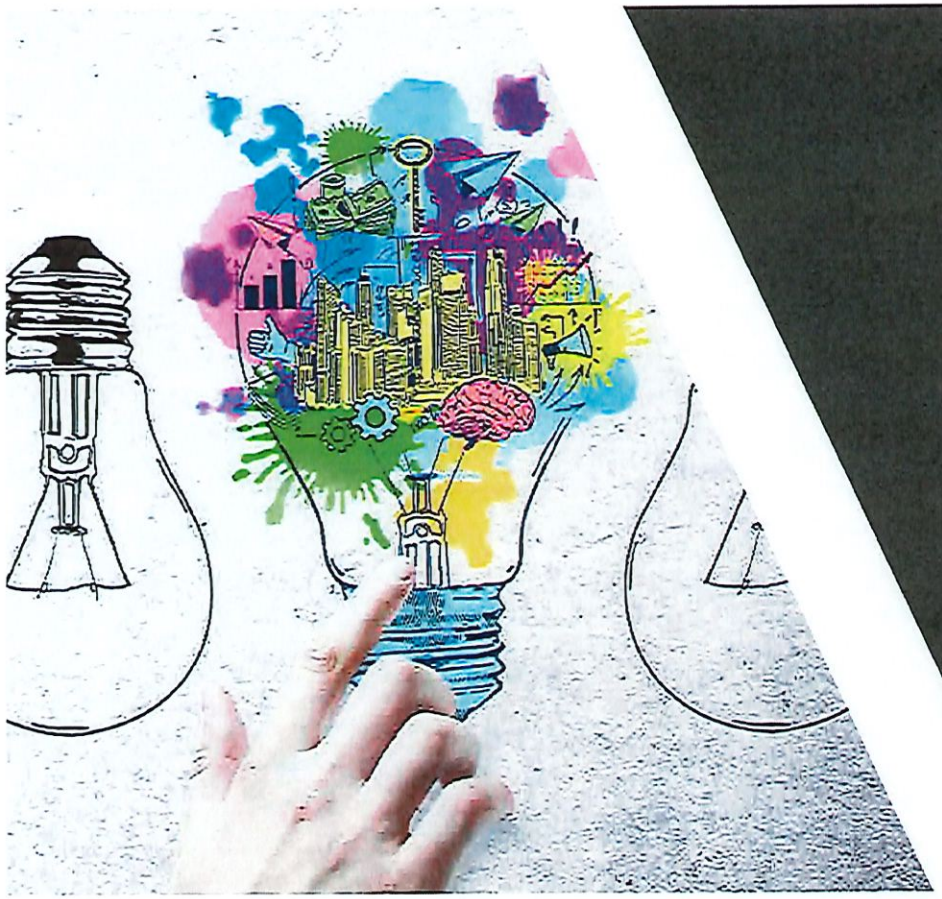












Innovation (INN)

- The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan.
- TCBH Innovation Plan "Family Ties: Youth and Family Wellness" sent to MHSOAC for review on November 1, 2022, and the final plan was sent in December 7, 2022.



Workforce Education and Training (WET)

Funds:

- TCBH Staff Trainings
- Some trainings open to community partner staff and community members
- Coordination of Continuing Education credits for professional staff
- Consultant to provide clinical supervision to unlicensed staff at TCBH

MHSA Community Program Planning Process November 2022

- Five virtual meetings were held
- Two in-person meetings were held
- Presented and gathered feedback during TCBH's Community Cultural Collaborative on Nov. 18, 2022
- MHSA Community Survey, Open Oct. 18 through Nov. 30, 2022







MENTAL HEALTH COFFEE TALK

Presented by Tuolumne County Behavioral Health

Join our passionate county staff, stakeholders, community members, advocates, and local agencies to talk about the community's programming needs and services, current programs and future goals, mental health issues, stigma reduction and suicide prevention and awareness. Find out how YOU can "take action for mental health" in Tuolumne County. This monthly community and mental health-focused event will be part of TCBH's ongoing efforts to connect with the public as part of the Mental Health Services Act's Community Program Planning Process.

Take Action FOR MENTAL HEALTH

To be held the last Friday of each month; first meetup Friday, August 26, 2022 @ the EC

—

Feel free to come and go anytime between 8 - 10 a.m.

—

Complimentary beverages ~ bring your favorite cup ~

—

No formal agenda

—

Voice your opinions & Share your thoughts!

TUOLUMNE COUNTY ENRICHMENT CENTER
101 Hospital Road
Sonora, CA 95370
For more info, call (209) 533-6245 and press "0" for reception

Contact

- Jennifer Guhl, MHSA Agency Program Manager
- (209) 533-6245
- JGuhl@co.tuolumne.ca.us



TUOLUMNE COUNTY YES PARTNERSHIP
December 8, 2022 3:32-4:43 via Zoom
Meeting Minutes

Members: Joe Bors, Kristi Conforti, Kim Freeman, Sarah Garcia, Kim Garro, Jenn Guhl, BJ Hansen, Kristina Herrera, Annie Hockett, Samantha Huebner, Urooj John, Monica Lewis, Chris Mackenzie, Cathy Parker, Cathi Ruiz, Estrella Torres, Jen Torres, Turu VanderWiel
Alternates: Rob Egger, Katie Johnson, Randy Matyshock, David Vasquez, Margie Wiley, Elizabeth Wright
Guests: Terri Alford, Tyler Jackson
Staff: Karen Foreman, Bob White

1.0 Meeting was called to order at 3:32 by Bob White, YES Partnership Director.
- Quorum was established.

2.0 Roll Call and Introduction of Guests
- Members and guests stated their name and affiliation.

3.0 Review and Approve Meeting Agenda
- Annie Hockett made the motion to approve the December 8, 2022, YES Partnership meeting agenda. Cathy Ruiz seconded the motion. The motion was approved.

4.0 Public Comment – No Public Comment.

5.0 Consent Agenda
- Joe Bors requested to change the minutes for the November meeting to reflect we were approving the November Agenda, not the October Agenda as was stated in the November Minutes.
- Kim Garro made the motion to approve the November 10, 2022, YES Partnership meeting minutes. Kristi Conforti seconded the motion. The motion was approved.

6.0 Presentation

Mental Health Services Act (MHSA)-Jenn Guhl, Tuolumne County Behavioral Health Department
- MHSA was approved by Proposition 63. The proposition taxed millionaires in California 1% to develop and provide mental health services in all counties.
- Community collaboration is the most important part of MHSA.
- Currently, we are in the planning process for the program and want your feedback to improve our services and identify missing services.
- The full-service partnership component of the program emphasizes recovery and resilience and offers wrap around services to the low income and underserved populations. This includes a housing program for people with mental health issues, crisis assessments and intervention programs and prevention and early intervention contractors, workforce education and training, creating non-mandated activities to help with mental health and treating the entire family.
- Grants will be available and Jenn will notify the Partnership when RFP's are available.

7.0 Executive Committee Report
- No report-The Executive Committee did not meet on November 30, 2022.

8.0 Membership Sectors Updates

- Members from the 13 sectors represented on the YES Partnership gave a status report on the sector/organization they represent.

9.0 Committee Updates

A. Data Research: The Tuolumne County Public Health Department has an epidemic unit dedicated to analyzing overdose and suicide death rates. They are currently looking at death certificates and will be reporting soon.

B. EPIC Youth Coalition: Katie Johnson reported the EPIC Youth Coalition met on December 7. The focus was on strengths training.

C. Fundraising: Bob White said tomorrow is the Holiday Luncheon between 11am and 1pm. The auction closes tonight at 8. You can pick up your baskets tomorrow or we will deliver them to you.

D. Media: No update

E. Suicide Prevention Committee: No Report

F. Tuolumne Resiliency Coalition: Annie Hockett reported that they will have a Child Abuse Prevention Luncheon. The luncheon will include training that focuses on safety, crisis intervention and self-care.

10.0 Community Collaborative Updates

A. Blue Zones Project: Kristi Conforti reported they are conducting Purpose Workshops and would be happy to conduct them at your organization.

B. First 5 Commission: There are grants available for the next grant cycle on our website. Please look if you are interested in applying.

C. Red Feather Opioid Coalition: No Report

D. Road to Resilience: Tyler Jackson said the Foster Youth Holiday event needs volunteers to help gift wrap presents this weekend.

E. Tobacco Coalition: Kristi Conforti said there was a postage stamp size "no smoking" area at the Christmas parade however, there was one smoker in that area. They received positive feedback from businesses and will work on expanding it next year. Katie Johnson reported they made a presentation to the Board of Supervisors about tobacco use and it was well received.

11.0 Staff/YES Partnership Member Report – No Report

12.0 Action Items

A. New YES Partnership Member(s)

Tyler Jackson completed the membership process recommended by the Executive Committee. Kristi Conforti made a motion to make Tyler a member. Sarah Garcia seconded the motion. The motion was approved.

13.0 Sharing, Celebrating Successes and Networking

- YES Partnership members, alternates, and guests shared information regarding events and other celebratory news from their respective organization. Bob requested that flyers and announcements be sent to him so he can distribute them to all members and alternates.

14.0 Adjournment

- The meeting was adjourned at 4:43 pm. The next YES Partnership meeting will be held on Thursday, January 12 at 3:30 at the Tuolumne County Superintendent of Schools Office in Room 217.

Infant/Child Enrichment Services
December 20, 2022

MHSA Community Stakeholder Information Meeting

Presented by Jennifer Guhl

MHSA Agency Program Manager

WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act (MHSA)

Established through passage of a statewide ballot initiative, Proposition 63, in 2004

Created a 1% tax on personal income in excess of $1 million to expand mental health services in California

Funds distributed to counties monthly

MHSA Core Values

All services are to be provided within MHSA core values:

- Wellness, Recovery and Resilience
- Community Collaboration
- Cultural Competence
- Client and Family Driven Services
- Integrated Services



DHCS

MHSOAC

Mental Health Services
Oversight & Accountability Commission

Planning Requirements & Process

Three-Year Plans and/or Annual Updates go through the following review process before they are officially adopted:

1. A draft Plan or Update is developed through the Community Program Planning Process (CPPP)
2. The draft Plan or Update is circulated during a 30-day public comment period
3. The Local Mental Health Board holds a public hearing on the draft Plan or Update to provide recommendations and proposed revisions
4. The County adopts a final Plan or Update, incorporating public comments and feedback
5. The County Board of Supervisors approves the final Plan or Update
6. The final Plan or Update is sent to the MHSOAC and DHCS within 30 days

MHSA Components

Programs and services that MHSA is required to fund:

1. Community Services and Supports (CSS)
2. Prevention and Early Intervention (PEI)
3. Innovation (INN)
4. Workforce Education and Training (WET)
5. Capital Facilities and Technology Needs (CF/TN)
6. Prudent Reserve (PR)
7. Community Program Planning Process (CPPP)



WELLNESS · RECOVERY · RESILIENCE

Community Services and Supports (CSS)

Community Services and Supports is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved.

CSS programs include General System Development (GSD) such as the Enrichment Center, the Lambert Center, Outreach & Engagement including special and promotional events, Benefits and Resources, Smile Keepers, Give Someone a Chance (GSAC) Shower Bus, a Permanent Supportive Housing Program, and Full-Service Partnership (FSP).

General System Development (GSD) funds are intended to help counties improve programs, services and supports for all clients and families, to change their service delivery systems, and to build transformational programs and services.

Full-Service Partnership Program (FSP)

- Full-Service Partnership (FSP) provides direct services to adults, children and families who are living with a serious mental illness and/or serious emotional disturbance and who meet the criteria for receiving specialty mental health services as set forth in Welfare and Institutions Code Section 5600.3.
- The Full-Service Partnership Program (FSP) is a "Whatever it takes" program that includes the availability of flexible funding to meet the goals of the individual service and support plans for each client. Some examples of flexible funding may include housing rental assistance, clothing, food, transportation, and educational materials.



Permanent Supportive Housing Program

- For those with severe and persistent mental illness
- Supportive services may include therapy, med services, case management, transportation, and more intensive services in FSP program
- Two county-owned houses
  - Cabrini House (Women) – 5 bedrooms; all with private bathrooms
  - Washington House (Men) – 3 bedrooms on upper floor; 3 bedrooms on lower floor
- Affordable, 30% of income towards rent



Crisis Assessment and Intervention Program (CAIP)

- TCBH provides Phone and Walk-in Services through the Crisis Access and Intervention Program (CAIP).
- CAIP staff consists of a specialized team of clinicians and behavioral health workers who are available to respond to crisis prevention or emergency support and referral services.
- Services provided include:
  - Telephone and face-to-face support or crisis intervention
  - On-site mental health evaluations in the Emergency Department at Adventist Health Sonora
  - Assistance connecting to community resources
  - Arrangements for hospitalization and post-hospitalization follow-ups as necessary





MENTAL HEALTH COFFEE TALK

Presented by Tuolumne County Behavioral Health

Join our passionate county staff, stakeholders, community members, advocates, and local agencies to talk about the community's programming needs and services, current programs and future goals, mental health issues, stigma reduction and suicide prevention and awareness. Find out how YOU can "take action for mental health" in Tuolumne County. This monthly community and mental health-focused event will be part of TCBH's ongoing efforts to connect with the public as part of the Mental Health Services Act's Community Program Planning Process.

Take Action FOR MENTAL HEALTH

To be held the last Friday of each month; first meetup Friday, August 26, 2022 @ the EC

—

Feel free to come and go anytime between 8 - 10 a.m.

—

Complimentary beverages ~ bring your favorite cup ~

—

No formal agenda

—

Voice your opinions & Share your thoughts!

TUOLUMNE COUNTY ENRICHMENT CENTER
101 Hospital Road
Sonora, CA 95370
For more info, call (209) 533-6245 and press "0" for reception

Prevention and Early Intervention (PEI)

TCBH's PEI Contractors are:

Early Childhood Projects

- Infant/Child Enrichment Services (ICES)
- TCSOS/First 5

Suicide Prevention and Stigma Reduction Project

- Amador Tuolumne Community Action Agency (ATCAA)

Older Adults, Latino, and Native American Outreach Projects

- Catholic Charities
- ATCAA Promotores de Salud
- Tuolumne Me-Wuk Indian Health Center

Fostering Healthy Activities in Non-Traditional Settings

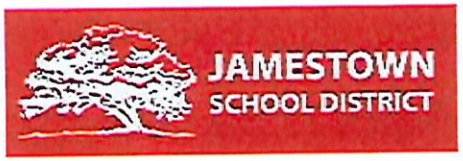
- Jamestown Family Resource Center





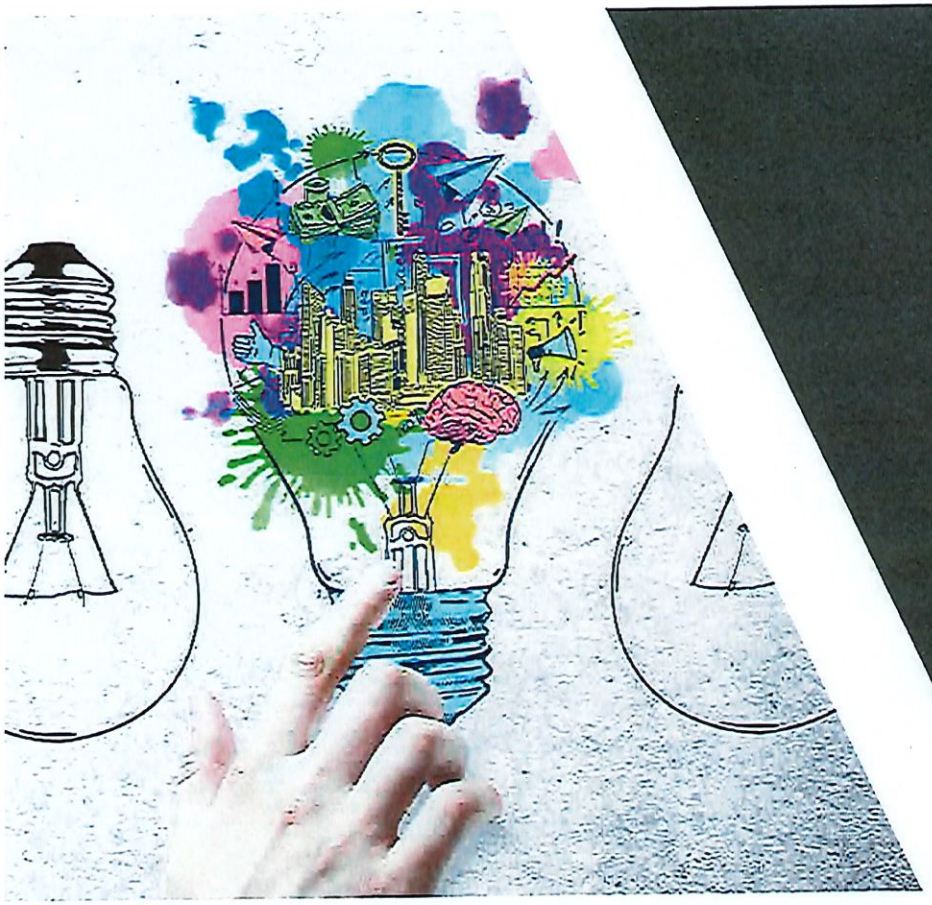












Innovation (INN)

- The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan.
- TCBH Innovation Plan "Family Ties: Youth and Family Wellness" sent to MHSOAC for review on November 1, 2022, and the final plan was sent in December 7, 2022.



Workforce Education and Training (WET)

Funds:

- TCBH Staff Trainings
- Some trainings open to community partner staff and community members
- Coordination of Continuing Education credits for professional staff
- Consultant to provide clinical supervision to unlicensed staff at TCBH

MHSA Community Program Planning Process November & December 2022

- Five virtual meetings were held
- Two in-person meetings were held
- Presented and gathered feedback during TCBH's Community Cultural Collaborative on Nov. 18, 2022
- Presented to the YES Partnership on Dec. 8, 2022
- MHSA Community Survey, Open Oct. 18 through Nov. 30, 2022



Contact

- Jennifer Guhl, MHSA Agency Program Manager
- (209) 533-6245
- JGuhl@co.tuolumne.ca.us



Tuolumne County Social Service Consortia

Meeting Reminder

Wednesday November 16, 2022

St Matthew Lutheran Church (off Joshua Way/off Tuolumne Rd.)
9:00AM-9:30AM Meet/greet/eat snacks Meeting: 9:30-11AM

Meeting Agenda:

1. 9:30AM Introductions_(Name/Agency only)
2. 9:40AM Presentation #1 Barbara Broad "Threshold Singers"
3. 9:50AM Presentation #2 Jen Guhl Behavioral Health/MSA Survey

4. Quick Break 5 minutes

5. 10:05AM Presentation #3 LeeAnn Hatton/Chicken Ranch/Red Feather Clinic
   Narcan (Opioid effects reduction) Use Training
   (basic information, education, and use)
6. 10:55AM Quick Wrap Up

2023 Meeting Schedule: 3rd Wed every other month 9:30AM St Matthew Lutheran Church
Jan 18 March 15 Aug 16 Oct 19 Dec 13???

Thanks for coming and participating. Feel free to invite others. Please bring agency brochures, special notices, upcoming programs. AND, please wear your agency ID ...or you'll be subject to paper name tags.

Happiest of Holidays

Notice of MHSA Community Stakeholder Meetings

TCBH invites you to an MHSA Community Stakeholder Meeting(s) concerning MHSA dollars as we are planning for fiscal years 2023/24, 2024/25, and 2025/26. To ensure that there is an opportunity for all to participate, TCBH will offer various Zoom platform and in-person meetings to choose from to accommodate one's schedule. The public may participate and comment via teleconference, U.S. Mail, email, or video conferencing through the Zoom platform at the following links.

Virtual Meetings: Join Zoom Meeting (Video or Audio)

- **MHSA Community Stakeholder Meeting # 1**
  Time: 1:30-2:30 p.m. Thursday, Nov. 3, 2022
  https://tuolumne-ca-gov.zoom.us/j/81662526293
  Meeting ID: 816 6252 6293

- **MHSA Community Stakeholder Meeting # 2**
  Time: 9-10 a.m. Monday, Nov. 14, 2022
  https://tuolumne-ca-gov.zoom.us/j/87596403581
  Meeting ID: 875 9640 3581

- **MHSA Community Stakeholder Meeting # 3**
  Time: 4-5 p.m. Thursday, Nov. 17, 2022
  https://tuolumne-ca-gov.zoom.us/j/86088637592
  Meeting ID: 860 8863 7592

- **MHSA Community Stakeholder Meeting # 4**
  Time: 8:30-9:30 a.m. Tuesday, Nov. 29, 2022
  https://tuolumne-ca-gov.zoom.us/j/85045951302
  Meeting ID: 850 4595 1302

Updated 11.3.22

- **MHSA Community Stakeholder Meeting # 5**
  Time: 3-4 p.m. Tuesday, Nov. 29, 2022
  https://tuolumne-ca-gov.zoom.us/j/81540930621
  Meeting ID: 815 4093 0621

In-Person Meetings:

- **MHSA Community Stakeholder Meeting # 6**
  9 a.m. Wednesday, Nov. 30, 2022 at the Tuolumne County Enrichment Center, 101 Hospital Road, Sonora, CA 95370

- **MHSA Community Stakeholder Meeting # 7 – NEW!!**
  5:30-7 p.m. Wednesday, Nov. 9, 2022 at the Tuolumne County Enrichment Center, 101 Hospital Road, Sonora, CA 95370

Email: Email your comments to Jennifer Guhl at JGuhl@co.tuolumne.ca.us
U.S. Mail: Mail your comments to Jennifer Guhl, MHSA Agency Program Manager, 2 S. Green St., Sonora, CA 95370. *Written comments must be received no later than 5 p.m. on Wednesday, November 30, 2022.*

If you require special assistance (i.e., auxiliary aids or services) to participate in these public meetings, please call (209) 533-6245 at least 48 hours prior to the start of the meeting to enable staff to make a reasonable accommodation to ensure accessibility to these public meetings.

What is MHSA? The Mental Health Services Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA is funded by a tax of 1% on individual income over a million dollars and funds county programs as well as state-wide programs to provide services to people with mental illness or those at risk of developing mental illness, to educate and train mental health workers and to ensure that counties have the proper facilities to serve those in need.

TAKE ACTION FOR MENTAL HEALTH

Updated 11.3.22

Notice of MHSA Community Stakeholder Meetings

TCBH invites you to an MHSA Community Stakeholder Meeting(s) concerning MHSA dollars as we are planning for fiscal years 2023/24, 2024/25, and 2025/26. Both meetings will be held at the Tuolumne County Enrichment Center, 101 Hospital Road, in Sonora.

- **MHSA Community Stakeholder Meeting #1**
  5:30-6:30 p.m. Thursday, May 4, 2023

- **MHSA Community Stakeholder Meeting #2**
  12:30-1:30 p.m. Monday, May 15, 2023

Email: Email your comments to Jennifer Guhl at JGuhl@co.tuolumne.ca.us
U.S. Mail: Mail your comments to Jennifer Guhl, MHSA Agency Program Manager, 2 S. Green St., Sonora, CA 95370. *Written comments must be received no later than 5 p.m. on Wednesday, June 7, 2023.*

If you require special assistance (i.e., auxiliary aids or services) to participate in these public meetings, please call (209) 533-6245 at least 48 hours prior to the start of the meeting to enable staff to make a reasonable accommodation to ensure accessibility to these public meetings.

What is MHSA? The Mental Health Services Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA is funded by a tax of 1% on individual income over a million dollars and funds county programs as well as state-wide programs to provide services to people with mental illness or those at risk of developing mental illness, to educate and train mental health workers and to ensure that counties have the proper facilities to serve those in need.

TAKE ACTION FOR MENTAL HEALTH

Updated 4.17.23

Appendix E

Tuolumne County Behavioral Health

WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act - Innovation Plan Ideas

Community Stakeholders' Innovation Submission Form

Your voice matters! Tuolumne County Behavioral Health (TCBH) is seeking the community's input on new Mental Health Service Act Innovation programs as we are planning for fiscal years 2022 to 2023. TCBH is unable to spend the Innovation funds on expanding existing programs. Innovation plans must be focused on mental health and it must be able to be delivered through TCBH. If you have an Innovation plan that fits the criteria listed below and would like to submit it to TCBH for consideration, please fill out this submission form.

What is the Mental Health Services Act (MHSA)? The Mental Health Services Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA is funded by a tax of 1% on individual income over a million dollars and funds county programs as well as state-wide programs to provide services to people with mental illness or those at risk of developing mental illness, to educate and train mental health workers and to ensure that counties have the proper facilities to serve those in need.

What is Innovation (INN)? The Mental Health Services Oversight and Accountability Commission (MHSOAC) controls funding for the Innovation (INN) component of the MHSA. The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency and community collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan.

For more information on the requirements of the Mental Health Services Act's Innovation component, please visit https://www.dhcs.ca.gov/services/MH/Pages/MHSA-Components.aspx.

This submission form takes about 10-15 minutes to complete. If you or someone you know needs help submitting feedback in another language or accessing this form in another format please call TCBH at (209) 533-6245 and ask for the MHSA Agency Program Manager.

We invite community members of Tuolumne County of all ages, races, ethnicities, sexual orientation, gender identity, and religious or spiritual beliefs to take this survey so we can hear the mental health needs of the diverse populations within the community and create relevant programs.

The submission form will close on March 22, 2022. Thank you for your participation!

1. The previous Tuolumne County innovation was, 'Wellness: One Mind, One Body' which focused on the integration of behavioral health care and physical health care services to clients of Tuolumne County Behavioral Health. The project was completed in 2017.

Describe specific plan ideas you might have for a future Innovation plan to meet a mental health need.

TUOLUMNE COUNTY BEHAVIORAL HEALTH

MHSA INNOVATION SUBMISSION FORMS 2022

Presented by MHSA Agency Program Manager Jenn Guhl

Quality Management, March 24, 2022



MHSA INNOVATION FUNDS

Innovation Requirements:

- Must be focused on mental health
- Innovation projects can't fund existing programs
- Survey ran March 1 through 22, 2022.
- Gained 11 potential plans



INNOVATION SUBMISSION – IDEA # 1

- "A housing program with 2 full time housing/EC peer specialists. To work with tenants for ADL's and housing skills including but not limited to "being a good roommate. "This program is to have a Housing Coordinator and two Full time Peer Specialists. Time will be split between EC and Housing Program needs. At EC Peer Specialists could help with gardening, art projects, bingo and recovery activities. Both full time peer specialists should be trained in Wellness Recovery Action Plans or WRAP. All peer staff, EC attendees, homeless and mentally ill could then get their WRAP. The full time peer specialists could spend some of the housing time assisting tenants who may need additional supports from just case management. Special attention may be the key to growth and recovery for housing tenants. Independent living skills are learned and must be taught, assistance may be necessary. As housing needs increase the Peer Specialists may need to increase. The Peer Specialists must be full time."



INNOVATION SUBMISSION – IDEA # 2

- CNA's or student nurses to offer services to the TCBH SH project.
- Some type of [IHSS] type 1:1 work on meds, basic ADL's, and healthy choices-walking
- The Student Nurse rotation could be spent with tenants



INNOVATION SUBMISSION – IDEA # 3

- "Continuing with the idea of one mind, one body: physical exercise classes, walks, races, bike rides, hikes to help improve overall well-being. This would include prizes and incentives for the events that would also focus on good health, such as healthy foods, spa trips, massages, anew bike, etc."



INNOVATION SUBMISSION – IDEA # 4

- "Mobile outreach to homeless camps and collaborate with the Homeless Commission to support a navigation center, Social Services to work in partnership to support case management, and law enforcement to identify areas of most need and areas that are unsafe."



INNOVATION SUBMISSION – IDEA # 5

- "Support for struggling young parents (parents who are themselves transition age youth). These young parents are an important demographic that need help; parenting skills, coping skills, emotional support, financial support to finish school themselves. I believe this idea would fit the following purposes:--increase access to underserved groups AND--increase access to services, including, but not limited to, services provided through permanent supportive housing. I also believe that, if structured appropriately, this program would support the following innovative approach:--introducing a new mental health practice or approach, including, but not limited to prevention and early intervention. At the Tuesday, March 1st BOS meeting, they received a presentation on the status of youth and their needs in our county. Transition Age Youth particularly struggle as they age out of foster care, or are forced to live on their own due to personal situation or circumstance with their own family, etc. Add to that the fact that many of these young adults are becoming parents too, facing multiple obstacles in their new role as parents. They have many barriers they must overcome to raise their own child in a loving and supportive home."



INNOVATION SUBMISSION – IDEA # 6

- "I think a Court Appointed Special Advocate program, which serves dependency youth and can include behavioral and mental health aspects, should be considered."



INNOVATION SUBMISSION – IDEA # 7

- "More information to the public."



INNOVATION SUBMISSION – IDEA # 8

- "Funding to pay for addiction recovery for clients. I do not know of any funding that currently pays for treatment for clients. For example treatment at Maynord's for a month."



INNOVATION SUBMISSION – IDEA # 9

- "Habitat for Humanity - 3D printed ADA accessible units"



INNOVATION SUBMISSION – IDEA # 10

- "Wanted to share another idea that I thought might fit well under the Innovation Grant fund. We have two local equine therapy places with horses of warriors and Chester and push horse rescue. I don't believe either have a licensed therapist so they can't get contracts but they offer it to veterans and first responders with ptsd, as well as kids and sport horsemen associations.

Might that be a good proposal matching the character of the area, somewhat unique, to offer a professional therapist or clinician and some kind of animal therapy contract?

The owner's name of horses of warriors in Jamestown is Jamie Franklin. ***(phone number removed)***

The owner of Chester and push horse rescue is Sharon Robinson. ***(phone number removed)***

As a side note, horses of warriors is adjacent to the homeless camp near the entrance to Jamestown and has faced a lot of issues with Crystal digging creating holes, garbage being thrown over the fence, etc. I know Jamie has a heart to help them but it's putting significant financial strain.

I could even see a program where some pallet homes were allowed on the site and the folks could help with some work around the property that might provide them an alternative to that camp so then we could close and clean it."



INNOVATION SUBMISSION – IDEA # 11

- In line with supporting our Youth

SelfWork - Financial incentives for parenting classes and behavioral health services that "pays" them to attend at a reasonable rate (i.e. $20 per hour). Something based on good participation and behavior.

Grub - A program combining addressing eating disorders with Blue Zones access to healthy foods, training kids like Home Ec to learn about nutrition and cooking skills

Bigger – As in "something bigger." A youth-oriented volunteer database encouraged by each school district to connect them with volunteer opportunities that increase self-worth like working in Columbia, doing marketing with a business, etc. My life was *changed* by joining a local martial arts studio.

(continued on next page)



INNOVATION SUBMISSION – IDEA # 11 CONT.

A similar idea, re-establishing a Tuolumne County mentor program to connect at-risk youth with community leaders.

YouthHub -- Establishing a larger, more permanent Jamestown Youth Recreation Center that could provide youth-oriented activities and fun (like a YMCA) while offering a point-of-contact for BH and other services. We desperately need a safe, after school and evenings center that is always open. Most offerings locally are highly limited in hours (roller rink), expensive (movies), serve alcohol (Game Room), or have closed (i.e. the bowling alley). This would be to acquire and develop a site, put out a host RFP, and provide funds for outreach to start.

Project Sunshine –Funds in conjunction with the DA's Victim Witness Program to facilitate purchase and sustainability of the Sunshine House for youth

Training Bartender as Behavioral Health gatekeepers, like this program.

https://www.wellnesseveryday.org/images/Bartenders_as_Gatekeepers_Final_Evaluation_Report_Updated_122221.pdf

- Funds in conjunction with the DA's office to support expungement clinics for triple-non offenders.



COMMENTS



TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
REGULAR MEETING AGENDA

Time: Wednesday, April 6, 2022 @ 4:00 p.m. to 6:00 p.m.
Place: Tuolumne County Behavioral Health, Virtual Attendance Only

In order to protect public health and the safety of our Tuolumne County citizens, this Behavioral Health Advisory Board meeting will be physically closed to the public, however the public may participate and comment on any item via teleconference, U.S. Mail, email, or video conferencing through the Zoom platform at the following link:

Zoom (Video or Audio):
https://tuolumne-ca-gov.zoom.us/j/89885903451?pwd=Sm5DKzJXZVZaZ3RoZmNCMzVvOFNaZz09
Meeting ID: 898 8590 3451 Passcode: 691967

Telephone (one tap mobile) +12532158782,,89885903451#,,,,*691967# US (Tacoma)
Or Dial by your location +1 253 215 8782 US (Tacoma)

Email: Email your comments to Attn: Pandora Armbruster at behavioralhealth@tuolumnecounty.ca.gov

U.S. Mail: Mail your comments to Attn: Behavioral Health Advisory Board, 2 S. Green St., Sonora CA 95370. Written comments must be received no later than 8:00 a.m. on the morning before the noticed meeting.

Important Public Notice: In accordance with Governor's Executive Order N-29-20, Accessibility Requirements, if you need swift special assistance during the meeting, please call (209) 533-6245. Under Executive Order N-25-20, members of the Tuolumne County Advisory Board may participate by teleconference.

AGENDA

CHAIRPERSON
Cynthia Halman

VICE CHAIRPERSON
Mary Anne Schmidt

BOARD OF SUPERVISOR'S REPRESENTATIVE
Jaron Brandon

ALTERNATE REPRESENTATIVE
Daniel Anaiah Kirk

SECRETARY
Valerie Shuemake

OTHER MEMBERS
Constance Bone
Emily Valentine
Heather Farris
Jenn Salazar
Jennifer Pastorini
M. Elizabeth Marum
Marjorie Langdon
Maureen Woods
Penny Ablin
Sherry Bradley
Susie DeMassey

I. **CALL TO ORDER - 10 minutes**
- Announcement to attendees that the meeting is being recorded.
- Announce the March 2, 2022 Findings for AB 361 (attached).
- Discussion and Action to determine whether the May 4, 2022 Behavioral Health Advisory Board Meeting will be either in-person or virtual. If virtual, make Findings for the May 2022 Meeting.

II. **INTRODUCTIONS – 2 minutes**
- Advisory Board Members
- County staff, guests and any public attendees that wish to be identified

III. **AGENDA REVIEW PERIOD – 2 minutes**

IV. **MHSA Innovations Update: Stakeholder Feedback – 15 minutes:** Jenn Guhl, MHSA Agency Manager

V. **CORRESPONDENCE – 2 minutes**

VI. **APPROVAL OF MINUTES – 5 minutes:** March 2, 2022 Meeting Minutes

VII. **SUPERVISOR' S REPORT - 5 minutes:** Tuolumne County Board of Supervisors Representative – Jaron Brandon

VIII. **DIRECTOR'S REPORT – 5 minutes:** Tami Mariscal, Behavioral Health Director

IX. **BOARD MEMBER REPORTS (3 minutes per Board member):**
Members of the Advisory Board may share announcements and/or comment on matters not on the agenda. Advisory Board Members' comments/announcements will be limited to three minutes.

X. **PUBLIC COMMENT (5 minutes per person):**

Members of the public may be heard on any item not on the Board's Agenda. A person addressing the Board will be limited to five minutes. Comments by members of the public on any item on the agenda will only be allowed during consideration of the item by the Board.

XI. **BUSINESS:**

Continued Items:

1. "Bylaws Review" Ad-hoc Committee (20 minutes) – Mary Anne Schmidt
   - Review, Discussion & Possible Action to Approve County Counsel Edits and move draft Bylaws forward to the Board of Supervisors for acceptance.
2. 988 Messaging Framework Webinar Report: Discussion and Review (10 minutes) - Sherry Bradley & Cynthia Halman

Items for Future Meetings:

3. Social Get-Together Discussion – Cynthia Halman
   - Proposed Date, Place and Associated Costs – Cynthia Halman

XII **ADJOURNMENT**

Next Advisory Board Meeting is currently scheduled for May 4, 2022 @ 4 pm

This agenda can be made available in alternative formats upon request. Late agenda material can be reviewed at the Behavioral Health Department, 105 Hospital Road, Sonora, CA 95370.

If you require special assistance (i.e., auxiliary aids or services) in order to participate in this public meeting, please call (209) 533-6245 at least 48 hours prior to the start of the meeting to enable staff to make a reasonable accommodation to ensure accessibility to this public meeting.

TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
REGULAR MEETING AGENDA

Time: Wednesday, August 3, 2022 @ 4:00 p.m. to 6:00 p.m.
Place: Tuolumne County Behavioral Health, Virtual Attendance Only

In order to protect public health and the safety of our Tuolumne County citizens, this Behavioral Health Advisory Board meeting will be physically closed to the public, however the public may participate and comment on any item via teleconference, U.S. Mail, email, or video conferencing through the Zoom platform at the following link:

Zoom (Video or Audio):
https://tuolumne-ca-gov.zoom.us/j/82226372232?pwd=UlRwdGdpNlkvVi9Pc3R4V2xySHpHUT09
Meeting ID: 822 2637 2232 Passcode: 270199
Telephone (one tap mobile) +12532158782,,82226372232#,,,,*270199# US (Tacoma)
Or Dial by your location +1 253 215 8782 US (Tacoma)
Email: Email your comments to Attn: Pandora Armbruster at behavioralhealth@tuolumnecounty.ca.gov
U.S. Mail: Mail your comments to Attn: Behavioral Health Advisory Board, 2 S. Green St., Sonora CA 95370. Written comments must be received no later than 8:00 a.m. on the morning before the noticed meeting.

Important Public Notice: In accordance with Governor's Executive Order N-29-20, Accessibility Requirements, if you need swift special assistance during the meeting, please call (209) 533-6245. Under Executive Order N-25-20, members of the Tuolumne County Advisory Board may participate by teleconference.

AGENDA

CHAIRPERSON
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Sherry Bradley

BOARD OF SUPERVISOR'S REPRESENTATIVE
Jaron Brandon

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Daniel Anaiah Kirk

SECRETARY
Heather Farris

OTHER MEMBERS
Constance Bone
Cynthia Halman
Emily Valentine
Jenn Salazar
M. Elizabeth Marum
Marjorie Langdon
Maureen Woods
Susie DeMassey
Valerie Shuemake

I. **CALL TO ORDER - 10 minutes**
- Announcement to attendees that the meeting is being recorded.
- Announce the July 6, 2022 Findings for AB 361 (attached).
- Discussion and Action to determine whether the September 7, 2022 Behavioral Health Advisory Board Meeting will be either in-person or virtual. If virtual, make Findings for the September 2022 Meeting.
- Establish quorum with the introductions of Board Members

II. **INTRODUCTIONS – 2 minutes** County staff, guests and any public attendees that wish to be identified

III. **REVIEW ORDER OF AGENDA ITEMS – 2 minutes**

IV. **CORRESPONDENCE – 2 minutes**

V. **APPROVAL OF MINUTES – 5 minutes:** July 6, 2022 Meeting Minutes

VI. **PUBLIC COMMENT (3 minutes per person):**

Members of the public may be heard on any item, **not** on the Board's Agenda. A person addressing the Board will be limited to five minutes. Comments by members of the public on any item on the agenda will only be allowed during consideration of the item by the Board.

VII. **REPORTS – 35 minutes**

A. SUPERVISOR' S REPORT – 5 minutes – Jaron Brandon, Tuolumne County Board of Supervisors Representative

B. DIRECTOR'S REPORT – 5 minutes – Tami Mariscal, Behavioral Health Director

C. BEHAVIORAL HEALTH ADVISORY BOARD CHAIR REPORT – 5 minutes – Mary Anne Schmidt, Chair – Written report

D. BOARD MEMBER REPORTS—7 minutes (3 minutes per Board member): Members of the Advisory Board may share announcements and/or comment on matters, not on the agenda.

VIII. **AD HOC COMMITTEE BUSINESS** – 15 minutes

A. DATA NOTEBOOK – 5 minutes – Sherry Bradley, Chair of Ad Hoc—written report
   1. Q/A
   2. Public Comment

B. BOARD MEMBER RECRUITMENT & MEMBERSHIP –7 minutes
   1. Report from Chair of Ad Hoc Committee— Heather Farris
   2. Remind Renewal of Jenn Salazar and Margorie Langdon Membership due. Term expiring July 31, 2022
   3. Review New Member Application (William Olmstead)
   4. Public Comment

IX. **NEW BUSINESS:**

A. BH ADVISORY BOARD GOALS for July 2022-June 2023 – 15 minutes - Mary Anne Schmidt, Chair Review
   1. Discuss & Possible Action
   2. Public Comment

B. ANNUAL REPORT for July 2022-June 2023 – 3 minutes – Mary Anne Schmidt, Chair
   1. Discuss & Possible Action
   2. Public Comment

C. WHAT THE BH ADVISORY BOARD WANTS IN A WEBSITE PAGE—3 minutes – Mary Anne Schmidt, Chair
   1. Discuss & Possible Action
   2. Public Comment

D. PUBLIC SPEAKER PLAN for July 2022- June 2024 – 3 minutes – Mary Anne Schmidt, Chair
   1. Discuss & Possible Action
   2. Public Comment

Next Advisory Board Meeting is currently scheduled for September 7, 2022 @ 4 pm

X. **SUGGESTIONS FOR NEXT MONTH'S AGENDA – 5 minutes**

XI. **BEHAVIORAL HEALTH DEPARTMENT PRESENTATIONS**

MHSA INNOVATIONS REPORT (20 minutes) by Jenn Guhl, MHSA Agency Manager
   1. Q/A
   2. Public Comment

XII. **ANNOUNCEMENTS**

XIII. **ADJOURNMENT**

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If you require special assistance (i.e., auxiliary aids or services) in order to participate in this public meeting, please call (209) 533-6245 at least 48 hours prior to the start of the meeting to enable staff to make a reasonable accommodation to ensure accessibility to this public meeting.

TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
SPECIAL MEETING AGENDA

Time: Monday, September 19, 2022 @ 4:00 p.m.
Place: Tuolumne County Behavioral Health, Virtual Attendance Only

In order to protect public health and the safety of our Tuolumne County citizens, this Behavioral Health Advisory Board meeting will be physically closed to the public, however the public may participate and comment on any item via teleconference, U.S. Mail, email, or video conferencing through the Zoom platform at the following link:

Zoom (Video or Audio):
https://tuolumne-ca-gov.zoom.us/j/85792675883?pwd=UzlLQklNK1BZa3Nya1p6M3lVNnN4Zz09
Meeting ID: 857 9267 5883 Passcode: 802987
Telephone (One tap mobile) +16694449171,,85792675883#,,,,*802987# US
Or dial by your location +16694449171 US
Email: Email your comments to Attn: Pandora Armbruster at behavioralhealth@tuolumnecounty.ca.gov
U.S. Mail: Mail your comments to Attn: Behavioral Health Advisory Board, 2 S. Green St., Sonora CA 95370. Written comments must be received no later than 8:00 a.m. on the morning before the noticed meeting.

Important Public Notice: In accordance with Governor's Executive Order N-29-20, Accessibility Requirements, if you need swift special assistance during the meeting, please call (209) 533-6245. Under Executive Order N-25-20, members of the Tuolumne County Advisory Board may participate by teleconference.

AGENDA

CHAIRPERSON
Mary Anne Schmidt

VICE CHAIRPERSON
Sherry Bradley

BOARD OF SUPERVISOR'S REPRESENTATIVE
Jaron Brandon

ALTERNATE REPRESENTATIVE
Daniel Anaiah Kirk

SECRETARY
Heather Farris

OTHER MEMBERS
Cynthia Halman
Emily Valentine
Jenn Salazar
M. Elizabeth Marum
Marjorie Langdon
Maureen Woods
Susie DeMassey
Valerie Shuemake

I. **CALL TO ORDER**

- Chair calls meeting to order.
- Announcement to attendees that the meeting is being recorded.
- Establish quorum with the introductions of Board Members
- Announce the September 7, 2022, Findings for AB 361

II. **INTRODUCTIONS**

County staff, guests and any public attendees that wish to be identified

III. **PUBLIC HEARING**

FY 2022-2027 MHSA INNOVATIONS PLAN: Family Ties - Youth & Family Wellness by Jenn Guhl

IV. **PUBLIC COMMENT**

Members of the public may be heard on any item, **not** on the Board's Agenda. A person addressing the Board will be limited to three minutes. Comments by members of the public on any item on the agenda will only be allowed during consideration of the item by the Board.

V. **ADJOURNMENT**

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Public Hearing

Tuolumne County Behavioral Health, MHSA Innovation Concept Presentation 2022

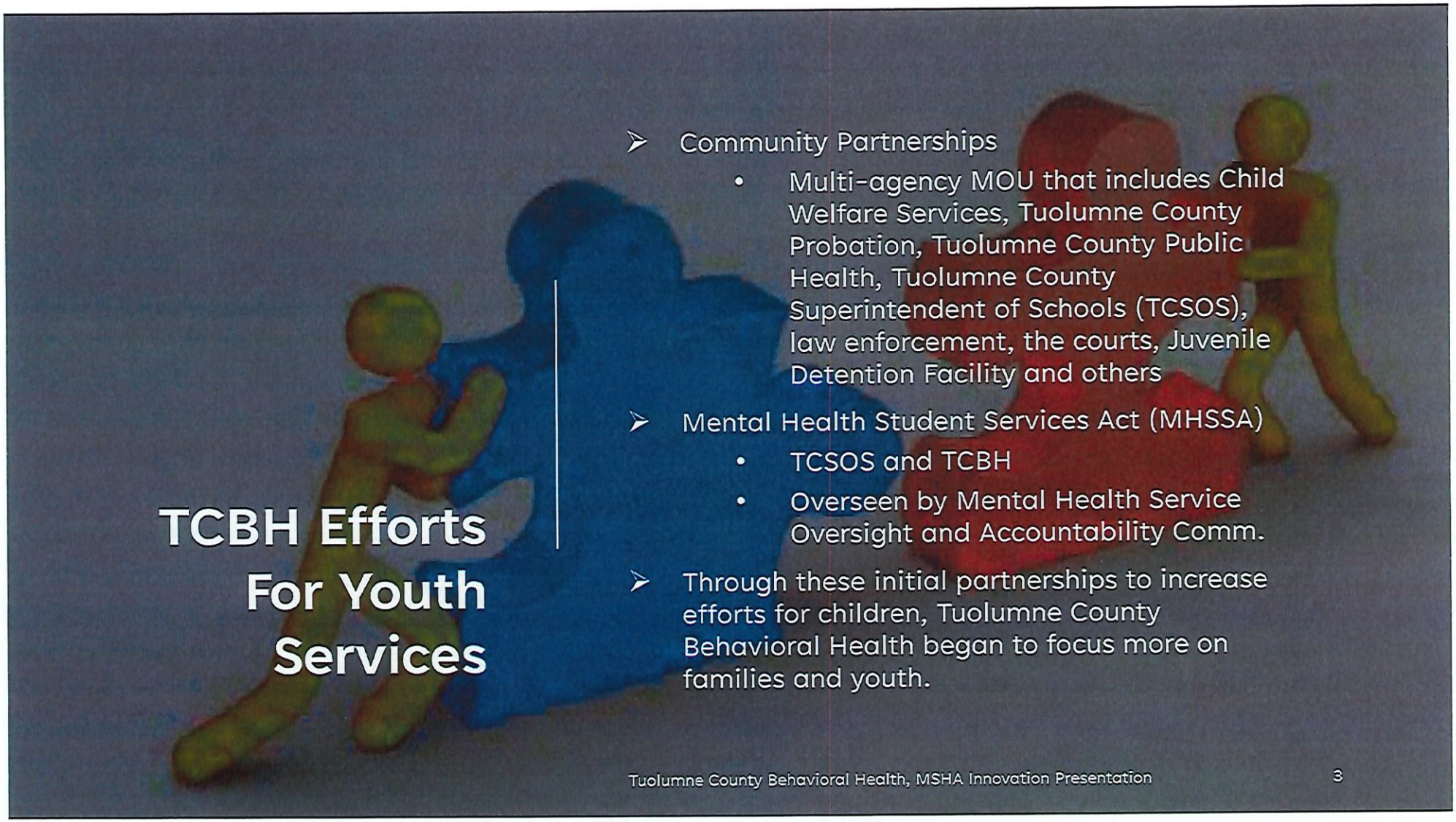
Jenn Guhl

MHSA Agency Program Manager | Sept. 19, 2022

Innovations Concept

- Our Efforts for Youth Services
- Innovation Submission
- Identifying TCBH Gaps in Service
- Our Solution and Proposed Innovation Concept
  - Requirements & Purpose
  - What does our concept include?
- Research Our Concept Will Work
- Innovation Timeline
- Budget & Source of Expenditures




TCBH Efforts For Youth Services
Community Partnerships
Multi-agency MOU that includes Child Welfare Services, Tuolumne County Probation, Tuolumne County Public Health, Tuolumne County Superintendent of Schools (TCSOS), law enforcement, the courts, Juvenile Detention Facility and others
Mental Health Student Services Act (MHSSA)
TCSOS and TCBH
Overseen by Mental Health Service Oversight and Accountability Comm.
Through these initial partnerships to increase efforts for children, Tuolumne County Behavioral Health began to focus more on families and youth.
Tuolumne County Behavioral Health, MSHA Innovation Presentation
3

Innovation Submission

"Support for struggling young parents (parents who are themselves transition age youth). These young parents are an important demographic that need help; parenting skills, coping skills, emotional support, financial support to finish school themselves. I believe this idea would fit the following purposes:--increase access to underserved groups AND--increase access to services, including, but not limited to, services provided through permanent supportive housing. I also believe that, if structured appropriately, this program would support the following innovative approach:--introducing a new mental health practice or approach, including, but not limited to prevention and early intervention. At the Tuesday, March 1st BOS meeting, they received a presentation on the status of youth and their needs in our county. Transition Age Youth particularly struggle as they age out of foster care, or are forced to live on their own due to personal situation or circumstance with their own family, etc. Add to that the fact that many of these young adults are becoming parents too, facing multiple obstacles in their new role as parents. They have many barriers they must overcome to raise their own child in a loving and supportive home."

Identifying TCBH's Gaps in Service

- The Process
- 5-Year Data Analysis
  - *Rate of return for youth is 20%*
  - *First average length of stay for admission is just at a year*
  - *Average length of stay for second admission is 7 months*
    - *This number continues to decrease with each new admission*
  - *20% of the youth over 5 years receives crisis services*
    - *Of those 20% that receive a crisis service, the average number of crisis per youth is four (4). Combined with an average length of stay of one (1) year, this means one crisis per quarter*
- The Primary Problem
  - *The primary problem is we need to reduce rate of return for youth by increasing their length of stay within the first admission by engaging youth and families concurrently.*

TCBH's Solution and Proposed Innovation Concept

"Family Ties: Youth and Family Wellness"

- **General Requirements**: Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.
- **Primary Purpose**: Increase the quality of mental health services, including measured outcomes
- Will meet and be consistent with all potentially applicable MHSA General Standards

TCBH's Solution and Proposed Innovation Concept

- Create non-mandated activities and alternatives for youth and families
- Promote these activities in the systems that are most affected by youth and family's trauma
  - ✓ Child Welfare Services
  - ✓ Foster youth
  - ✓ Children's system of care partners
  - ✓ MHSA Outreach and Engagement
  - ✓ Perinatal
  - ✓ Probation/Judicial programs

TCBH's Proposed Innovation Concept includes:

- Non-mandated activities and alternatives for youth and families
- Connect families and youth with alternative and non-traditional mental health approaches
  - Mindfulness classes, mediation, sound therapy, yoga
- Introduce families to these non-traditional approaches through engaged family nights
  - Movie nights, themed food nights, bingo night
- Create ongoing educational opportunities with mild to moderate providers to help maintain ongoing stability with each step down
- Integrate Prevention and Early Intervention (PEI) education to youth

Research Our Concept Will Work

What are the benefits of family engagement?

- According to an article published in October 2010 by Erin M. Ingelsby on the National Library of Medicine, *"Engaging and retaining families in mental health prevention and intervention programs is critically important to insure maximum public health impact." "When families are asked about why they drop out of services, they frequently cite practical obstacles such as time demands and scheduling conflicts, high costs, and lack of transportation and child care* (Garvey et al. 2006; Kadin et al. 1997; Spot and Redmond 2000; Stevens et al. 2006).
- In October 2021, a study was published by BMC Health Services Research that asked almost 300 family members and careers "what have you as a career/family member received' and 'what they would have liked to have received'
  - The responses fell into seven categories the highest responses were centralized in two categories; provide or offer ongoing support to the family and provided psychoeducation to the families.
  - **Category # 1:** *"Help with supporting me to deal with my own emotions and heart ache when my child has episodes."*
  - **Category # 2:** *"Help with how the family responds to problems."*

"Family Ties: Youth and Family Wellness" - Innovation Timeline

Timeline	Milestone
Year 1 Quarter 1-2	Development of program and event outlines. Begin promoting services offered through the CPPP.
Year 1 Quarter 3-4	Launch all stakeholder meetings for input on services and alternatives to be offered in community, locations, time of day etc. Begin drafting RFPs for services.
Year 2 Quarter 1-2	Launch RFP process and complete contracts for all services to be provided. Begin planning meetings with contractors for upcoming events. Develop surveys that will be at each event for participants to take.
Year 2 Quarter 3-4	Develop data analysis system for all outcomes. Obtain all baseline data. Begin education for the entire TCBH workforce to begin promoting upcoming events. Launch events with a focus on TCBH beneficiaries. Gain stakeholder feedback as necessary.

"Family Ties: Youth and Family Wellness" – Innovation Timeline cont...

Timeline	Milestone
Year 3 Quarter 1-2	Increase event promotions to expand to interagency departments. Begin ongoing data analysis for each event, begin reporting out. Begin developing managed care integration with events. Gain stakeholder feedback as necessary.
Year 3 Quarter 3-4	Increase frequency of events. Meeting with all contractors and partners to evaluate areas of success and improvement. Gain stakeholder feedback as necessary.
Year 4 Quarter 1-2	Organize ongoing events with community partners and continue to share developments with stakeholder meetings.
Year 4 Quarter 3-4	Continued family engagement services and events. Data analysis and beginning development of sustainability planning for key elements

"Family Ties: Youth and Family Wellness" - Innovation Budget

		22/23	23/24	24/25	25/26	26/27
Personnel Costs						
	Salaries	57,250	71,925	75,521	79,297	83,262
	Direct	37,250	46,988	49,337	51,804	54,394
	Indirect	15,423	20,167	19,725	20,941	21,957
	Total	109,923	139,080	144,583	152,042	159,613
Operating Costs						
	Direct	1,000	5,400	10,800	18,000	18,000
	Indirect	430	2,322	4,644	7,740	7,740
	Total	1,430	7,722	15,444	25,740	25,740
Non-Recurring Costs						
	Total	5,000	10,000			

"Family Ties: Youth and Family Wellness" - Innovation Budget cont.

		22/23	23/24	24/25	25/26	26/27
Consultant Costs						
	Direct	2,500	20,000	20,000	20,000	20,000
	Indirect	1,075	8,600	8,600	8,600	8,600
	Total	3,575	28,600	28,600	28,600	28,600
Other Expenditures						
	Total		1,200	2,400	4,000	4,000
Totals:						
	Personnel	57,250	71,925	75,521	79,297	83,262
	Direct	40,750	72,388	80,137	89,804	92,394
	Indirect	16,928	31,089	32,969	37,281	38,297
	Non-Recurring	5,000	10,000	-	-	-
	Other	-	1,200	2,400	4,000	4,000
	Total	119,928	186,602	191,027	210,382	217,953

Thank you

- Jenn Guhl
- MHSA Agency Program Manager
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- https://www.tuolumnecounty.ca.gov/

TCBH Advisory Board

Tuolumne County Behavioral Health, MHSA Innovation Concept Presentation 2022

Jenn Guhl

MHSA Agency Program Manager | August 3, 2022

Innovations Concept

- TCBH Efforts for Youth Services
- Innovation Submission
- Identifying TCBH Gaps in Service
- TCBH Solution and Proposed Innovation Concept
  - What does our concept include?
- Research Our Concept Will Work





TCBH Efforts For Youth Services

- Community Partnerships
  - Multi-agency MOU that includes Child Welfare Services, Tuolumne County Probation, Tuolumne County Public Health, Tuolumne County Superintendent of Schools (TCSOS), law enforcement, the courts, Juvenile Detention Facility and others
- Mental Health Student Services Act (MHSSA)
  - TCSOS and TCBH
  - Overseen by Mental Health Service Oversight and Accountability Comm.
- Through these initial partnerships to increase efforts for children, Tuolumne County Behavioral Health began to focus more on families and youth.

Innovation Submission

"Support for struggling young parents (parents who are themselves transition age youth). These young parents are an important demographic that need help; parenting skills, coping skills, emotional support, financial support to finish school themselves. I believe this idea would fit the following purposes:--increase access to underserved groups AND--increase access to services, including, but not limited to, services provided through permanent supportive housing. I also believe that, if structured appropriately, this program would support the following innovative approach:--introducing a new mental health practice or approach, including, but not limited to prevention and early intervention. At the Tuesday, March 1st BOS meeting, they received a presentation on the status of youth and their needs in our county. Transition Age Youth particularly struggle as they age out of foster care, or are forced to live on their own due to personal situation or circumstance with their own family, etc. Add to that the fact that many of these young adults are becoming parents too, facing multiple obstacles in their new role as parents. They have many barriers they must overcome to raise their own child in a loving and supportive home."

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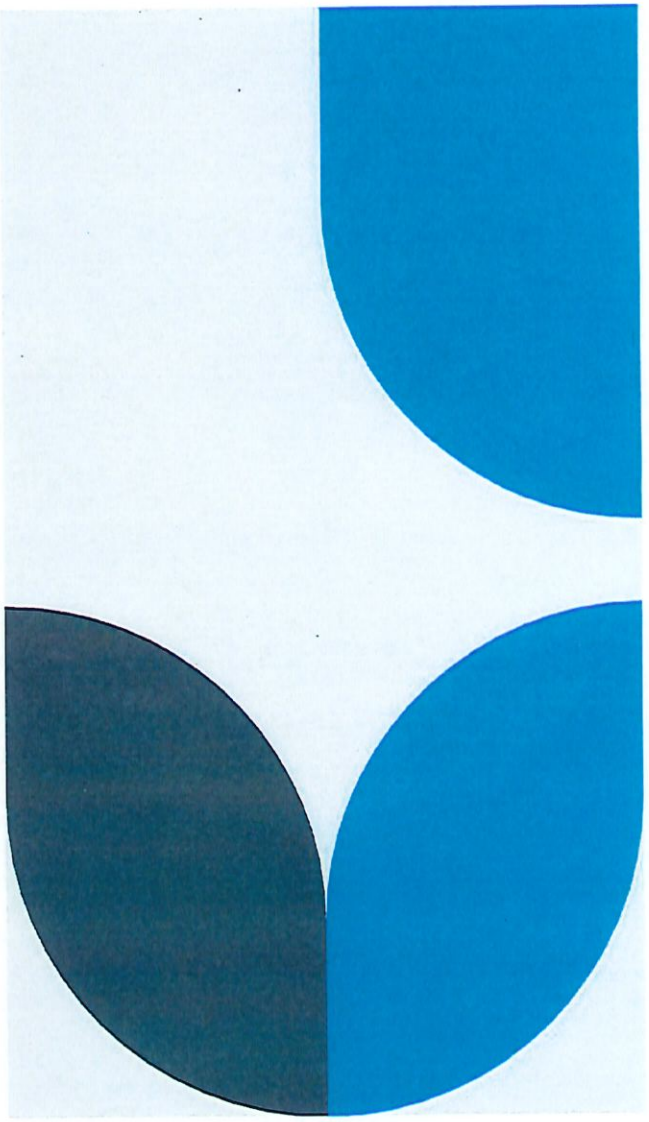
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TUOLUMNE COUNTY
BOARD OF SUPERVISORS

Tuolumne County Behavioral Health, MHSA Innovation Concept Presentation 2022

Jenn Guhl

MHSA Agency Program Manager | Sept. 20, 2022

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Appendix F

Tuolumne County Behavioral Health

MHSA PEI Participant Survey

The purpose of collecting participant demographics is to document the diversity represented by the participants. This information will be kept confidential.

1. ☐ I prefer not to answer demographic questions

2. Age:

☐ 0-15 (children/youth) ☐ 16-25 (transition age youth) ☐ 26-59 (adult) ☐ 60+ (older adult)
☐ Prefer not to answer

3. How would you describe your race?:

☐ American Indian/Alaska Native/Native American ☐ Latino/Hispanic ☐ Asian
☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White
☐ More than one race ☐ Other: _____
☐ Prefer not to answer

4. What is your Ethnicity? Check all that apply.

Non-Hispanic or Latino

☐ African
☐ Asian Indian/South Asian
☐ Cambodian
☐ Chinese
☐ Eastern European
☐ European
☐ Filipino
☐ Japanese
☐ Korean
☐ Middle Eastern/North African
☐ Vietnamese
☐ Native/Pacific Islander
☐ Other: _____
☐ Prefer not to answer

Hispanic or Latino

☐ Caribbean
☐ Central American
☐ Mexican
☐ Mexican American/Chicano
☐ Puerto Rican
☐ South American
☐ Native
☐ Other: _____
☐ Prefer not to answer

5. Gender assigned at birth:

☐ Female ☐ Male ☐ Prefer not to answer

6. Current gender identity:

☐ Female ☐ Male ☐ Transgender ☐ Genderqueer
☐ Questioning/unsure ☐ Other gender identity: _____
☐ Prefer not to answer

7. Sexual orientation:

☐ Gay or Lesbian ☐ Heterosexual/Straight ☐ Bisexual ☐ Questioning/unsure
☐ Queer ☐ Other: _____ ☐ Prefer not to answer

8. Are you a Veteran?

☐ Yes ☐ No ☐ Prefer not to answer

9. Primary Language:

☐ English ☐ Spanish ☐ Other_____ ☐ Prefer not to answer

10. City of residence (including surrounding areas):

☐ City of Sonora
☐ Twain Harte/Mi-Wuk/Sugar Pine
☐ Groveland
☐ Chinese Camp
☐ East Sonora
☐ Tuolumne City
☐ Jamestown
☐ Other: _____
☐ Columbia
☐ Soulsbyville
☐ Don Pedro/La Grange
☐ Prefer not to answer

11. Current Living Situation:

☐ Homeowner
☐ Multi-Family
☐ Subsidized Housing
☐ Rent Home/Apartment
☐ With Friends/Family
☐ Other: _____
☐ Homeless
☐ Foster Care
☐ Prefer not to answer
☐ Sharing Housing
☐ Supportive Housing

12. Do you have any of the following disabilities? (Please select all that apply):

☐ I do not have a disability
☐ Mental Illness
☐ Difficulty seeing
☐ Other seeing/hearing/speaking disability: _____
☐ Learning disability
☐ Dementia
☐ Chronic health condition/chronic pain
☐ Prefer not to answer
☐ Difficulty hearing or having speech understood
☐ Developmental disability
☐ Physical/mobility disability
☐ Other physical disability: _____

FOR OFFICE USE ONLY

Date: _____ MHSA PEI Program: _____ Training / Event Name:_____

Participant ID: _____

*Not intended for promotional events.

Appendix G

Tuolumne County Behavioral Health

Annual Prevention and Early Intervention Evaluation Report FY 21-22

Tuolumne County Behavioral Health

Prevention and Early Intervention Annual Evaluation Report

The following report comprises the Prevention and Early Intervention (PEI) Annual Evaluation Report from FY 2021-2022. Per California Department of Health Care Services requirements this report includes data and is divided into the nine PEI project areas*: 1) Nurturing Parenting Education; 2) Supporting Early Education and Development (SEED); 3) School Based Resiliency Services; 4) Suicide Prevention & Stigma Reduction; 5) Older Adult Wellness Program; 6) Promotores de Salud; 7) Native American Outreach and Engagement; and 8) Trauma Informed Schools.* The report ends with an aggregate reporting of demographic data across all PEI programs during the fiscal year.

It is important to reflect on FY 2019-2020, with the major worldwide event of the COVID-19 pandemic that impacted all PEI programs and service delivery and has devastated our rural community beginning in March 2020, and in each fiscal year thereafter. Even since that time, PEI programs continue to be heavily impacted. In-person PEI program delivery ground to a halt while programs assessed risk to staff and consumers, researched and evaluated other means of service delivery continued, and called on the creativity of their staff to create new programming that could be delivered via video, phone, or via social media platforms. In addition, Tuolumne County Behavioral Health's (TCBH) ongoing support has been a combination of in-person and virtual meetings, which generated an increase in email and phone correspondence and support. Although TCBH's PEI programs are striving to meet the challenges created by COVID, it still has continued to disrupt the community in various aspects. However, many have adapted and have continued to deliver programs with a "new normal" lens.

Since the pandemic, TCBH's PEI contractors are to be commended for their commitment to our rural community as demonstrated by their resilience, creativity and service delivery. Each program summary and report data describe the challenges and successes of this Fiscal Year reporting period.

The Chart of Prevention and Early Intervention Programs on Page 2-3 gives a quick summary of Tuolumne County Behavioral Health's eight PEI programs, the type of program, and age group served. By State regulation, at least fifty-one percent (51%) of PEI funding for each county must be allocated to serve those aged 25 and under. TCBH has written additional comments regarding this challenge in the report.

The chart also notes program names changes made in order to provide consistency between the Annual Revenue and Expenditure Report, PEI reports, and MHSA Plans and Updates per State of California Department of Health Care Services regulations.

Please note that similar data may not have been reported by the program across years and where data was not available the symbol "- -" is used.

Chart of Prevention and Early Intervention Programs

Program Name	Previous Program Name on Annual Revenue and Expenditure Report and/or in Past MHSA Reports	Standalone	Combined	Program Type					Strategy			Population Served in %				% Serving Ages 25 and Under
				% Prevention	% Early Intervention	% Outreach	% Stigma & Discrimination Reduction	% Suicide Prevention	Improving Timely Access to Services	Access & Linkage	Outreach for Increasing Recognition of Early Signs of Mental Illness	Children/ Youth (0-15)	TAY (16-25)	Adults	Older Adults	
PEI Project #1: Nurturing Parenting Education	Early Childhood Project		x	75	25					x		100				100
PEI Project #2: Supporting Early Education and Development (SEED)	Early Childhood Project or Social Emotional Learning Foundations Or Social Early Education and Development		x		100					x		100				100
PEI Project #3: School Based Resiliency Services	School Based Violence Prevention	x		100						x		100				100
PEI Project #4: Suicide Prevention & Stigma Reduction		x					50	50		x	x	15	25	35	25	40
PEI Project #5: Older Adult Wellness Program	Older Adults, Latino, & Native American O & E Or Connections and Awareness for Elders		x	100						x					100	
PEI Project #6: Promotores de Salud	Older Adults, Latino, & Native American O & E		x	30	70					x		5	15	50	30	20
PEI Project #7: Native American Outreach and Engagement	Older Adults, Latino, & Native American O & E		x	80	20					x		24	5	70	1	29
PEI Project #8: Trauma Informed Schools	Jamestown Family Resource Center Or Fostering Healthy Activities in Non-Traditional Settings	x			100					x		100				100

PEI Project Number 1

Program Name: PEI Project #1 – Nurturing Parenting Education – Raising Healthy Families

Type of Program: ☒Prevention 75% ☒Early Intervention 25% ☐Outreach ☒Access & Linkage ☐Stigma & Discrimination Reduction ☐Suicide Prevention

State Priority: ☒Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention ☐Mood Disorder & Suicide Prevention Programming ☐Youth 15-24 ☐Older Adults MH Needs ☐Culturally Competent & Linguistically Appropriate PEI

Priority Population: ☒Children/youth in stressed families ☒Children/youth at risk of school failure ☒Children/youth at risk of juvenile justice involvement ☒Trauma-exposed individuals ☐Individuals experiencing onset of serious psychiatric illness ☒Underserved cultural populations

Program Description: Nurturing Parenting is a priority intervention, universal prevention program that is a multi-level parenting and family support strategy to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. This program is implemented by a team led by contract provider, Infant/Child Enrichment Services (ICES) through a program called, "*Raising Healthy Families*". Nurturing Parenting classes are designed to help parents in stressed families including those with a history of substance use disorder, child abuse and/or neglect, domestic violence and social isolation.

The Nurturing Parenting Program is an evidence-based strategy for improving parenting outcomes for families in the community. The program utilizes an evaluation tool, the Adult Adolescent Parenting Inventory (AAPI), which measures parent progress, and assures the program is meeting desired outcomes. The AAPI assesses skills in five domains:

1. Expectations of Children
2. Empathy
3. Discipline
4. Family Roles
5. Power and Independence

Parents take a pre-test and are provided with their scores for them to see where they are showing strengths, as well as areas for improvement. Post-tests show participants improvements in AAPI scores in the various domains after completion of the parenting course.

Goals: Improve parenting outcomes for healthy child development for families living in Tuolumne County.

Objectives: 1) Parents know how to manage child behavior in a nurturing and effective manner; 2) Parents have a better understanding of how to navigate their disadvantaged situation; 3) Parents understand the effects of substance abuse on the family; 4) Parents meet their children's needs for health and safety, both emotionally and physically; 5) Parents find

belonging, resources, and can contribute alongside other Tuolumne County parents; 6) Families in the community are aware of the program's services.

Key Activities:

- Offer parenting education classes and workshops to community members referred to the program
- Home visits for parents/caregivers referred to the program
- Facilitate a Parent Leadership Program
- Outreach to community members about parenting education through community events

Outcome Measures:

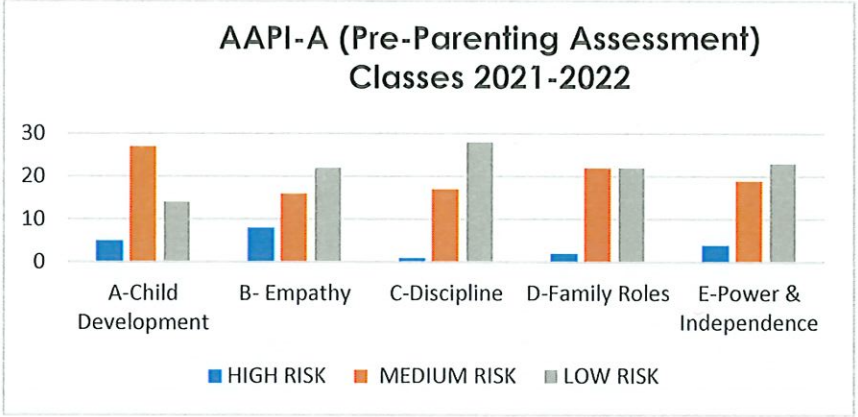
- Adult Adolescent Parenting Inventory (AAPI), Pre- and Post-Tests
- Class evaluations (narrative)
- Participant retrospective evaluations
- Advocacy and Protective Factors Self-Evaluation
- Estimated # of materials/flyers distributed per event
- Sign-in sheets if applicable

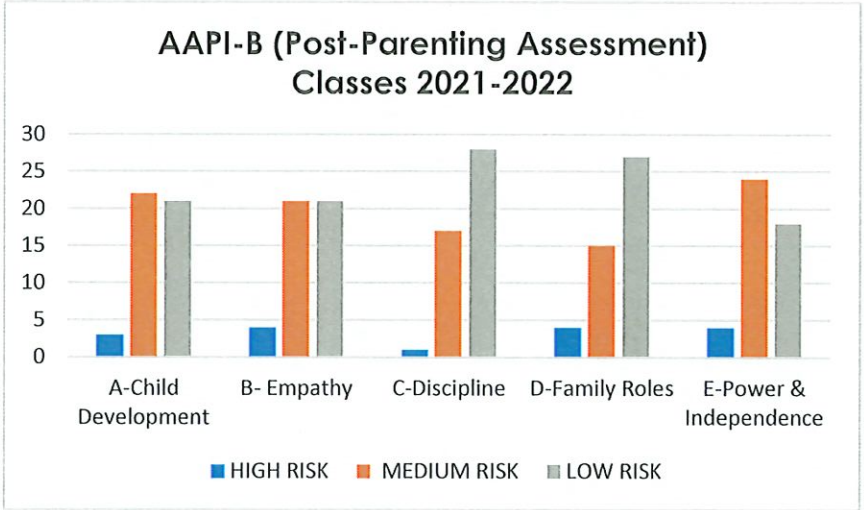
Data Collection: Quarterly

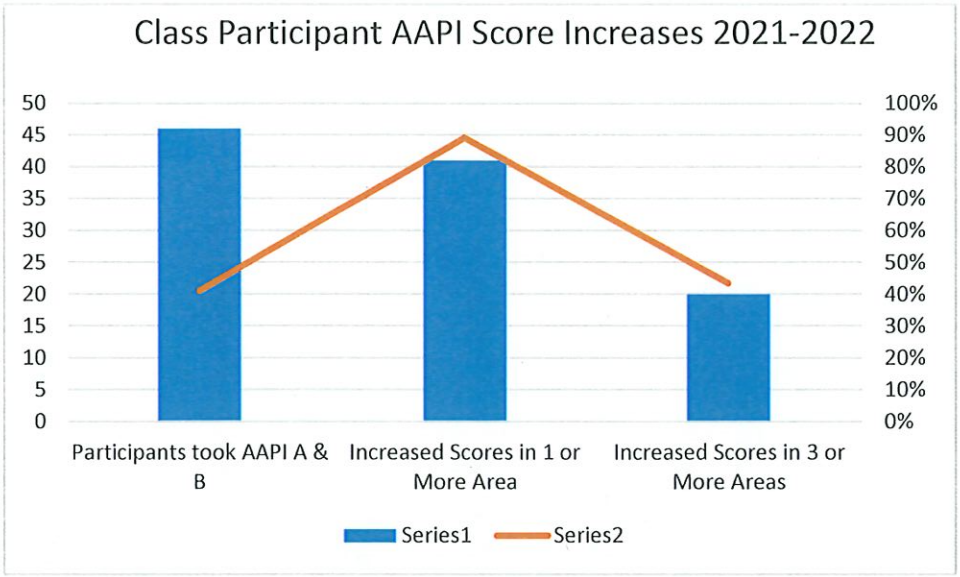
FISCAL YEAR 2021-2022 PROGRAM REFLECTION
Successes:
The program reported: **Parent Education Workshops and Classes** • 7 two-hour parent education workshops were held (12 offered) utilizing *Nurturing Parenting and Strengthening Families* curriculum • 12 Weekly year-round class • 78 parents participated in the workshops and classes • 46 Participants took both AAPI A & B Parenting Assessments • Due to drop-in nature of class, it is a challenge to get the AAPI-B from participants. Since not all of the class participants took the AAPI-B, the goal of 80% class participants improving in areas were not met. • 89% of participants were able to increase their knowledge in one area based on pre/post quizzes • 43% of participants were able to increase their AAPI scores in three parenting areas based on pre/post scores • The AAPI-A has shown that the majority of our class participants started with medium to high risk in two key areas in the AAPI-A: Child Development (appropriate expectations) and Empathy. This year's goal was to include these foundational

elements in every class series this year as they are both necessary for nurturing parenting and preventing child abuse.

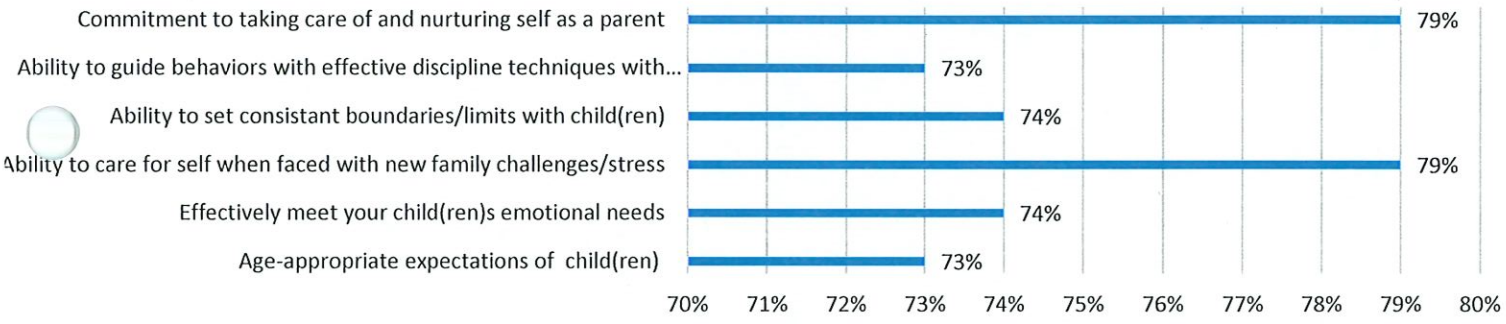
- The Raising Healthy Families (RHF) program was able to improve scores in these two areas for our class participants as a group, significantly reducing from High to Medium to Low Risk in Knowledge of Child Development and Empathy. These two areas were main focuses this year and there were improved results in the parenting assessments.





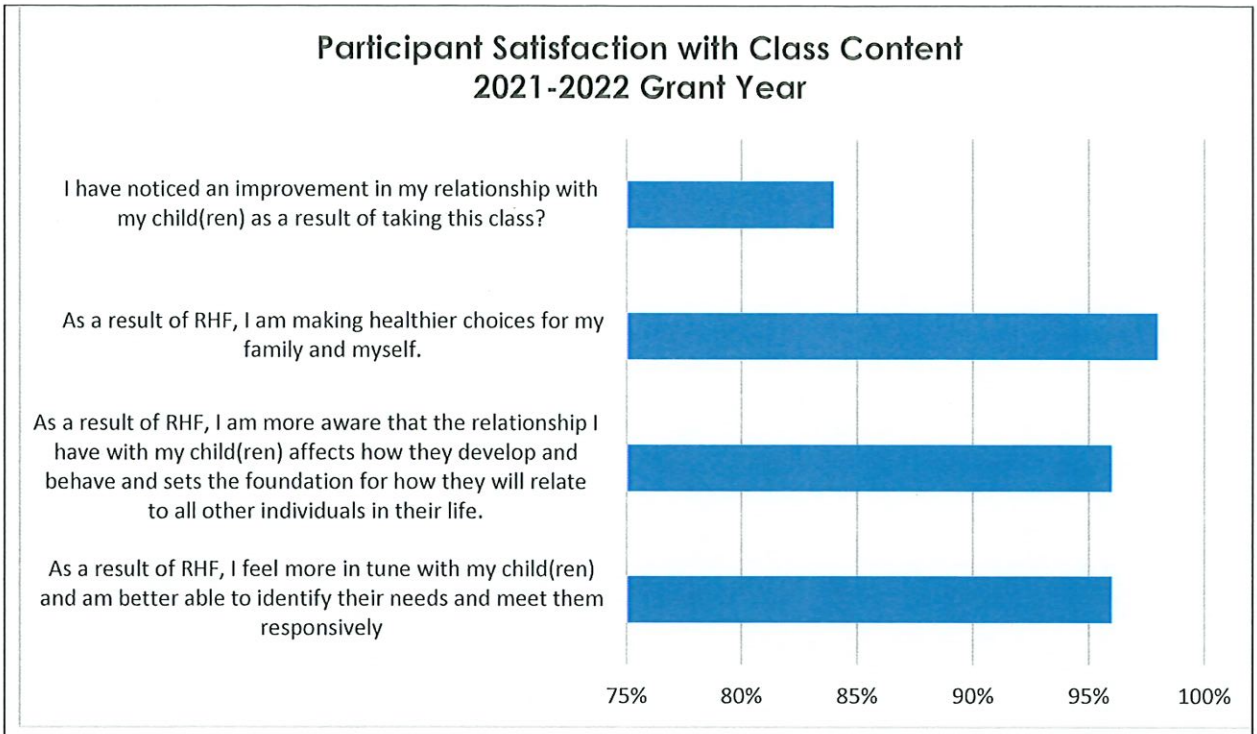


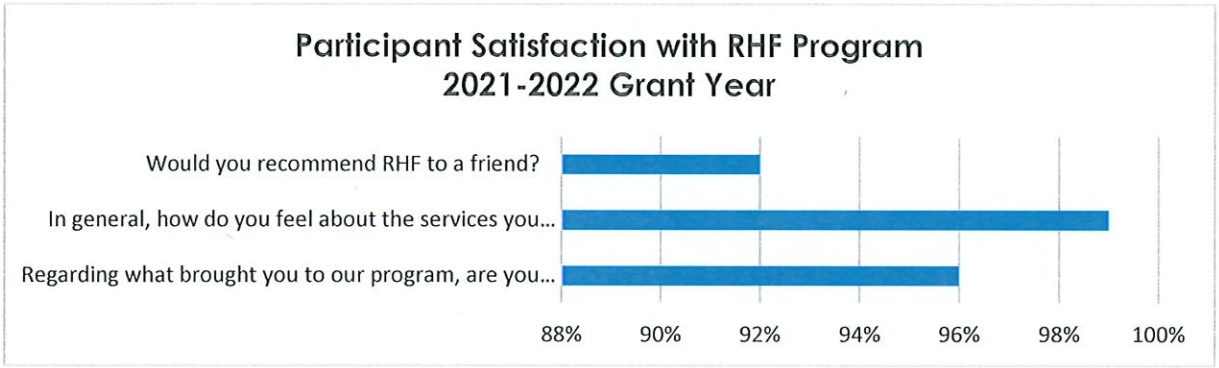
Retrospective Evaluation of Parenting Knowledge: Percentage of Participants showing Improvement in each Category 2021-2022 Grant Year

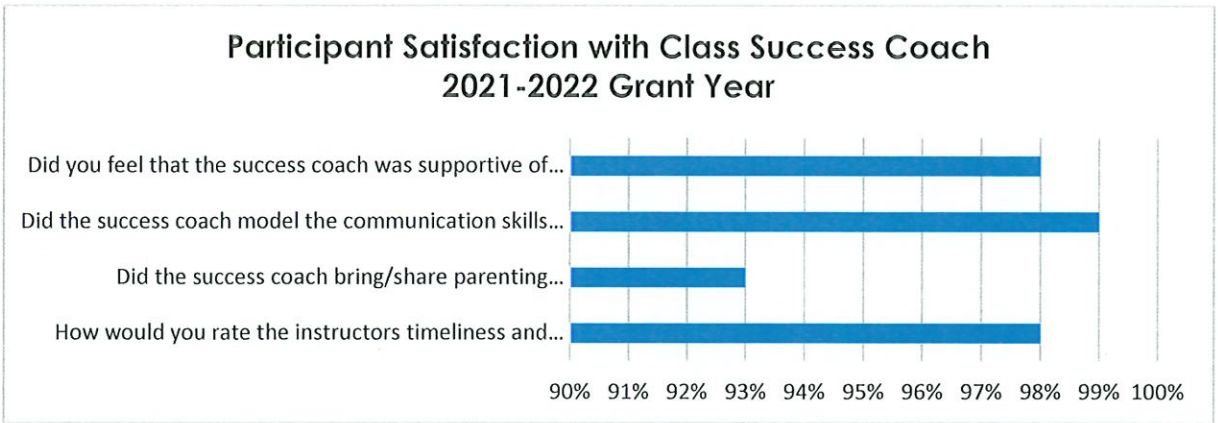


ICES was extremely close to its goal of 80% participants showing an increase in knowledge especially in two categories:

- *Taking care of and nurturing self as a parent, and ability to care for self when faced with challenges and stress. We attribute this to our focus this year on mental health first aid which includes empathy and mindfulness.*
- *We attribute the lower scores in other areas as parents self-evaluate their knowledge, and many do not have custody of their children. Without the opportunity to put their knowledge into practice, many do not feel confident in self-reporting as improved in parenting skills and abilities.*
- *Even though we did not reach 80% goal, reaching the 70% -80% range with a participant group that attended a drop in class, without regular attendance, was significant.*





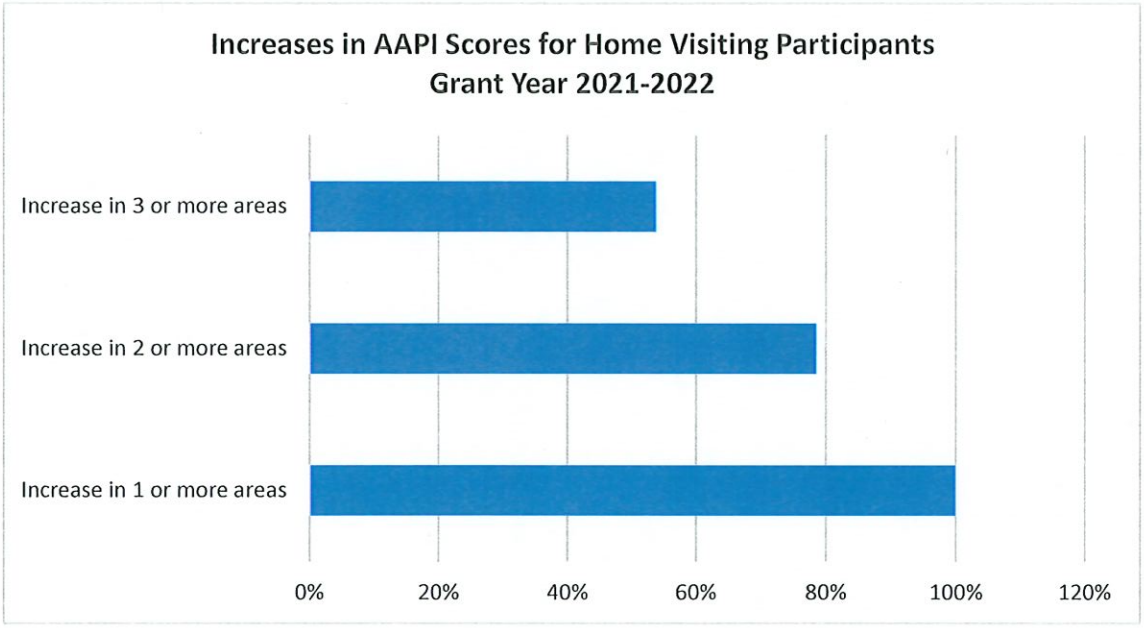


- Exceeded 80% of participants expressed satisfaction with Parenting Class Content

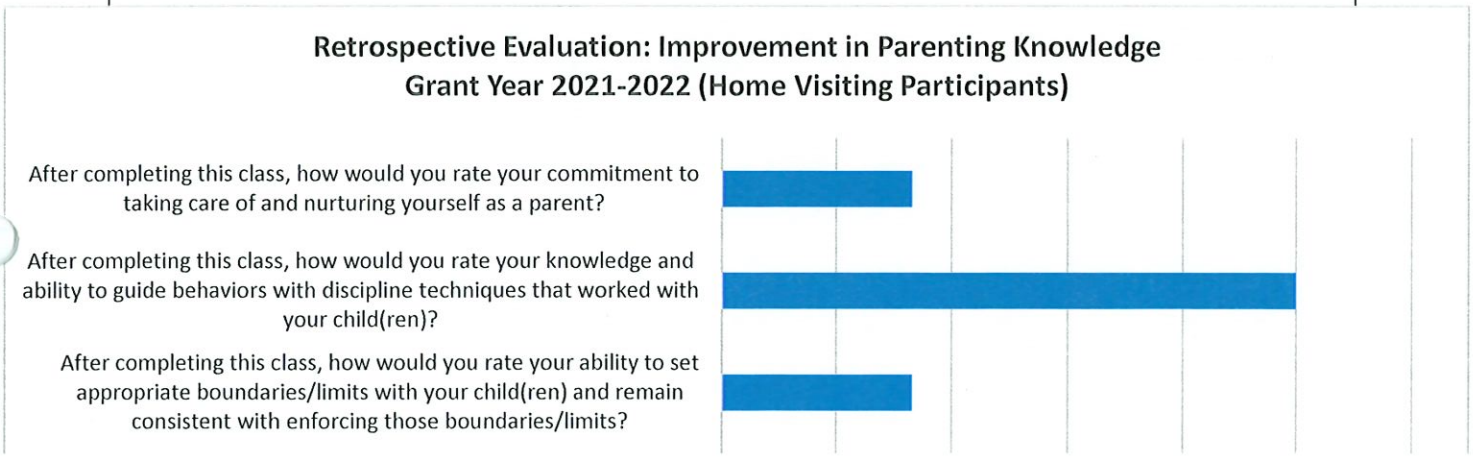
Calm the Crisis Home Visiting Program

- 12 individual parents and/or caregivers received home-visiting services including 5 carried over from FY 20/21.

- Out of 12 participants, 54% of participants who completed the AAPI showed improved scores in 3 parenting areas.
- While we did not reach the goal of 80%, 100% of the participants improved in one or more, and 79% improved in two or more areas
- The area improved the most for all one-on-one participants was AAPI Construct A: Child Development at 77% of home-visiting participants improved in this area.
- This was a success for the program as child-development was one of our specific areas of focus this year, which included guiding parents through developmental screenings (ASQ/ASQ-SE) as well as child development and milestone education.



- Out of the 12 participants, half were able to fill out a closing retrospective evaluation. This is due to some participants not being close to ending their services and not eligible to take the evaluation, and small percentage not returning the evaluation.
- 80% of participants to show improvement from parenting knowledge when starting in-home services on retrospective evaluation in at least three (3) areas.
- 100% of participants felt they improved in knowledge and ability with discipline techniques and guiding behaviors after their home-visiting coaching meetings.
- The agency is pleased with the results as they are confirmed by our Family Success coach personal observations of one-on-one participants and their interactions with their children, which tends to be more accurate then self-evaluation.



Networking Outreach/Information Sharing

- Presented to and/or attended 8 community events and reached approximately 390 people
- Continued involvement in various regular community meetings
- Sent flyers and information sheets via email campaign to numerous local agencies and organizations every quarter for Weekly Parenting Classes and Calm the Crisis Home Visiting Program. No events were held this quarter due to COVID-19.
- Sent June LGBTQ Workshop flyers and information sheets via email campaign to numerous local agencies and organizations in Quarter 4.
- 114 new inquiries from outreach events were received during FY 21/22, which increased from 60 inquiries in FY 20/21.
- ICES estimates there were more inquiries through our front desk and website that were not documented or untrack-able. ICES believes this increase was from monthly email campaigns for the Weekly Parenting classes and Workshops and the Outreach events the RHF Staff was able to attend this year.
- RHF was invited to present at the YES Partnership meeting and the program reported a positive community response to the program activities as well as our work with ACES, Empathy and Mindfulness with the whole family.

Agency Collaboration

- ICES met with and/or had correspondence with TCBH staff at least 3 times during FY 21-22
- ICES met with other PEI contractors through the newly developed Quarterly PEI Contractors' Forum to collaborate, gain and share information and resources to better understand the needs of the community
- ICES met with numerous other Tuolumne County agencies to discuss the vitality of families
- ICES attended a MHSA Community Stakeholders Meeting

Implementation Challenges and Lessons Learned

The obvious challenge or concern met this year through the Nurturing Parenting Program was the COVID-19 pandemic and how it impacted their programs, primarily in the first three quarters, and how it affected the community. The program reported that there weren't any networking/outreach events held in Quarter 1 due to the pandemic. At the beginning of the fiscal year, the program reported an increased the frequency of meetings, classes and weekly one-on-one in-home visits supports via the online platform of Zoom. The agency later faced the loss of two staff members who left the agency about halfway through the fiscal year, followed by outbreaks in the office during Quarter 3.

The program reports:

- Quarter 1: The only issue has been how to navigate rising local COVID case numbers and home visiting. For those who are higher risk of mental health issues, we have

continue to see in person, others we have gone to Zoom until we see local COVID case numbers drop significantly.

- Quarter 2: COVID remains a barrier in providing in-person classes, and workshops. This quarter we had a particular challenge with staffing as we lost 2 seasoned staff. While we replaced them by December, we had to focus on providing essential Weekly Parenting classes and in-home support and had to put our on-line monthly workshops aside. Our goal is to video some of our classes and create a library of workshops to post online once our new staff is trained.
- Quarter 2: RHF program still on track to meet goals; We have growing weekly class attendance and increased participation in pre/post quizzes and evaluations. (4) Clients received 52-week parenting class certificate this quarter. Rising COVID numbers during this quarter did cause us to go to more Zoom meetings with our one-on-one Home visiting supports for weekly meetings, but we still were able to meet with the clients at least once a month in person.
- Quarter 3: RHF Program has met participant goals for Weekly Parenting Classes and Home-Visiting Program. At the end of the fourth quarter, we will be compiling data, Pre/post Quizzes, and evaluations and participant assessments to consider the participant increase of knowledge and satisfaction with program. Preliminary and individual class data shows that these goals are on track. We continue to have robust attendance with Weekly Parenting Classes, and had a strong community response to the Trauma and Resilience class series. Due to the large response, we made an electronic option for the intake/registration for Weekly Parenting Classes on our Website. RHF was invited to present at the YES partnership and we had a positive community response to the program activities as well as our work with ACES, Empathy and Mindfulness with the whole family.
- Quarter 4: A goal of 80% participant improvement in at least (3) areas in AAPI scores and Self-evaluations for pre/posts for weekly classes was not met, although we came very close. This is due to a few factors: the drop-in nature of our classes does not always ensure a closing or post quiz/evaluation or Post AAPI Assessment, so instead of receiving data from all 85 class participants, we only received the post assessments back from an average of 40% of participants after each class session, or after the 6-month time period between pre and post AAPI Assessments. The self-evaluation nature of the pre/post also does not account for the fact that most parents taking our classes do not have custody of their children and do not feel comfortable evaluating skills and knowledge without practical application. You can see that there are higher scores when they are evaluating their personal reaction to stress and self-care versus discipline and knowledge of managing children's emotions. However, the qualitative data (Participant comments) show the knowledge they gleaned from the classes and we believe they are picking up new parenting knowledge and skills in helping their children manage emotions and behavior in appropriate ways.

Examples of Success/Impact

ICES exceeded goal for 80% of participants to express satisfaction with class content. Participants expressed satisfaction with the contents of class, the instructors and the program as a whole. Some comments from the evaluations are as follows:

- *I truly feel these classes should ALL be mandatory in freshman year life skills for so many reasons even if just to be able to look back on the things they learned when they become parents*
- *They always have great pertinent information to teach us that I can apply in my family at home.*
- *It is free and on Zoom, that makes it affordable and flexible.*
- *The remote access is very convenient and the PADLET is also great for reference **(The PADLET is an online bulletin board where RHF Program keeps class resources and handouts)*
- *Their (instructor's) knowledge and understanding but their empathy and sympathy always impresses me*
- *I value that I'm coming away from these classes a better mom and me. My kids deserve the best*
- *I value most learning about talking to my kids about their emotions*
- *I value the ability to ask questions and get help when needed*
- *I value the kindness of the staff. It is apparent they are passionate about what they do and that they themselves practice the tools they teach.*
- *Keep up the great work everyone!!!*
- *Top notch in my book*
- *Thank you for providing captioning. It does help fill in understanding for hearing-impaired people, even though it is not perfect.*
- *This is a great program thank you for making a morning class to accommodate peoples work schedules it is awesome!*

Calm the Crisis Home Visiting Program Participants' Comments:
What Information participants found most useful and improvements they have noticed:

- *I have a more patience and have an idea on how to communicate on their level*
- *Coping skills and learning reasons behind certain behavior*
- *Helping my child with trauma*
- *How to deal with stress*

What participants valued the following about their one-on-one experience with the RHF Program:

- *The amount of resources I didn't know about as well as having the extra support*
- *How relaxed it [RHF Program] is and works around you and your needs*
- *The knowledge and understanding of how to handle trauma and organizing my home to better suit the needs of my child*

Below is a sample of comments from ICES participants on knowledge/skill improvement after taking parenting education classes:

- *My patience has increased, my expectations aren't as high, and my ability to care for my needs as well has increased.*
- *Spending more quality time together as listening more to one another's needs.*
- *I take care of my needs and self-more which helps me to show empathy towards them.*
- *I learned the specific importance of routine, boundaries and play time, why discipline is so important for children and having appropriate expectations help build a child's mind.*
- *My patience has improved because these classes are teaching me great ways to handle difficult situations*
- *I have a new set of tools to deal with the child's temper tantrums*
- *I learned how to word things in a better way to my kids when they are upset or having tantrums to where I can connect and then redirect*
- *Having choices and consequences and sticking to them and noticing the progress in his behavior.*
- *Breathing techniques and the anger management has helped the kids a lot although we still need to keep at it.*
- *We had our first week with his daughter and used many skills we were taught in this class.*
- *Breathing skills along with being able to help my kids with their own self-regulation*

PEI Project Number 2

Program Name: PEI Project #2 – Supporting Early Education and Development (SEED)

Type of Program: ☐Prevention ☒Early Intervention 100% ☐Outreach ☒Access & Linkage ☐Stigma & Discrimination Reduction ☐Suicide Prevention

State Priority: ☒Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention ☐Mood Disorder & Suicide Prevention Programming ☐Youth 15-24 ☐Older Adults MH Needs ☐Culturally Competent & Linguistically Appropriate PEI

Priority Population: ☒Children/youth in stressed families ☒Children/youth at risk of school failure ☐Children/youth at risk of juvenile justice involvement ☐Trauma-exposed individuals ☐Individuals experiencing onset of serious psychiatric illness ☐Underserved cultural populations

Program Description: In a contract with The Tuolumne County Superintendent of School's (TCSOS) First 5 Program, the Supporting Early Education and Development (SEED) program instructs and coaches teaching staff on strategies to support the healthy social and emotional development of pre-school children, ages 0 through 5, and creating a positive and supportive classroom environment. This Early Intervention program utilizes an Early Childhood Education

(ECE) specialist to provide on-site training, consultation and materials to preschools in the community.

These visits include observations of the social emotional climate in the classrooms, modeling behavior management strategies and supporting teachers in dealing with challenging behaviors. Children and families may receive targeted consultation, expanded special education services, and/or evaluation for an Individualized Education Plan (IEP). This project allows children and their families to receive early intervention support and services.

Goals: Children aged 0-5 will be supported in healthy social-emotional development

Objectives: 1) Early Childhood Educators (ECE) will be effectively trained and supported in implementing CSEFEL/CLASS recommended practices in their classrooms on a consistent basis; 2) ECE will gain skills to effectively communicate with parents in regard to children's challenging behaviors; 3) Children will be identified who have need for individual consultation and if parent permission given, consultation provided.

Key Activities:

- Training and coaching to preschool teachers and family childcare providers on promoting early social-emotional competencies
- Train teachers to learn to recognize social-emotional delays and how to discuss shared approaches with parents
- Provide targeted consultation to teachers on children who need to improve social skills

Outcome Measures:

- Year-end survey for teachers
- Observation checklists
- Pre- and Post-Social Skills Assessments
- Tracking of children's stability in current classroom

Data Collection: Quarterly

FISCAL YEAR 2021-2022 PROGRAM REFLECTION
Successes:
The program reported: The program used the SEED Coaching Companion program to provide online and face-to-face professional development. The coach is able to develop customized lessons in Coaching Companion to focus on each teacher's specific goals. Most of the goals focused on CLASS, ECERS and CSEFEL strategies. At the Head Start sites, the teachers' coaching was focused on their goals based on CLASS and ERS outcomes. Data:

- 45 early childhood educators at 13 school sites received SEED consultation utilizing Pyramid Model for Supporting Emotional Competence in Infants and Young Children; all of the lead teachers reported that they had learned and successfully implemented at least 3 new strategies and all stated that they intended to continue using the CSEFEL practices
- Staff hosted a Quality Improvement Plan meeting at Columbia College and provided 30 staff books on self-improvement
- 112 children received development screenings
- At least one staff member with decision making authority attended 34 Contractor Joint Services Planning meetings in FY 21/22 including the following meetings: First Five, Teaching Pyramid CoP, ATCAA, Local Planning Council, Public Forum Planning
- Quality Counts, Coaching Companion Co., P3 Webinars, TP Coach, Columbia College Apprenticeship, Public Child Care Forum, ECE Conference, UPK Webinars.
- 4 children received after completed screenings

Consultation

- No children receive targeted consultation. No children were removed from their program that the coach is aware of.

The program reported:

- 100% of the ECE professionals who received Teaching Pyramid module training or coaching report that they are implementing more Positive Descriptive Acknowledgments, using Reframing for behavior, and use visuals in their indirect and direct teaching.
- 100% of the ECE professionals that participated in the classroom consultation report that they plan to continue using these practices and skills in future years and all have answered positively.
- Although questionnaires were sent out to 110% of ECE professionals who participated in the classroom consultation, not all were completed and returned. For those who received consistent coaching, environment was discussed and many improvements were made. Many participants received "wish list" items, improving their environments and providing more options to children. One provider attended an ECERS training and this has impacted her environment greatly. Many TP visuals were prepared and provided. They are now being used frequently and at child level. More age-appropriate furniture has been provided. With more Positive Descriptive Acknowledgments being used, the environments are filled with more positive language.

Implementation Challenges and Lessons Learned

The obvious challenge or concern met this year through the Supporting Early Education and Development was the COVID-19 pandemic and how it impacted their programs throughout FY 21/22 and how it affected the community.

The program reported:

- Quarter 1: Although coaching slowed during the summer, there was a Family Child Care Home (FCCH) provider who took advantage of it and began making changes in her program to align more with the Teaching Pyramid (TP). Coach is part of the Local Child Care Planning Council and facilitated a community celebration video recognizing those who work with children in our community. A lot of planning and tracking was completed to support staff Quality Counts guidelines and participation. Updates on forms and developing better tracking systems took place. Programs were offered services and opportunities for professional development. The Kids In Common Tuolumne preparation included sending out survey's to all ECE, TK and kinder teachers. A padlet with resources and information was put together to support all staff and families. In partnership with ATCAA, we were able to offer Official Teaching Pyramid training to all programs. An authorized trainer is presenting and I am beginning to coach all staff at our two structured classrooms, and four family childcare providers. Coach attended Teaching Pyramid CoP meetings to stay current on how other coaches are meeting the needs of their counties. Coach has attended 2 Hubbe (used to be iPinwheel) trainings to continue becoming more familiar with the system. Some Quality Improvement Plans have been entered. Collaborations between Infant/Child Enrichment Services is ongoing. This coach position is based on making in-person visits and scheduling in-person coach sessions, and doing in-person observations of staff. With only some programs following a mask protocol, and staff has not been able to visit nearly as many sites. Written or recorded observations are more difficult to get, and all meetings have been virtual. Tuolumne County Superintendent of Schools (TCSOS) has allowed the Director to work 100% from home so the Director was very busy trying to move the entire office and supplies home.
- Quarter 2: Official Teaching Pyramid training and coaching is in full swing. Participants include 3 FCCH providers, 1 structured classroom staff (4) (classrooms combined), and 2 Administrative staff, Outdoor observations are ongoing with programs who don't mask, in-person continues with programs masking. Zoom coach meetings and observations are alternatives when weather is poor, or is most convenient. Many people have had to quarantine and close their programs temporarily causing scheduling difficulties. Opportunities for professional development continue to be shared and offered. The coach Padlet is growing with information to support staff and parents. Connections with ICES and ATCAA continue to be regular. With the support of staff and Sarah Garcia (First 5), the Tuolumne County Library, Sonora branch, is progressing towards making ASQ-3 and ASQ-SE2 available to the public (Spanish versions will be added). Kids in Common Tuolumne is continuing and connecting ECE to each other and the TK/K population. There were 18 in attendance at the December Kids in Common Tuolumne. Quality Counts participants are supported with uploading their professional development into the Hubbe system.
- Quarter 3: Staff continued our TP trainings with 4 sites. Others received bits and pieces from the TP framework through our coaching together. Programs worked toward their quality improvement plan goals and were informed of professional development opportunities. Ages and Stages Questionnaires are now available to the public through the Tuolumne County Library, Sonora branch. Staff know of 6 people so far who've completed them since getting them from the library. Staff reminded

and offered child specific observations at sites who followed a mask policy, although none were referred. Behavioral concerns were addressed by teaching and coaching staff TP skills, strategies and the use of visuals. The Kids in Common Tuolumne meeting was held in March and 29 attendees including presenters, multi-agency leads, Family Child Care providers, center staff and TK/K teachers. Through coaching, staff has taken opportunities to talk about DRDP's, ERS, CLASS, and ASQ's and connect them to the TP framework. Mother Lode Christian Preschool has decided to add ASQ-SE2 into registration requirements. One FCC provider attended a formal ERS training and is excited to expand her program and create a high-quality environment. Another FCC provider who has decided to create more structure in her daily work with children, and another who plans to add a cozy area and use more visuals to support children. All programs have increased their use of positive descriptive acknowledgment and visuals. Kindergarten readiness was provided, and various parent resources to each program. I offered Coaching Companion online, although none chose to do it. Another success happened when a child was being considered for removal from the program, although with staff coaching and parent support, this child is having many successful days. As an alternate member on the Local Child Care Planning Council, staff joined the planning committee for holding a Public Forum on childcare in our community. Staff continues to work tracking sites and individuals Quality Counts progress and data collection.

- Quarter 4: Teaching Pyramid training finished up, although coach observations and meetings continued. Coaching participants focused on how they will continue practicing new skills, and what new goals they have for the new school year. Questionnaires went out for participants to share their experience and what they learned through coaching. Coach attended the ECE conference and Children's Fair hosted by our local Resource and Referral agency. Coach attended story times at the Sonora branch and provided ASQ's and parent handouts on child development. Site materials were prepared and delivered and tech support was provided. Coach attended UPK, QC, First 5, Coaching Companion, and Teaching Pyramid meetings to stay current, plan, delegate, and learn what other counties are doing.

Examples of Success/Impact

None were reported.

PEI Project Number 3

Program Name: PEI Project Number 4 – School Based Resiliency Services

Type of Program: ☒Prevention 100% ☐Early Intervention ☐Outreach ☒Access & Linkage ☐Stigma & Discrimination Reduction ☐Suicide Prevention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness

State Priority: ☒Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention ☐Mood Disorder & Suicide Prevention Programming ☒Youth 15-24 ☐Older Adults MH Needs ☐Culturally Competent & Linguistically Appropriate PEI

For FY 21-22, Tuolumne County Behavioral Health did not have a contractor for this PEI category.

PEI Project Number 4

Program Name: PEI Project Number 5 – Suicide Prevention and Stigma Reduction

Type of Program: ☐Prevention ☐Early Intervention ☐Outreach ☒Access & Linkage ☒Stigma & Discrimination Reduction 50% ☒Suicide Prevention 50% ☒ Outreach for Increasing Recognition of Early Signs of Mental Illness

State Priority: ☒Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention ☒Mood Disorder & Suicide Prevention Programming ☒Youth 15-24 ☐Older Adults MH Needs ☐Culturally Competent & Linguistically Appropriate PEI

Priority Population: ☒Children/youth in stressed families ☐Children/youth at risk of school failure ☒Children/youth at risk of juvenile justice involvement ☒Trauma-exposed individuals ☒Individuals experiencing onset of serious psychiatric illness ☒Underserved cultural populations

Program Description: The Amador Tuolumne Community Action Agency (ATCAA) provides the Suicide Prevention services for TCBH. The goal of the program is to provide a variety of community-wide trainings, education and information to open dialogue and raise awareness about risk factors, protective factors and warning signs of suicide. Through trainings, meetings and community involvement, ATCAA continues to work toward ensuring that Tuolumne County is a suicide safer community.

Goals: Tuolumne County residents will be more suicide-alert and aware and able to take appropriate measures when needed. There will be less stigma associated with experiencing mental health issues and talking about mental health issues.

Objectives: Community members will feel confident and prepared to: 1) help a person at risk of suicide; 2) talk directly and openly to a person about thoughts of suicide; 3) help a person at recent risk of suicide develop and achieve recovery and growth goals; 4) recognize the signs that someone may be dealing with a mental health problem or crisis

Key Activities:

- Provide suicide prevention trainings: Applied Suicide Intervention Skills Training (ASIST II); suicide to Hope (s2H); Suicide Alertness For Everyone-Tell, Ask, Listen, Keep-Safe (safeTALK)
- Provide Mental Health First Aid (MHFA) trainings
- Provide Youth Mental Health First Aid (YMHFA) trainings
- Facilitate Boys Council and Girls Circle groups at local elementary or high schools
- Provide leadership and administrative support for the Suicide Prevention Committee
- Distribute suicide prevention materials at community events

Outcome Measures:

- Feedback forms and evaluations completed by participants at end of workshops and groups
- # and type of trainings offered
- # of participants attending trainings
- # of Boys Council and Girls Circles offered
- # of community members outreached to

Data Collection: Quarterly

FISCAL YEAR 2021-2022 PROGRAM REFLECTION
Successes:
The program reported: • Two 2-day ASIST II (Applied Suicide Intervention Skills Training) Workshops offered; 19 people completed the two-day training; 100% of participants indicated that they feel prepared to help a person at-risk of suicide. • 100% of the ASIST workshop participants agreed or strongly agreed they would do a suicide intervention if someone told them they were having thoughts of suicide. • 100% of the ASIST workshop participants agreed or strongly agreed they feel prepared to help a person at risk of suicide. • 100% of the ASIST workshop participants agreed or strongly agreed they feel confident they could help a person at risk of suicide. • Three 3-hour safeTALK trainings offered; a total of 32 people were trained and 100% of participants felt prepared to talk directly and openly to a person about their thoughts of suicide. • Two of the safeTALK trainings were held at Chicken Ranch Casino and the third was held at Black Oak Casino • Three 8-hour Youth Mental Health First Aid (YMHFA) trainings was offered; 23 individuals were trained • 100% of the training participants agreed or strongly agreed they can recognize the signs that a young person may be dealing with a mental health challenge or crisis. • 100% of the training participants agreed or strongly agreed they will reach out to a young person who may be dealing with a mental health challenge. • 100% of the training participants agreed or strongly agreed they will assist a young person who may be dealing with a mental health problem or crisis seek professional help. • 100% of the training participants agreed or strongly agreed they will assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports. • One Introduction to Suicide Prevention Training was offered at Gold Rush Charter School; 19 students were trained

- 100% of the attendees at the Introduction to Suicide Prevention training understand the importance of suicide alertness and the four steps (Tell, Ask, Listen, Keep Safe) to help someone who has thoughts of suicide by referring them to a keep safe connection for assistance.

Leadership & Administrative Support for Suicide Prevention Committee

- Committee members were involved in planning and promoting the 4th Hope and Honor Walk on September 10, 2022.
- Quarter 1: The Suicide Prevention Committee met monthly to plan the third Hope and Honor Walk for suicide prevention and awareness on September 11. We provided leadership and administrative support in the planning and coordination of the Walk.
- Quarter 2: The Suicide Prevention Committee met in October to evaluate Suicide Prevention Month and the Hope and Honor Walk.
- Quarter 3: The Suicide Prevention Committee did not meet during the third quarter but did determine that the 4th Hope and Honor Walk will be held on September 10, 2022.
- Quarter 4: The Suicide Prevention Committee met in June to begin planning the 4th Hope and Honor Walk on September 10, 2022.

Suicide Prevention Committee report to monthly YES Partnership meetings

- Quarter 1: The YES Partnership does not meet in July. The Suicide Prevention Committee gave a report at the August 12 and September 9 meeting.
- Quarter 2: The Suicide Prevention Committee gave a report at the October 14, November 11, and December 9 meeting.
- Quarter 3 The Suicide Prevention Committee gave a report at the January 13, February 10, and March 10 meeting.
- Quarter 4: The Suicide Prevention Committee gave a report at the April 14, May 12, and June 9 meeting.

Distribution of Suicide Prevention Materials

- Quarter 1: Suicide prevention materials were distributed during the Hope and Honor Walk on September 10.
- Quarter 2: Suicide prevention materials were distributed during the RX Take Back Day on October 23.
- Quarter 3: The YES Partnership website, www.yespartnership.net, was updated to include current suicide prevention information.
- Quarter 4: Suicide prevention materials were distributed during the Blue Zones Community Discovery Fair on April 9, Sonora High School Parent Education Night on April 14, and the Summerville High School Parent Education Night on May 3.

Implementation Challenges and Lessons Learned:

The COVID-19 pandemic continued to create many challenges for the program between Quarter 1 and 3 due to social distancing regulations.

The program reported:

- No Boys Council or Girls Circles groups were held in FY 21-22.
- No Mental Health First Aid (MHFA) trainings were offered in FY 21-22.
- Quarter 4: Many COVID-19 restrictions were lifted during the fourth quarter, and we were able to engage with the community with more outreach events and training.

Examples of Success/Impact

The program reported:

- Quarter 1: During Suicide Prevention Month in September, we partnered with the Tuolumne County Superintendent of Schools Office to sponsor the first Suicide Prevention Poster Contest. The theme of the contest was, "Art with a Message." A fist, second, and third place award was given in the 7th-8th grade category and the 9th-12th grade category. The following is a link to the Tuolumne County Superintendent of Schools website with images of all the posters submitted for the contest and the winners in each category. Suicide Prevention Poster Contest | Tuolumne County Superintendent of Schools (tcsos.us)
- Quarter 2: In November, we partnered with Lantern of Light, a faith-based suicide prevention ministry affiliated with the Word of Life Fellowship in Mi-Wuk Village, to launch LivingWorks Faith. LivingWorks Faith is an online suicide prevention training designed for the faith community. A kick-off event was held on November 9th, via Zoom, with Glen Bloomstrom the developer of LivingWorks Faith.
- Quarter 3: During the month of March there were two opportunities to discuss youth mental health and suicide prevention at public forums. The first opportunity was on March 1st during a multi-agency report to the Tuolumne County Board of Supervisors on, "The Status of Tuolumne County Youth." The second opportunity was on March 24th during a panel discussion following a showing of the Angst documentary sponsored by the Tuolumne County Superintendent of Schools Office.
- Quarter 4: In April, we received a call from Chicken Ranch Casino asking if we would facilitate suicide prevention trainings for their staff. Two safeTALK trainings were held on May 16 & 17 for the managers at Chicken Ranch Casino.

PEI Project Number 5

Program Name: PEI Project Number 6 – Older Adult Wellness Program

Type of Program: ☒Prevention 100% ☐Early Intervention ☒Outreach ☒Access & Linkage ☐Stigma & Discrimination Reduction ☐Suicide Prevention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness

State Priority: ☐Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention ☐Mood Disorder & Suicide Prevention Programming ☐Youth 15-24 ☒Older Adults MH Needs ☐Culturally Competent & Linguistically Appropriate PEI

Priority Population: ☐Children/youth in stressed families ☐Children/youth at risk of school failure ☐Children/youth at risk of juvenile justice involvement ☐Trauma-exposed individuals

☐Individuals experiencing onset of serious psychiatric illness ☒Underserved cultural populations

Program Description:
TCBH has contracted with Catholic Charities to provide outreach and engagement services to Tuolumne County's older adult population. The purpose of the program is to engage individuals, aged 60 or older, that are isolated, lonely, unserved or underserved. Trained volunteers utilize engagement strategies such as in-home visits to provide socialization, counseling, resources and referrals.
Goals: Older adults (60+) will experience mental well-being, have outlets for socialization, access to resources and support, and be able to self-advocate.

Objectives: Previously isolated and lonely older adults will 1) show an improvement in how they are feeling after each visit from the volunteer and 2) show an improvement in any feelings of depression.

Key Activities:

- Partners/Volunteers will visit isolated older adults to provide socialization and engage clients in activities that bring enjoyment
- Partner/Volunteers will track client's mood upon arrival and departure and complete the Partner/Volunteer checklist
- Track clients' level of depression using the Geriatric Depression Scale (GDS)
- Track referral sources
- Volunteer recruitment and training
- Community outreach to promote services

Outcome Measures:

- Partner/Volunteer Checklist
- Geriatric Depression Scale (GDS)
- # of volunteers recruited
- # of outreach events and presentations
- # of distributed program material

Data Collection: Quarterly

FISCAL YEAR 2021-2022 PROGRAM REFLECTION
Successes:
The program reported: • 15 clients served; 106 number of sessions provided • 15 unduplicated participants were served • Of the clients who completed their sessions, 100% of the participants indicated a reduction in symptoms • 38 individuals participated in presentations in Quarter 4

- Of those individuals who participated, most describe the presentations as concise, informative, and relevant.

Educational Opportunities

- Quarter 1-3: Presentations have been canceled due to COVID-19 restrictions and community agencies are closed during this timeframe. Program staff continues working on creating virtual presentations that can be attended via video conferences, to seek groups and locations for virtual or in-person presentations.
- Quarter 4: Staff conducted two in-person presentations this quarter on Stigma Reduction on both held at Tuolumne County Public Health.

Limited Case Management and Referrals

- Quarter 1-4: Clients have been referred to various community services including, but not limited to: Supportive Services for Veteran Families, Mother Lode Job Training, Primary Care providers, Area 12 Agency on Aging, Sierra Senior Providers (Sonora Senior Center), National Alliance on Mental Illness (NAMI), Comfort Keepers, The Little House/Southside Community Connections, Tuolumne County Social Services, Sonora Senior Living, Forest View Senior Housing, Interfaith, Adventist Health, Tuolumne County Public Library, St. Patrick's Church, All Saints Catholic, Church of the 49'er, St. Matthew Lutheran, Columbia Presbyterian Church of the 49ers, St. Matthew Lutheran, Miwok Tribal Council, Tuolumne County Ombudsman, David Lambert Community Center, Chamber of Commerce, Tuolumne County Behavioral Health (TCBH), Tuolumne County Enrichment Center, Tuolumne Mi-Wuk Indian health center, Tuolumne City Senior Apartments, Miwok Family Resources Center, Miwok Doctor's office, St. Joseph Mission, Mother Lode Mobile Estate, Avalon Care Center, Lantern of light, Village on a Hill, and the TCBH Cultural Community Collaborative.
- Quarter 1: Program Clinician is also setting up an ad in the Senior Center Monthly Newsletter.
- Quarter 1-4: Program staff have been in ongoing contact with multiple local agencies, churches, and businesses distributing brochures, flyers and business cards throughout the county.

Implementation Challenges and Lessons Learned:

The COVID-19 pandemic continued to create many challenges for the program that primarily impacted the first three quarters of FY 21/22.

The program reported:

Open Support Group

- Quarter 1-4: The program was not able to acquire the participants needed to support groups, thus none were held this fiscal year.

Addition of Counseling Interns or Trainees

- Quarter 1-4: The program did not have interns in FY 21/22. Interns will be added to the program as the caseload increases and there is more demand for service.

Challenges

- Quarter 1: COVID-19 restrictions and the uncertainty it has caused is still posing a major challenge for this quarter. Program presentations and support groups are still not possible due to these restrictions. Outreach events have also been postponed. The program has been forced to rely on community referrals, distributing flyers and brochures via email and at local businesses. Older adults are frequently less comfortable with telehealth counseling options and some have chosen to wait to pursue counseling until they feel safe resuming face to face sessions.
- Quarter 2: Agencies contacted by the program are not able to provide program staff with client contact information. Thus the program staff is required to wait for the clients to call in, limiting the proactiveness of providing service.
- Quarter 3: We continue to have difficulties with clients not contacting us after receiving our contact information from community partners.
- Quarter 4: Individuals request services but do not follow through with the enrollment process. Many community agencies are still closed to allow in person outreach.

Accomplishments

- Quarter 1: Telehealth sessions are being offered. Program clinician has also provided limited face to face sessions with clients while following mask and social distancing protocols. Program clinician has continued to provide phone support to individuals who are struggling with the restrictions but do not wish to pursue regular counseling sessions at this time.
- Quarter 2: telehealth services continue to be provided to program participants.
- Quarter 3: Due to some of our community partners taking the initiative to personally connect us with their clients. We have 7 active cases in the program.
- Quarter 4: W now have individuals receiving Counseling Services in person, along with continued telehealth services. Community members are becoming more aware of the services we provide. We received calls regularly asking for more information. We have an established monthly presentation with Tuolumne County Public Health scheduled.

Examples of Success/Impact

None were reported.

PEI Project Number 6

Program Name: PEI Project Number 7 – Promotores de Salud

Type of Program: ☒Prevention 30% ☒Early Intervention 70% ☒Outreach ☐Access & Linkage ☐Stigma & Discrimination Reduction ☐Suicide Prevention ☐. Outreach for Increasing Recognition of Early Signs of Mental Illness

State Priority: ☒Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention ☐Mood Disorder & Suicide Prevention Programming ☐Youth 15-24 ☐Older Adults MH Needs ☒Culturally Competent & Linguistically Appropriate PEI

Priority Population: ☒Children/youth in stressed families ☒Children/youth at risk of school failure
☐Children/youth at risk of juvenile justice involvement ☒Trauma-exposed individuals
☐Individuals experiencing onset of serious psychiatric illness ☒Underserved cultural populations

Program Description:
Tuolumne County's largest non-white ethnic population is Latino/Hispanic which makes up 12.7% of the county population of 54,539 individuals per the US Census Bureau as of July 1, 2018. In calendar year 2017, 11.1% of the Medi-Cal enrollees in Tuolumne County, a total of 1,583 individuals, identified as Latino/Hispanic.

The Amador-Tuolumne Community Action Agency's (ATCAA) Promotores de Salud (Promoters of Health) program has been providing outreach to the Latino/Hispanic community in Tuolumne County since 2014. The program trains and mentors Spanish-speaking community members to be promoters of health and to outreach to Latino/Hispano community members about behavioral health. The program consists of two Promotores de Salud (Promoters of Health) who provide mental health education, outreach and support. The Promotores are from the Latino community themselves and have succeeded in building relationships and trust with their peers. They focus on breaking down barriers to accessing services, such as transportation, culture, language, stigma, and mistrust of behavioral health services.

Goals: Promote the mental health of the Latino and Spanish-speaking population living in Tuolumne County.

Objectives: 1) Increase the awareness of mental health services in Tuolumne County available for the Latino-American population; 2) Connect Spanish-speaking Hispanic/Latino community members with community-based prevention and early intervention and behavioral health services without fear of discrimination, stigmatization, or negative family outcomes; 3) Increase the number of Latino American community members of any age being served by the Promotores each year; and 4) Grow collaborative service provision between the Promotores and community service providers, with a focus on culturally competent service approaches, translation, and reduction of fear and discrimination.

Key Activities:
- Deliver presentations in various venues in the community to increase awareness of mental health issues and services relevant to the Latino-American population in the county
- Provide assistance to the Latino-American population in the county such as translation, support in accessing community services, and services related to immigration status
- Collaborate with community partners to assist their clients in accessing services or to provide culturally competent service provision

Outcome Measures:
- # of participants at presentations and groups

- # of contacts
- # of referrals
- # assisted with translation
- # assisted with health insurance
- # assisted with first visits
- Pre- and post-tests
- Evaluations of presentations
- Surveys

Data Collection: Quarterly

FISCAL YEAR 2021-2022 PROGRAM REFLECTION
Successes:
The program reported: • Total number of unduplicated individuals served: 58 • Staff participated in a total of 50 trainings during FY 21-22. • Staff attended more trainings this year than in previous years due to the number of trainings in Spanish that were offered through University of California, Davis and Families First. During FY 21-22, staff were more consistent in documenting this goal and felt that the trainings they participated in helped them be able to respond to crisis, understand the signs of suicide, offer helpful information and generally assist in their outreach efforts to community members. • Topics included, but were not limited to: managing stress, bullying, Mental Health Matters Day, emotional intelligence, emotional health, self-care, self-awareness, self-acceptance, Maslow hierarchy and sensory techniques to decrease anxiety, anxiety prevention, relaxation techniques, positive emotions and health, Youth Mental Health First Aid, positive relationships, 8-session trainings, online support group for parents with children with disabilities, infusion of culture and diversity into suicide prevention efforts, mental disorders, various psychoeducational sessions, self-acceptance, sexuality, sexual abuse and trauma, how to overcome post-traumatic stress disorder (PTSD), improving mental health and more. **Outreach Events** • Staff attended and provided an information/promotional table at 19 outreach events including but not limited to ATCAA Parking Lot Sale, Twain Harte Outdoor market, Hope and Honor Suicide Walk, Jamestown Outdoor Market, Junction Halloween Event, ATCAA Halloween Drive Thru event, twice at Tuolumne Memorial Park for Music in the Parks, St. Patrick's Catholic Church, ATCAA Imagination Stations event, • Staff gave two presentation to students at the Columbia College ESL class about the services offered by Promotores. • Quarter 1: The Promotoras continue to update their Facebook page monthly. This quarter they posted information about the ESL classes at Columbia College, the Hope and Honor Walk for suicide awareness, information about the English Learners

Advisory committee at Sonora High, suicide prevention month, and managing stress. They continue to meet with community members individually to help reduce the stigma about talking about mental health issues and met with 17 individuals (22 unduplicated). This quarter they assisted community members who have not been served in the past.

- Quarter 2: The Promotoras posted information on their Facebook page about the Take Back Day in Tuolumne County in Spanish so community members were aware of where they can return unused medications. They posted information about managing stress during the pandemic and "taking action" for self-care during the holidays. They continued meeting individually or visiting on the phone with community members and made 21 visits to 10 different people. The Promotoras are beginning to have community members who they are seeing on a regular basis to help give ideas about managing stress and depression. The hope is that through these regular visits, they can help overcome the stigma of accessing mental health treatment.
- Quarter 3: In January the Promotoras posted information on the Facebook page about self-care, depression, conscious breathing, and vaccine clinic times and locations. In February they posted information titled "Mental health is not a competition". In March, they posted information about transforming pain, and actions to take care of our mental health.
- Quarter 4: In April, staff posted Facebook information about warning signs for your mental health, Information about the Imagination Stations event where they put up an outreach table, a webinar in Spanish about suicide prevention for parents through the Tuolumne County Superintendents of Schools Office, transformation, and how anxiety hurts just as much as physical pain. In May, staff had two posts about anxiety. In June, staff posted about putting your mental health first and signs that you need to take care of your mental health. They both continue to work in home with community members to help them understand issues related to mental health.

Work with Community Partners, Outreach & Referral

- Quarter 1: The Promotoras had 21 unduplicated contacts. Of these contacts, 2 were referrals to a support group, 4 were transportation support to medical appointments or to group, and 6 were translation services to access services. The individual meetings were to give information to community members about the Promotoras services or to give information about managing stress and getting help for family members. Often, it takes many individual visits to help overcome the stigma of mental health concerns so that people can take the initial step to access the needed help.
- Quarter 2: The Promotoras had 14 unduplicated contacts for a total of 51 services provided. Of these services there were 21 visits or phone calls; 6 referrals to support groups, therapists or for spiritual support/counseling; 16 were translation services; and 8 were transportation services to groups or doctor appointments. The Latina support group was also co-facilitated through Promotoras by a community member who assists staff in facilitation; that community member assisted this group on 10/8 and 10/22, 11/9, and 12/3.
- Quarter 3: The Promotoras has 13 unduplicated contacts within the community with a total of 44 services provided. Of these services, 27 were individual or phone visits, 2

were referrals to mental health services, 6 were for transportation to access services, and 9 were translation. The group continues to provide support for our Spanish speaking Latina community through the collaboration with a staff member at Center for Non Violent Community (CNVC).

- Quarter 4: The Promotoras had 10 unduplicated contacts with the community for a total of 44 services provided. Of the services provided to these contacts, 25 were individual in-home or phone contacts, 6 translations to connect to services, 12 rides to access services, and 1 referral to the Latina support group at CNVC.
- At least 75% of warm handoffs, referrals, or other direct Promotoras assistance to result in families accessing services in Tuolumne County.
- Of the referrals to behavioral health services or other mental health providers, the Promotoras followed up with the clients to ensure connection to the service. For referrals to private therapist, due to the limits of confidentiality, it is unknown whether the client accessed those services.

The program reported:

- Quarter 1: Staff attended three of TCBH's Community Cultural Collaborative on 7/8, 8/23 and 9/23, met with Valley Mountain Regional Center (VMRC) to plan upcoming trainings, attended the first English Learners Advisory Committee at Sonora High on 8/23, VMRC to plan an English version of the UC Davis trainings that they provide in Spanish. Staff also attended TCBH's Quality Improvement Council on 9/20.
- Quarter 2: In October, the coordinator attended the Behavioral Health Quality Improvement Council on 10/18. On October 12th, along with the Promotoras, the coordinator met with Kristi Conforti to discuss the Blue Zone Project and how Promotoras can assist with outreach to the community for this project. In November, the coordinator attended the Behavioral Health Advisory Board on the 3rd and again attended the Behavioral Health Quality Improvement Council on the 15th. In December, the coordinator attended a community meeting to discuss the Unite Us program at the invitation of Sarah Garcia of First Five. This will be a referral system for community partners to streamline referrals and access to services for community members.
- Quarter 3: In January, Tuolumne County Public Health (TCPH) reached out to the Promotoras to assist with connection to the Latinx community to increase access to information about vaccines. The coordinator met with Pablo Lopez to introduce him to the Promotoras and discuss partnering with outreach. In February, the coordinator met with Cathy Ruiz from Blue Zones and Head Start staff on 2/3 to discuss new outreach to high-risk families and to learn about the new services.
- Quarter 4: In quarter 4, the Promotoras partnered with TCPH to provide COVID tests to clients working with Promotoras de Salud. They also connected with WIC to provide information about the program.
- Cumulative Total: 21

Implementation Challenges and Lessons Learned

The obvious challenge or concern met this year through the Promotores de Salud program was the COVID-19 pandemic and how it impacted their programs throughout FY 21/22 and how it affected the community.

The program reported:

- 58 Latinx-American community members of any age throughout Tuolumne County were served by the Promotores
- The total number of unduplicated community members served was 58. Although this number does not meet the expected goal, many of these community members were served many times through the Promotoras program and receive regular individual assistance from the Promotoras. This number does not include the contacts and outreach made through community outreach tables, which do not just reach the Latinx community, but rather educated the entire community about the mental health services in the community and the services provided by the Promotores de Salud program.
- Due to the COVID 19 pandemic, the Promotoras did not give more traditional trainings to the community. They provided outreach through information tables in the community and through individual meeting and conversations with the Latinx community. It is difficult to obtain this data through this method of outreach. The Promotoras have found that the community is very private about sharing any written information and are even reluctant to sign the outreach contact forms when they give out information at their tables.

Challenges

- Quarter 1: The increase in the Delta variant of Covid was a challenge for outreach, but the Promotoras were able to put up some information tables within the community using masks and distancing. We were able to reach out to Sonora High School to help them set up their English Language Advisory Committee. Unfortunately, there weren't any parents in attendance at the first meeting, but the school could not give us the names of parents to contact, so it limited our ability to efficiently do outreach. We will continue to work with the Assistant Principal to support this advisory committee, and possibly help the school so a student and parent survey about their experiences at the school and set up an off-site place to hold the meeting.
- Quarter 2: The Promotoras are significantly increasing the number of trainings they are attending and are expanding their knowledge and training in suicide awareness and prevention. Paula has connected some community members to another support group for parents with children with disabilities and has received training in facilitation support. They were able to do more outreach into the community, but still feel the effects of the pandemic and the cancelation of the larger events to do outreach.
- Quarter 3: The Promotoras had more opportunity to provide in person outreach due to a lessening of Covid restrictions. They continue to provide individual contacts and trainings, and increased their community outreach opportunities. Since the larger events that provide outreach opportunities continue to be shut down, the program

has yet toreturn to pre pandemic levels on community outreach. They have maintained a strong level of one-on-one outreach and communications within the Latinx community.

- Quarter 4: The Promotoras had more success with doing outreach at Farmer's Markets and maintained their level of one-to-one contacts. One of the successes was the consistent interactions and connection by one of the Promotoras that represents how this program can reduce stigma in a culturally appropriate way. One Promotora shared how over the year she worked with a community member who was concerned about talking with her due to confidentiality and fear that others would get information about her life. The Promotora met with her regularly over the year and was able to build the needed trust with the client for her to begin to reach out for the help they needed. After a year of connection and in home visits, the client asked for help, and since she did not have any health insurance, it was difficult to find any a local therapist for her to see. The Promotora was able to connect her with bilingual help lines that have been successful for the client and have been meeting her mental health needs. This is an excellent example of how this program uses the connection with a Promotora who represents the client's culture and lives in their community to support the mental health needs of the community. The Promotoras also connected with TCPH to provide free COVID tests on their visits which helped build a bridge to talk about their mental and physical health.

Other Issues and Concerns

- Quarter 1: The continued challenge is with the delta variant of COVID and difficulty finding places to safely do outreach. We also continue to be challenged by a lack of Spanish speaking providers in the county, especially those who would do sliding scale due to lack of insurance to cover mental health treatment. We have found ways to overcome these challenges by referring to the Center for a Nonviolent Community and their Latina support group. The Promotores grant also provides a bilingual staff member, Patty Aguire, to help facilitate this group. During the pandemic, the group was held via zoom, but has returned to in person meetings.
- Quarter 2: We have been finding that people are reluctant to sign our outreach signature form at the tables we set up in the community when we give them information about the program. It has also been challenging to find places to set up information tables since our big community events to give out information have been cancelled. The increase in the Omicron variant has negatively impacted our outreach efforts due to illness and a reluctance of people to approach the tables.
- Quarter 3: The most challenging issue for this quarter was the resignation of the Promotora coordinator and the transfer to a new staff member to provide services oversight. The Promotoras continue to work with the previous coordinator to meet and build connection with the new coordinator, Maria Garcia. The transition did not seem to interrupt the quality of service to the community and the Promotoras maintained the connections they had established in the community over the years. The previous coordinator will continue to serve as a mentor to the new coordinator on a volunteer basis to ensure a smooth transfer of leadership.

- Quarter 4: The transition to a new coordinator of the program was a challenge this quarter but it is now going more smoothly. The former coordinator met with and communicated with the new coordinator to help her understand how to best supervise the Promotoras.

Examples of Success/Impact

None were submitted.

PEI Project Number 7

Program Name: PEI Project Number 8 – Native American Outreach and Engagement

Type of Program: ☒Prevention 80% ☒Early Intervention 20% ☒Outreach ☒Access & Linkage ☐Stigma & Discrimination Reduction ☐Suicide Prevention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness

State Priority: ☐Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention ☐Mood Disorder & Suicide Prevention Programming ☐Youth 15-24 ☐Older Adults MH Needs ☒Culturally Competent & Linguistically Appropriate PEI

Priority Population: ☐Children/youth in stressed families ☐Children/youth at risk of school failure ☐Children/youth at risk of juvenile justice involvement ☐Trauma-exposed individuals ☐Individuals experiencing onset of serious psychiatric illness ☒Underserved cultural populations

Program Description:

Tuolumne County's second largest non-white ethnic population is Native American which makes up 2.3% of the county population of 54,539 individuals per the US Census Bureau as of July 1, 2018. In calendar year 2017, 1.1% of the Medi-Cal enrollees in Tuolumne County, a total of 160 individuals, identified as Native American.

The Tuolumne Me-Wuk Indian Health Center (TMWIHC) provides prevention and early intervention services for anyone in need, but specifically targeted to the Native American population including youth and families. By offering programs designed to engage participants in health and wellness activities, with a focus on connection to Native American culture, the program encourages activities such as sweat lodges, traditional beading, and talking circles. Participants benefit from specific services and supports that honor the culture, beliefs and spirituality of Native American traditions.

Goals: The Native American population, as well as the general population, in Tuolumne County will experience health and wellness and will feel supported by the healing practices of the Native American culture

Objectives: 1) An increased number of Native American individuals, as well as individuals in the community at large, will learn the healing practices of the Native American culture to increase health and wellness; 2) an increased number of Native Americans will have support while incarcerated and while making the transition out of jail/prison; 3) an increased number of Native American children and families will have support while participating in SST's and IEP's; 4) an increased number of Native American Youth 11-18 years of age will have support for substance use issues.

Key Activities:

- Plan and implement sweat lodge ceremonies
- Provide support and recovery activities for Natives Americans incarcerated in county jail and prison systems
- Provide healing programs and activities for Native American community and clients
- Support Native American families in Student Study Team (SST) meetings or Individualized Educational Plan (IEP) processes for Native American children and youth
- Provide substance abuse services for Native American youth

Outcome Measures:

- # of sweat lodge ceremonies offered to community
- # of Native American participants at sweat lodge ceremonies
- # of Native American inmates served
- # of healing programs and activities offered to the community
- # of participants at programs and activities
- # of SST and IEP meetings attended

Data Collection: Quarterly

FISCAL YEAR 2021-2022 PROGRAM REFLECTION
Successes:
• 6 sweat lodge ceremonies were held • 103 people participated in sweat lodge ceremonies • 27 individuals who were referred to TMWIHC or other community behavioral health/SUD services each quarter **Healthy Activities and Programs for Community to Connect with Native American Culture** • 48 2-hour traditional drumming and/or cultural crafts activity were offered • 85 participants attended the 2-hour cultural activities • 30 90-minute White Bison 12-step study meetings weekly • 177 participants attended the 90-minute White Bison 12-step study meetings **Promote Awareness of Serious Mental Illness and Traditional Healing in the Community** • Far exceeded original agency year-end goal with participating in 11 community events by bringing in traditional healers and other professionals, with 416 total participants • Community events included, but were not limited to: Cultural greeting at Tuolumne Construction Pre-Apprentice Training Graduation, Community Kote, four Plant Talk presentations including one held at Pinecrest Lake Resort, Mewuk Language Symposium, Cultural presentation at Columbia Elementary, Blue Ribbon Ceremony: Honoring relatives, Preparing for Ceremony, Vape Danger and tobacco youth presentation, and Pinecrest Native language and culture presentation.

- Many participants went up to presenters following the events expressing their appreciation for the activities. We are developing a positive local reputation for our cultural events and are beginning to get invitations to present.

Outreach Strategies for Children (0-11) and Youth (12-19)

- The agency's youth prevention person assisted the Tuolumne Me-Wuk's tribe's cultural department and actively take part in prevention activities for a total of 50 weeks in FY 21/22.
- 148 total number of unduplicated children and/or youth participants.
- Exceeded original agency year-end goal with more than the projected 100 K-12th graders participated in the weekly prevention cultural prevention activities.
- Many children brought their siblings to groups after they attended one themselves. Community members and family of local children express their gratitude for the programming.

Implementation Challenges and Lessons Learned

The obvious challenge or concern met this year through the Tuolumne Me Wuk Indian Health Center's program was the COVID-19 pandemic and how it impacted their programs, primarily in the first three quarters, and how it affected the community.

The program reported:

- Quarter 1: Challenges this quarter included staffing limitations due to personal reasons. We continued to provide services; however, our numbers will reflect a temporary decrease in availability. We have been working to strengthen relationships within the tribal community this quarter and are now offering more groups and presentations on the reservation.
- Quarter 2: Engagement in the beginning of the quarter (particularly Oct) was much higher than towards the end of the quarter. This is not uncommon considering the holiday season. Many individuals drop out of treatment or are less likely to engage at this time. However, we anticipate numbers to increase again with the new year. This is a pattern we have seen before.
- Quarter 3: This quarter we again had some staffing limitations and have lost one of our SUD counselors who resigned towards the end of the quarter. We are in the recruitment process to fill the position.
- Quarter 4: We were able to provide more community events this quarter due to lifting of COVID restrictions and more opportunities for cultural activities.

Challenges:

- Although there were a decrease in intakes this FY, 26 individuals were referred to behavioral health/ SUD services, the majority of which were behavioral health referrals. All individuals accessing Mewu:Ya services are assessed for SUD and behavioral health needs.

- With a total of 85 participants attending the traditional drumming and cultural craft program, this FY has significantly fewer participants than the previous FY.
- With a total of 177 participants attending the White Bison 12-step study meetings, this FY has significantly fewer participants than that goal.

Examples of Success/Impact

Sweat Lodge Ceremonies

The program reported:

"With lifting COVID restrictions, we were able to provide more sweats than in previous quarters this FY. Many participants expressed gratitude they were able to resume an activity they find healing."

Participants reported:
"Very powerful ceremony. Thank you for letting my family attend."
"Thank you for creating a place for me to heal."

Healthy Activities and Programs for Community to Connect with Native American Culture

The program reported:

Although significantly fewer participants this FY, those that did attend cultural activities and White Bison meetings were far more regular attendees as compared to the previous FY.

Participants reported:
"I get chills through my body hearing these songs."
"Through beading I can stay focused and grounded."

PEI Project Number 8

Program Name: PEI Project Number 9 – Trauma Informed Schools

Type of Program: ☐Prevention ☒Early Intervention 100% ☐Outreach ☒Access & Linkage ☐Stigma & Discrimination Reduction ☐Suicide Prevention ☐. Outreach for Increasing Recognition of Early Signs of Mental Illness

State Priority: ☒Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention ☐Mood Disorder & Suicide Prevention Programming ☒Youth 15-24 ☐Older Adults MH Needs ☐Culturally Competent & Linguistically Appropriate PEI

Priority Population: ☒Children/youth in stressed families ☒Children/youth at risk of school failure ☒Children/youth at risk of juvenile justice involvement ☒Trauma-exposed individuals ☐Individuals experiencing onset of serious psychiatric illness ☐Underserved cultural populations

Program Description: The Jamestown Family Resource Center (JFRC) of Jamestown School District is working towards implementing a trauma-informed approach to working with students and their families in the school district by educating school staff on trauma-informed principles. School staff complete a series of trainings on how trauma impacts youth and youth behaviors, how to discern whether a youth has or may be experiencing current trauma in their lives, and how to appropriately respond with supportive interventions for the student and their families rather than punitive interventions. School staff are trained to effectively reach out to, and work with, high risk students such as those experiencing homelessness, or living in the foster care system or other out-of-home placement.

Goals: As a result of Jamestown School District becoming trauma-informed, all students, and especially identified high-risk students, will be supported by school staff in an environment where students can thrive academically, socially, and personally.

Objectives: 1) All school staff are trained on trauma-informed practices; 2) An increasing number of school staff implement trauma-informed practices; 3) There is an increase in attendance and GPA scores amongst identified high-risk students

Key Activities:

- Educate and train school staff on trauma and trauma-informed practices
- Provide coaching to school staff on trauma-informed practices
- Identify, connect with, offer support, and refer to service high-risk students and their families

Outcome Measures:

- # of school staff that complete trauma informed trainings
- # of school staff receiving coaching
- % reduction in Reflection Room referrals, suspension, expulsions and other consequences for unwanted behavior
- % improvement in attendance by high-risk students
- # of high-risk students that realize a 0.5 improvement in GPA
- Increase in retention and implementation of trauma-informed responses by teachers
- % of teachers who report improved classroom behavior
- # of homeless students, students in foster care, other high-risk students identified and served # of direct services provided to high-risk students

Data Collection: Quarterly

FISCAL YEAR 2021-2022 PROGRAM REFLECTION
Successes:
The program reported:

Trauma-Informed Training for Previously Trained Staff in Jamestown School District

- Quarter 1: Research and compiled training materials, preparation of updated TIP Presentation. Completed TIP presentation to previously trained staff with no previous training.
- Quarter 1: Working with staff to identify high risk students based upon prior disciplinary referrals, poor academic performance and low attendance rates.
- Quarter 2: Due to the emergence of the COVID-19 omicron variant, the team was unable to be on campus to access student records.
- Quarters 2-4: Provided ongoing support and trauma informed training materials to Jamestown Elementary Staff.
- Quarter 3-4: Worked with staff on assisting students identified as being high-risk on reducing disciplinary referrals, increasing attendance, and enhancing academic performance via facilitating transition to the Tuolumne Learning Center for intensive onsite trauma informed educational interventions.

Trauma-Informed Training for Untrained and New Staff

- Completed TIP presentation to previously trained staff with no previous training on 8/23/21.

Identify & Monitor High-Risk Students

- Quarter 1: Working with staff to identify high risk students based upon prior disciplinary referrals, poor academic performance and low attendance rates.
- Quarter 2: Monitoring is in progress. Meeting with staff has been difficult this reporting period due to the emergence of the COVID-19 omicron variant.
- Quarter 3-4: Worked with staff on assisting students identified as being high risk on reducing disciplinary referrals, increasing attendance and enhancing academic performance via facilitating transition to the Tuolumne Learning Center for intensive onsite trauma informed educational interventions.

Program Effectiveness

- The last two school years have been unlike anything previously experienced due to the worldwide public health crisis. This rendered in-person contact difficult and, at times, impossible due to the need for minimizing close contacts and preventing the spread of the COVID-19 illness. This also resulted in school closures, staff absences, and many youth opting to participate in independent studies.

Expansion of Trauma-Informed Schools Program in Tuolumne County

- Quarter 1: Contact was made with Curtis Creek Elementary School. It is anticipated TIP trainings will take place in Quarter 2 or 3. Further, both Twain Harte Elementary and Tuolumne County Superintendent of Schools office were identified and both participated in the TIP trainings during Quarter 1.
- Quarter 2-3: In the process of identifying additional schools to participate in trauma informed services, staff at the Tuolumne Learning Center and the Gold Ridge Educational Center have indicated a desire for training.

- Quarter 4: An in-person trauma informed training was completed with staff at the Gold Ridge Educational Center on April 5, 2022.

Create Trauma-Informed Training Plan

- Quarter 1: Contact was made with Curtis Creek Elementary School. It is anticipated TIP trainings will take place in Quarter 2 or 3. Further, both Twain Harte Elementary and Tuolumne County Superintendent of Schools office were identified and both participated in the TIP trainings during Quarter 1.
- Quarter 2-4: The status of written training plans is pending at this time.

Trauma-Informed Training

- Quarter 1: Contact was made with Curtis Creek Elementary School. It is anticipated TIP trainings will take place in Quarter 2 or 3. Further, both Twain Harte Elementary and Tuolumne County Superintendent of Schools office were identified and both participated in the TIP trainings on August 17 and 18, 2021.
- Quarter 2-3: Contact has been made with staff at the Tuolumne Learning Center as well as the Gold Ridge Educational Center regarding the receipt of 2-hour basic trauma informed training, which are anticipated to occur during Quarter 3 and/or 4.
- Quarter 4: An in-person trauma informed training was completed with staff at the Gold Ridge Educational Center.
- During FY 21/22, 50% of staff at the three (3) school districts, Twain Harte Elementary, the Tuolumne County Superintendent of Schools, and the Gold Ridge Educational Center, received the 2-hour basic trauma-informed training.
- More than 75% of staff who participated in the trainings reported the trainings were effective, helpful and provided relevant tools to educating youth impacted by trauma.
- More than 75% of staff would recommend this training to other staff. Numerous other districts within the county have reached out requesting training after learning of its effectiveness.

Implementation Challenges and Lessons Learned

The obvious challenge or concern met this year through Jamestown Family Resource Center was the COVID-19 pandemic and how it impacted their programs throughout FY 21/22 and how it affected the community. COVID-19 severely impacted the agency meeting its year-end goals including, but not limited to areas such as trauma-informed care, coaching, and assess and monitor trained staff. During FY 21/22, JFRC faced school closures, staff illnesses and severe staff shortages, decreae in availability of staff, and limited in-person meetings and in-person training opportunities.

The program reported:

- Quarter 1: Jamestown Elementary School continues to receive TIP assistance. Three additional school districts have been identified: Curtis Creek Elementary, Twain Harte Elementary and the Tuolumne County Superintendent of Schools.

- Quarter 2: The emergence of the omicron variant of COVID-19 created great difficulty with reference to scheduling and conducting trainings during this reporting period. Multiple students and staff were impacted; as such, grant work was hindered during this reporting period.
- Quarters 3 and 4: Jamestown Elementary School received extensive assistance with multiple students identified as being high risk on reducing disciplinary referrals, increasing attendance, and enhancing academic performance via facilitating transition to the Tuolumne Learning Center for intensive onsite trauma informed educational interventions.

Challenges

- Quarter 1: COVID-19 continues to impact staffing levels, availability of staff for the purposes of training, and has limited in-person training opportunities.
- Quarter 2: The emergence of the omicron variant of COVID-19 created great difficulty with reference to scheduling and conducting trainings during this reporting period. Multiple students and staff were impacted; as such, grant work was hindered during this reporting period. It is anticipated Quarter 3 will be more successful with regards to facilitating trainings as COVID numbers are decreasing.
- Quarters 3 and 4: COVID-19 has continued to significantly impact grant work as the pandemic has had far reaching implications on overall school operations, staffing availability and has increased overall staffing fatigue.

Examples of Success/Impact

None were reported.

Populations Served

The State requires that at least 51% of PEI funds be allocated toward programs supporting those aged 25 years and below. In FY 21/22, TCBH had nine (9) PEI Programs, more than half of all its PEI programs, that were 100% dedicated to serving ages 25 and under. Programs are: *1) Nurturing Parenting Education; 2) Supporting Early Education and Development (SEED); 3) Early Childhood Education Family Support Aides; 4) School Based Resiliency Services; 5) Suicide Prevention & Stigma Reduction; 6) Older Adult Wellness Program; 7) Promotores de Salud; 8) Native American Outreach and Engagement; and 9) Trauma Informed Schools.* TCBH has one (1) PEI Program, the Older Adult Wellness Program, that is 100% dedicated to older adults. TCBH has three (3) PEI Programs, Suicide Prevention and Stigma Reduction, Promotores de Salud, and Native American Outreach and Engagement, that reached the four (4) served populations of children (0-15), TAY, (16-25), Adults and Older Adults.

Prevention and Early Intervention Programs FY 21/22 and FY 22/23

PEI PROJECT	PEI PROGRAM NAME	CATEGORY	AGE GROUP	MAX CONTRACT AMOUNT
PEI Project #1 – Parenting Education Services	Nurturing Parenting Education: Raising Healthy Families, Infant/Child Enrichment Services	Prevention 75% Early Intervention 25%	Children/Youth (0-15)	$75,000
PEI Project #2 – Supporting Early Education and Development (SEED)	Supporting Early Education and Development (SEED), First Five	Early Intervention	Children/Youth (0-15)	$20,000
PEI Project #3 – Early Childhood Education Family Support Aides	Family Support Aide (FSA), Children Welfare Services (CWS)	Prevention	Children/Youth (0-15)	$26,000
PEI Project #4 – School Based Resiliency Services	No PEI Contractor	Prevention	Children/Youth (0-15)	$35,000
PEI Project #5 – Suicide Prevention and Stigma Reduction	Amador-Tuolumne Community Action Agency (ATCAA)	Suicide Prevention; Stigma Discrimination Reduction	Adults 35% Older Adults (60+) 25% TAY 25% Children/Youth (0-15) 15%	$82,500
PEI Project #6 – Older Adults	Older Adults, Catholic Charities Diocese of Stockton	Prevention	Older Adults (60+)	$65,000
PEI Project #7 – Promotores de Salud	Promotores de Salud (Promoters of Health)	Prevention 30% Early Intervention 70%	Adults 50% Older Adults (60+) 30% TAY 15% Children/Youth (0-15) 5%	$25,000
PEI Project #8 – Native American Outreach and Engagement	Tuolumne Me-Wuk Indian Health Center	Prevention 80% Early Intervention 20%	Adults 70% Older Adults (60+) 1% TAY 5% Children/Youth (0-15) 24%	$32,683
PEI Project #9 – Trauma Informed Schools	Jamestown Family Resource Center or Fostering Healthy Activities in Non-Traditional Settings	Early Intervention	Children/Youth (0-15)	$40,000

The TCBH's Annual MHSA Revenue and Expenditure Report documents the Percent Expended for Clients Age 25 and Under, which reflects 38.24% based on the calculation in the worksheet. However, this calculation includes administrative costs. *Since administrative costs are allocated based on a percentage of direct costs it seems like it should not be included in the calculation.* The administrative costs support the direct work toward providing services to both those under 25 and over; however, the calculation only treats it as benefitting those older than 25. At this point, omitting administrative costs puts us at 53.16% expended for Clients Age 25 and Under.

Other impacts to MHSA PEI Regulations

During FY 20/21 in Quarter 4, the highly trained Community Educator dedicated to the MHSA PEI School-Based Resiliency program for the 4 plus years, and the Resilience for Youth (R4Y) Pilot Program in particular, transitioned from employment with CNVC. In addition, with the introduction of a new payroll system that tracked the agency's time spent on the MHSA PEI grant, it was determined that the time CNVC spends on the MHSA PEI objectives exceeded the amount of funds the agency received. Therefore, CNVC requested an increase from $35,000 to $60,000 for FY 21/22, which was a bid that TCBH 1)DID NOT ACCEPT ; OR 2) DID THE CONTRACTOR PULL OUT AND TERMINATE THE CONTRACT?. NEED REVISED LANGUAGE PLEASE. I CAN'T FIND SUPPORTING DOCUMENTATION ON THIS YET.

Furthermore, the TCBH's Annual MHSA Revenue and Expenditure Report documents that a combination of MHSA PEI Programs during FY 21/22 strived to meet the required minimum percentage to serve ages 25 and below despite the above challenges.

In addition, TCBH's Percent Expended for Clients Age 25 and Under reflects 38.24% based on the calculation in the worksheet. However, TCBH did not willingly choose to opt out of serving the child (0-15) population during the FY 21/22.

	A	B
	Percent Expended for Clients Age 25 and Under, All PEI	Percent Expended for Clients Age 25 and Under, JPA
MHSA PEI Fund Expenditures in Program to Clients Age 25 and Under (calculated from weighted program values) divided by Total MHSA PEI Expenditures	38.24%	

In preparation for the MHSA Three-Year Program and Expenditure Plan for FYs23-26, TCBH put out a Request for Proposals for all MHSA PEI Contracts in February 2023 to the community. However, TCBH did not receive bids in the following areas: School-Based Resiliency Services, Trauma-Informed Schools, and Latinx American Outreach and Engagement.

Access and Linkage

For FY 21/22, TCBHD collected general referral information from PEI contractors as follows:

Referrals To	#s in FY 21/22
Mental Health Services	11
Substance Use Services	13
Behavioral Health Services	11
Other Treatment Services	6
Primary Care	*
Social Services	*
Grief Support	*
Caregiver Support	*
Transportation Support	30
ATCAA	*
Interfaith	*
Jamestown Family Resource Center	*
Center For a Non Violent Community	*
Resiliency Village	*
DRAIL	*
Autism Speaks	*
Spiritual Support	*
Friendship House	*
Special Education	*

*If less than 11, the number is not reported

MHSA PEI Contractor Referral Log

Since FY 2020-21, PEI contractors have been required to submit the following "MHSA PEI Contractor Referral Log" which has allowed TCBHD to track referrals to TCBHD and required data points per MHSA PEI regulations. **'Referral' is defined to mean the process by which the individual is given a recommendation in writing to one or more specific behavioral health service providers for a higher level of care and treatment. Distributing a list of community resources to an individual does not constitute a referral.*

PEI Contract Agency/Program Name: _____

FY: _____ Quarter: _____ Check if no referrals this quarter: _____

Log to be used to track referrals from PEI contractor to both TCBH and Non-TCBH behavioral health services.*
Submit log quarterly to MHSA Agency Program Manager/Jennifer Guhl, 2 South Green St, Sonora, CA 95370 or via secure encrypted email to JGuhl@co.tuolumne.ca.us

MHSA PEI Contractor Referral* Log (referrals for behavioral health services only)				
First & Last Name of Referred (For referrals to non-TCBH services, write "N/A")	Date of Birth (For TCBH referrals only)	Date of Referral	Referred to which TCBH program? (eg. Crisis, MH, FSP, SUD)	Referred to which Non-TCBH Agency/Program

**'Referral' is defined to mean the process by which the individual is given a recommendation in writing to one or more specific behavioral health service providers for a higher level of care and treatment. Distributing a list of community resources to an individual does not constitute a referral.*

Program Demographics

The following demographic information is unduplicated and is an aggregate of all PEI programs. Disclosure of demographic information by individuals served is voluntary. *If less than 11, the number is not reported

	FY 21/22
Age	
Children/Youth (0-15	393
Transition Age Youth (16-25)	160
Adult (26-59)	677

	FY 21/22
Gender Assigned at Birth	
Female	
Male	
Prefer not to answer	

Older Adult (60+)	103
Prefer not to answer	0
Race	
American Indian/Alaska Native/Native American	540
Asian	30
Black or African American	11
Latino/Hispanic	94
Native Hawaiian/Pacific Islander	<11
White	590
More than one race	89
Other	
Prefer not to answer	
Ethnicity	
Hispanic or Latino:	
Caribbean	
Central American	
Mexican	
Mexican American/Chicano	
Puerto Rican	
South American	
Native	
Other	
Prefer not to answer	
Non-Hispanic or Latino	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern/North African	

Current Gender Identity	
Female	800
Male	431
Transgender	<11
Genderqueer	
Questioning/Unsure	
Other Gender Identity	<11
Prefer not to answer	
Sexual Orientation	
Gay or Lesbian	
Heterosexual/Straight	
Bisexual	
Questioning/Unsure	
Queer	
Other (LQBTQ+)	19
Prefer not to answer	
Veteran Status	
Yes	18
No	
Prefer not to answer	
Disability	
I do not have a disability	
Mental illness	
Blind, difficulty seeing/vision impaired	<11
Deaf, difficulty hearing or having speech understood	<11
Other seeing, hearing, speaking disability	
Learning disability	
Developmental disability	
Dementia	
Physical or mobility disability	
Chronic health condition or chronic pain	
Other physical disability	
Current Living Situation	
Homeowner	

Vietnamese	
Native/Pacific Islander	
Other	
Prefer not to answer	
Primary Language	
English	
Spanish	
Other	
Prefer not to answer	

Rent Home/Apartment	
Homeless	<11
Sharing Housing	
Multi-Family	
With Friends/Family	
Foster Care	
Supportive Housing	
Subsidized Housing	
Other	
Prefer not to answer	
Other Special Population	24

Appendix H

Tuolumne County Behavioral Health

Annul Innovation Project Report FY 2021/2022

Tuolumne County Behavioral Health

Since January 2022, Tuolumne County Behavioral Health (TCBH) has worked extensively with its community stakeholders and partners to determine the agency's next best course of action for an Innovation Plan, which is a component of the Mental Health Services Act (MHSA).

TCBH's Innovation Plan Proposal: "Family Ties: Youth and Family Wellness"

General Requirement

Tuolumne County Behavioral Health's (TCBH) Innovation plan, "Family Ties: Youth and Family Wellness," introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

Primary Purpose

TCBH's Innovation plan, "Family Ties: Youth and Family Wellness," increases the quality of mental health services, including measured outcomes.

Primary Problem

Over the last several years, Tuolumne County Behavioral Health (TCBH) has increased its relationships with various agencies and organizations that work with our youth population. In the last two years, Children Welfare Services (CWS) and TCBH worked together to build a Memorandum of Understanding (MOU) to better coordinate care in Tuolumne County. It is a multi-agency MOU with not only TCBH and CWS, but also with Tuolumne County Probation Department, Tuolumne County Public Health Department, Tuolumne County Superintendent of Schools (TCSOS), Juvenile Court, and others.

In addition, beginning in 2019, TCBH and TCSOS started working on a Mental Health Student Services Act (MHSSA) grant overseen by the Mental Health Services Oversight & Accountability Commission (MHSOAC). The program funded by this grant aims to prevent mental illnesses from becoming severe and disabling and improving timely access to services for underserved populations. The program aims to provide outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses. The MOU outlined the partnership for the purpose of providing mental health services and supports to school aged children in Tuolumne County through district services; training for school personnel; and the creation of TCBH and school-based partnerships around mental health services.

We have strengthened and increased our partnerships with CWS, Probation, Law Enforcement, Courts, the Juvenile Detention Facility, and more. Through these initial partnerships to increase efforts for children, TCBH began to focus more on families and youth. TCBH began to seek information on children's length of stay and their recidivism. In addition, through ongoing partnerships, TCBH is working to understand its own efforts around not only youth, but the families as well.

After increased partnerships were underway for youth, a request for Innovation concepts was placed to the public in March 2022. The community was able to submit their ideas for the Innovation project through the MHSA Innovation Submission form from March 1-22, 2022. The submissions were then brought to Quality Management Committee on March 24, 2022, for further review and open discussion. This committee is comprised of both clinical supervisors, administration, management, and line staff, including our Ethnic Services Coordinator (ESC). It is important to note that youth was the only overlapping demographic mentioned and prioritized by the community stakeholders throughout TCBH's MHSA Innovation Submission form process. All (eleven) 11 submissions were considered, and this selected Innovation plan was chosen by the committee to do more research on to understand if this was a priority area.

The submitted Innovation concept:

"Support for struggling young parents (parents who are themselves transition age youth). These young parents are an important demographic that need help; parenting skills, coping skills, emotional support, financial support to finish school themselves. I believe this idea would fit the following purposes: --increase access to underserved groups AND--increase access to services..... I also believe that, if structured appropriately, this program would support the following innovative approach: --introducing a new mental health practice or approach, including, but not limited to prevention and early intervention..... Transition Age Youth particularly struggle as they age out of foster care, or are forced to live on their own due to personal situation or circumstance with their own family, etc. Add to that the fact that many of these young adults are becoming parents too, facing multiple obstacles in their new role as parents. They have many barriers they must overcome to raise their own child in a loving and supportive home."

As a result of the work that was being done around youth, it was clear that the element of families something that TCBH could address in services. The question was raised are we doing enough for not only the youth but the families?

Data analysis began to better understand outcomes of the youth that we were serving. This was prompted after the committee had discussed this as an option for the innovation plan. A five-year data analysis was completed by the Quality Improvement (QI) team to help the agency understand the outcomes of youth. The analysis showed that the recidivism rate for youth was 20%. In addition, the average length of stay for youths first admission was just at a year. Their second admission average length of stay was just at seven months. With each returning admission the length of stay decreases. Over the five years, 20% of all youth experienced a crisis event and, of those, 20% had an average of four crises, which equals one crisis per quarter.

From the data, it was clear that the initial admission was the one where there was the most engagement in the youth's recovery because it had the longest length of stay. It also showed that they are less likely to stay in services if they leave. What are the barriers to getting youth to stay in services? Families are traditionally the ones that transport, schedule, and manage the youth appointments. The family needs to be invested in care and need to have access to care to manage their own stress, burnout, or trauma to support their youth's mental health.

It was evident that the long-term outcomes for youth needed to be increased. With all the current work being done to increase services and collaboration for youth, it is a priority to make sure we support the family to ensure better outcomes for youth. After the vetting process, TCBH needed to ensure that the agency is prioritizing the correct population, the idea was taken to the Tuolumne County Behavioral Health Advisory Board on April 6, 2022, to receive feedback on the idea. This board is comprised of community members, consumers, TCBH staff, a Tuolumne County Board of Supervisor representative, family of beneficiaries, and more. This was not for approval, but to receive stakeholder feedback on the priority area chosen.

Stakeholders and partners agreed that TCBH supporting youth and their families was identified as a priority area for Innovation funds, and additional research was completed. The finalized concept was then taken back to the Tuolumne County Behavioral Health Advisory Board on August 3, 2022, to receive final approval and support on moving the concept forward.

The primary problem is we need to reduce the recidivism rate for youth by increasing their length of stay within their first admission into the specialty mental health system by engaging youth and families concurrently. All families and individuals are unique and their mental health needs are complex. We need to offer services through a larger lens, and we want to know if we can meet the needs of the clients through additional alternative interventions.

Proposed Project

The TCBH Innovation Project, Family Ties: Youth and Family Wellness, will focus on creating non-mandated activities using nontraditional and alternative mental health approaches for youth and families. The goal is to promote these activities in the systems that are most affected by youth and family's trauma. TCBH's goal is to decrease barriers to care and offer families alternatives to actively work on their own mental health in a way that is unique and accommodating to their family.

We are proposing to do this by conducting a meaningful Community Program Planning Process (CPPP) to help identify alternative mental health approaches that can be offered. Examples of services could include, but are not limited to meditation, sound therapy, yoga, mindfulness classes, nutrition education, art therapy, music therapy, aromatherapy, and equestrian services. These alternative services have not been identified at this time; these are only examples of what they could be. A CPPP will be completed to understand what exact services should be utilized as alternative services in this project. This will allow community members, beneficiaries, stakeholders and more to help identify these services. TCBH will do this by hosting various community stakeholder meetings and planning meetings, as well as distributing MHSA surveys to gather valuable feedback. Once TCBH has collected information and an identification of the alternative approaches has been completed, a request for proposal (RFP) will be released for services.

TCBH will introduce families to these alternative and nontraditional approaches through engaged family nights. These family events will focus on movie nights, themed food nights, activity nights, etc. During these family nights, these alternative approaches will be introduced for families. These approaches will be woven into the activities for the event and will be introduced strategically. We will have clinical experts present at the events to support families

and youth. For some of the events, there may be two separate activities, one for youth and one for adults, to introduce new therapies and approaches.

These events will be held at alternative times to allow families more opportunity to attend, which was supported in the CPPP data. TCBH will also hold these events at various locations to ensure that different populations have opportunities attend. TCBH will also be holding these no-cost events at TCBH at times to reduce the barrier of stigma for families.

These events will be carefully planned with both contracted providers, partners, and TCBH staff. Each event will focus on a different approach and will be strategically planned to engage families while allowing them to also enjoy the family activities and atmosphere.

Once these events are planned, promotion for them will begin. TCBH will work close with families that are currently receiving services. These will be non-mandated; however, clinicians who work with these families will be educated on the events to help promote them to families. TCBH will help coordinate attendance such as times, family needs, transportation, etc. when possible.

TCBH will also work closely with CWS, probation, and TCBH Substance Use staff to engage foster families and those in the perinatal programs. These families will be a priority target population. Over time, and if successful, TCBH can expand who we promote these events to. Potential partnering could be with local Community Base Organizations (CBO) such as Center for Non Violent Community (CNVC) as well as local food banks such as Amador Tuolumne Community Action Agency (ATCAA). This could create an opportunity for TCBH to help promote mental health awareness and options for other targeted populations.

Through these structured events that will offer alternative and complementary mental health services to families, a goal is to increase access to mental health services to underserved groups. As we began to dive into the data it became apparent that TCBH needs to be treating families as a whole unit. Often services treat only the parents or only the youth. There are some occasions where family therapy is offered, but sometimes the parents don't meet qualifications for ongoing service or vice a versa the youth does not. This limits the number of services available to these families or they go without all together and they become underserved. These events will allow the underserved families to receive both individual services as well as full family services.

These events will take ongoing collaboration between TCBH, and many other communities support services. This Innovation plan, Family Ties: Youth and Family Wellness, will promote interagency and community collaboration related to Mental Health Services and support community outcomes. Through engaging with contractors, CBOs, other county departments and more, we will all actively be working toward improved mental health services for shared clients.

Overall, the goal will be to increase the quality of mental health services including measured outcomes for families. These measured outcomes will be monitored ongoingly to understand effectiveness of these alternative approaches. These outcomes will be measured through correlating event participation with youth length of stay, crisis events and Family Urgent Response System (FURS) request. In addition, we will monitor increased request for services from families that participate in the events that will hopefully seek more ongoing services. This

can create ongoing educational opportunities and referrals mild to moderate providers to help maintain ongoing stability with each step down.

The approach was determined through the stakeholder process and interagency discussion. Our focus of the project was backed by community support and a five-year overview of data. In addition, research was completed to ensure that family engagement was essential to better outcomes. By removing barriers to care and expanding options for families, they will have more tools to be successful at home when managing mental health issues.

We could not find organizations that engage families in alternative services through events. This Innovation plan will offer alternative approaches outside the traditional mental health services such as therapy or rehabilitation. TCBH reviewed other counties Innovations plans, looked at alternative grant funded programs and other Prevention and Early Intervention (PEI) programs. None of the programs reflected the goals and alternative services that this Innovation Plan is proposing.

It was found that in Amador County a program was offers a Maternal Child Health and Wellness. This program has the same intention of serving the families mental health needs but focuses only on the mother. It also focused on the conversation of perinatal depression and anxiety, all through traditional mental health approaches.

Santa Clara County has a program called REACH, Raising Early Awareness and Creating Hope. This program offers counseling for families and youth, education for the community and consultations. However, the different is it focuses on prevention and education on psychosis. Though there are resources for the family, it is for only a select population and community events are targeted to everyone, not specifically the needs of families as a whole with children in the mental health system.

To further our research on other models Tuolumne County reached out to county partners for insight. The Quality Improvement Manager reached out to the Northern California Quality Improvement Coordinators group (NorQIC) to see if any county in the group had or knew of a program utilizing nontraditional services for families. There were some counties that came back with programs for families, but most focused either focused on Substance Abuse or increasing access to traditional family therapy.

Tuolumne County was unable to find another program offered by County Behavioral Health that offered nontraditional services to families with youth experiencing mental health issues.

The mental health field is limited in their ability to offer services outside of the range of specialty mental health services. TCBH is limited in the ability to do any service because there is not an option to bill for many services. This concept removes both those barriers to offering expanded services. This practice to offer alternative approaches as a complimentary part of traditional mental health services is a new approach that will be able to do through innovation funding.

The events will be monitored closely to ensure data collection is available to manage outcomes. Through this TCBH will be able to track the number of individuals served through these events. It is estimated that in the beginning years of the program fewer individuals will be served. We are estimating in the first years of the project 50 individuals can be served. As the project is

developed and the events grow, TCBH plans to launch additional advertising to expanded partners, it is expected that 100 unduplicated individuals can be served. The hope is to exceed these estimates by the end of the project. However, current youth enrollment shows less than 100 youth within the current TCBH system. It's essential to ensure that estimates for those being served are realistic.

The population to be served through this project will be focused on youth and families. The age for youth will be under 18. The family population age may range dramatically. There will be youth families those who are under 25 and families that are mid-life and potentially grandparents who are raising grandchildren. The focus will be on Tuolumne County residents and those who are currently receiving services. This demographic may change as the project develops. In the beginning, the population to be served will focus on those currently receiving services within TCBH, but this demographic will expand. The expansion will be to families that receive services through CWS, probation, and Substance Use to engage foster families and those in the perinatal programs. Then demographics can expand again to families seeking alternative services. There is not a target for race, ethnicity, etc.; however, this will be monitored to provide feedback to stakeholders on the demographics of those who are served through this program. TCBH will also compare those demographics to census data, Tuolumne County Medi-Cal beneficiaries, and TCBH penetration rates to ensure we are servicing comparable demographics to the makeup of the county.

Research on INN Component

The first approach to research was focused on the services and concept. Has this focus on whole family care through nontraditional times, methods, etc. been proven to work before?

According to an article published in October 2010 by Erin M. Ingoldsby on the National Library of Medicine, "Engaging and retaining families in mental health prevention and intervention programs is critically important to insure maximum public health impact." "When families are asked about why they drop out of services, they frequently cite practical obstacles such as time demands and scheduling conflicts, high costs, and lack of transportation and child care (Garvey et al. 2006; Kazdin et al. 1997; Spoth and Redmond 2000; Stevens et al. 2006). They also raise issues related to the program approach (e.g. goals and activities are not in alignment with families' needs, low perceived benefit and relevance), providers (e.g. perceived as judgmental or not empathic), and program context (e.g. few programs in low-resource neighborhoods; Gross et al. 2001).

This research supports that having alternative family therapy options may better way to serve families. By offering nontraditional services at alternative times that are family focused, families aren't forced into the typical mainstream path for services. Family engagement through this plan would foster individualized nontraditional treatment that could align with family needs and cultures. It would allow for reduced scheduling conflict because it would be offered at different times and could be offered off site to reduce the stigma associated with mental health services.

In October 2021 a study was published by BMC Health Services Research that asked almost 300 family members and carers "what have you as a carer/family member received' and 'what they would have liked to have received'. The responses fell into seven categories the highest

responses were centralized in two categories; provide or offer ongoing support to the family and provided psychoeducation to the families. Families responded to the first category saying, "Help with supporting me to deal with my own emotions and heart ache when my child has episodes." Families responded to the second category by saying, "Help with how the family responds to problems."

These responses show that families need whole family care rather than just care to the youth or parent. Utilizing nontraditional ways to engage families in education, prevention and therapy can help the family be more successful at home and help keep them engaged in services.

U.S Department of Health and Human Services, Child Welfare, published an article for *Family Engagement, Partnering with Families to Improve Outcomes.* In this it states that, "Rather than being a single tool, family engagement represents a mindset and approach that can reap extensive benefits, including the following: family preservation, improved interpersonal relationships, increased family buy-in, creating a sense of belonging and family connectedness, and youth empowerment."

Creating an environment where families can be collectively engaged in services can help increase overall outcomes for both youth and parents. By offering nontraditional methods, families can identify what methods work best for them collectively. These nontraditional settings can offer the family to have increased buy-in on their tools and support they use to maintain stability and improved interpersonal relationships.

Learning Goals/Project AIMS

The following goals are to help Tuolumne County understand the best way to engage families in mental health services. The goals will help us learn what families need in terms of times for services, types of services, location of services, etc. These goals are prioritized because it offers insight into how we can continue to adapt to fit family's needs and ultimately improve youth outcomes. Our learning goals are related to the new idea of offering alternative options for families outside the range of traditional specialty mental health services.

1. Can we engage families who have mental health needs or have youth with mental health needs if we offer complementary and alternative therapies that are not part of mainstream?
2. Will these alternative approaches offer additional tool and resource for families to obtain improved youth outcomes around length of stay, recidivism, FURS request and crisis services?
3. What alternative therapies are the most utilized and sought out by families?
4. Can we engage more families in treatment either through coordination with Managed Care providers or through the Behavioral Health system for more long-term treatment?

Evaluation or Learning Plan

Learning Goal	Indicators/Measures	Determining if Goals are Met
1. Can engaging families who have mental health needs or have youth with mental health needs if there is an offer for complementary and alternative therapies that are not part of mainstream?	• Counts will be tracked at each event and correlated with targeted populations. • Attendance will be tracked by clinician to understand if TCBH staff sharing these events. • A questionnaire and demographic will be mandated for each attendee depending on age	• Engaging the same families in several events that shows the family finds value in the services being offered. • Can engaging more families over time that means that families and community members have shared the events due to positive experiences.
2. Will these alternative approaches offer additional tool and resource for families to obtain improved youth outcomes around length of stay, recidivism, FURS request, and crisis services?	• Track youth families who do attend events and who do not and compare their crisis counts, length of stay, FURS requests, and recidivism. Comparison between both youth groups will provide ongoing insight of effectiveness of events.	• If families that are engaged in these events have better outcomes, it will show the effectiveness of the program.
3. What alternative therapies are the most utilized and sought out by families?	• Surveys will be mandated by attendees at the end of each event to rate interest in each alternative therapy. • Surveys at the beginning of each event will allow attendees to say if they are new or returning and, if returning reflect on the usefulness of the previous therapy offered.	• Once identifying the most utilized therapy or the ones that families were most receptive to, we can begin planning to sustain that service.
5. Can engaging more families in treatment either through coordination with Managed Care providers or	• Track attendance with access to care requests • Track attendance with managed care referrals	• If we can engage more families then we will be effective in treating the whole family rather than one individual

through the Behavioral Health system for more long-term treatment?		within it to maintain more stability in the home and have fewer youth crises and FURS requests.

The evaluation for all goals and learning objectives will be completed by County Behavioral Health staff in the Quality Improvement Program. This department is responsible for data collection and analysis for the Behavioral Health Department. All evidence for goals and objectives will be monitored by the Quality Improvement Program for ongoing monitoring and final evaluation. The program is made up of an Agency Manager, three Staff Analysts and an Administrative Technician.

Contracting

Ensuring a positive relationship with contractors is always a priority for TCBH. Contractors that are funded through Innovation will be required to attend several TCBH meetings to ensure ongoing resources sharing and relationship opportunities arise. They will be attending the Community Cultural Collaborative (CCC) to be a direct participant in ensuring the plan is culturally competent and they are able to be included in the discussions around the program. They will also be mandated to participate the Quality Improvement Council (QIC). This council provides a structured forum for the exchange of QI-related information between TCBH staff, the QI team, community liaisons, clients, family members, community members, and other stakeholders. QIC's goal is to improve the processes of providing care and better meeting client needs. Members of the committee help to identify opportunities for improvement and give feedback on current QI initiatives. Evaluations of the innovation program and ongoing data outcomes will be shared in this venue. Contractors will have the opportunity to give feedback on the project each month during this meeting. They will also build relationships with staff, program leads, and other community members through these venues.

To help not only build relationships with TCBH staff, all contractors will also be mandated to attend the quarterly Prevention and Early Intervention (PEI) Contractors' Forum to continuously learn about community resources available. These meetings will allow contractors to work with both staff and community-based organizations (CBO) to build trust, lasting relationships and resource connections through increased communication, awareness, and engagement. All of these meetings are hosted by TCBH and will help to strengthen the county's relationship with contractors and to provide a space for community sharing.

Monitoring the quality of contracts is completed internally by the TCBH Quality Improvement (QI) program. This contract process was developed internally to ensure the monitoring of all contracts is being completed. Contracts were placed as an ongoing item on the monthly managers agenda. In addition, a monitoring tool was created for quarterly monitoring on all contracts. The tool is completed by lead staff for each contract. The tool notes performance and meetings with contracts to ensure performance adherence to the requirements within each

contract. Contracts are monitored closely each quarter for performance and changes are made as needed based off audit results as renewal time comes due. All contracts that are funded through TCBH's Innovation plan, Family Ties: Youth and Family Wellness, will follow the same strict monitoring process. Since the QI program drafts and executes the contracts as well as conducts ongoing monitoring, there will be a relationship with the contractor and the county even before contract execution. Direct ongoing communication with the contractor helps to build ongoing trust between TCBH and the contractor. The QI program also attends all the meetings that were previously mentioned to help support the county and contractor.

Community Program Planning Process (CPPP)

Community and stakeholder inclusion has been a part of the Innovation's development from the beginning of this project. Prior to even discussing the concept internally at TCBH, there was a request put out into the community for Innovation concepts. The MHSA Innovation submission form was promoted on TCBH's social media platform of Facebook and sent out via the internal distribution list to nearly 400 community partners, agencies, CBOs, law enforcement, Tuolumne County Behavioral Health Advisory Board members, and county staff through the TCBH email distribution list. In addition, TCBH encouraged in our communications for partners to share the email with others for increased reach. All community stakeholders were encouraged to submit their ideas for the Innovation concept through TCBH's MHSA Innovation submission form, which was open from March 1- 22, 2022, both online and in printed formats.

After submissions were gathered by the deadline and the survey was officially closed, the MHSA Agency Program Manager then presented the data to the Quality Management Committee. This committee is comprised of both Clinical Supervisors, Administration, management and line staff and our Ethnic Services Coordinator (ESC). Once the concept had been vetted, the concept was presented to the Tuolumne County Behavioral Health Advisory Board on April 6, 2022, not for approval, but for stakeholder feedback. Tuolumne County values community and stakeholder input and wanted to proceed with research and data pulls on this concept only if the stakeholders felt that it was an appropriate use of MHSA Innovation funds. The board supported the concept and then additional research was completed. The board was then re-engaged on August 3, 2022, for a final approval.

Moving forward through the project, stakeholder engagement will continue to be an integral part of the project development. TCBH will be conducting a meaningful CPPP to obtain stakeholder feedback on types of nontraditional and alternative services to seek out, hours of the day to hold these events, locations to consider, where to market and more. In October 2022, the MHSA Agency Program Manager distributed an MHSA community survey through its internal distribution list to nearly 400 community members. This survey's focus is the MHSA 3 year plan, but has introduced elements of the Innovation project to stakeholders. This is only the beginning of CPPP for stakeholder input. This survey was also promoted on the TCBH's social media page, Tuolumne County website, as well as onsite at TCBH reception, the Tuolumne County Enrichment Center and the David Lambert Community Drop-In Center. In addition, the survey was shared with Tuolumne County Behavioral Health Advisory Board, our PEI contractors and through numerous community partnerships and at meetings. The survey opened

on October 18 and closes November 30, 2022. Within the survey, specific follow-up questions regarding our Innovation plan were presented to the community, which will help identify stakeholders' priorities and interests.

Prior to placing an RFP for any nontraditional method or before solidifying rental agreements for any location, stakeholders will have the opportunity to give feedback on what could be best for the community. In addition to the various community meetings and surveys, TCBH will hold a minimum of two planning meetings that will be open to the community. One will be after hours and the other during the day to accommodate all schedules. They will be advertised through the Tuolumne County website, various meetings, TCBH's social media page, the CCC, to CBOs and all our current Prevention and Early Intervention (PEI) contractors.

These same stakeholder processes will be implemented through various stages of implementation as plans develop and project feedback is needed.

MHSA General Standards

TCBH's Innovation plan, Family Ties: Youth and Family Wellness, will meet and be consistent with all potentially applicable MHSA General Standards listen below as set forth in Title 9 California Code of Regulations, Section 3320.

1. **Community Collaboration**: Community collaboration has been present at every step of the innovation development and will continue to be present through its implementation. The community was able to submit proposals for the plan. Moving forward there are five public meetings where developments, updates and input will be presented around the plan. The input from the community will continue to drive reflection on ways to improve the program as it develops.
2. **Cultural Competency**: Tuolumne has embedded the ESC in several meetings to ensure that the program remains culturally responsive. In addition, the CCC will continue to remain a main stakeholder in the development of the program. There will also be ongoing data collection from the events that will allow analysis on the demographics of those who attend the event, county census data, Medi-Cal beneficiaries, and TCBH penetration rates.
3. **Client-Driven**: The development of the program was based on client outcomes. The programs' goal is to have better client outcomes for youth. In addition, clients will be able to give feedback on the events and how they relate to the services provided through the survey's mandated at each event. This will allow clients to give feedback in addition to helping to steer the program in a direction that directly affect their mental health outcomes.
4. **Family-Driven**: The project is focused on families and how to support them and their youth. Through these ongoing events family will be the focus. By changing location to reduce stigma, by offering alternative hours to increase availability to participate and implementing alternative options for families they are the driving goal to supporting youth through this program.
5. **Wellness, Recovery, and Resilience-Focused**: By providing alternative therapies the focus is to give families the tools and support they need to build resiliency in their home.

Giving families and youth more options outside of the traditional specialty mental health services families will be able to promote and practice wellness and recovery within their own homes.

6. **Integrated Services Experience for Clients and Families**: Clients and families are the focus and bringing in partners to events will be a key part on implementation. Clients and families will have access to community-based organizations, managed care plans, access to services, CWS, probation and more. Not only will clients be able to receive integrated services, but service providers will work together for better outcomes for targeted populations.

Cultural Competence and Stakeholder Involvement in Evaluation

TCBH is committed to cultural competency and developing strategies for reducing racial, ethnic, age, cultural, and linguistic mental health disparities. The CCC is a TCBH monthly meeting that monitors data to adjust to the annual Cultural Competency Plan (CCP). CCC is made up of variety of community members (i.e., from local tribes, contractors, community agencies, etc.), peers, and staff. This ensures ongoing stakeholder involvement in Cultural Competency planning. In addition, any contractors that are funded through Innovation or MHSA PEI will be mandated to attend this meeting. The CCP follows class standards and outlines each fiscal year goals and objectives for TCBH around cultural competency. Each year the plan not only responds to the previous year's goals and objects, but creates new ones to ensure ongoing development, increased engagement and training efforts continue at TCBH. This is how the county continues strategic planning around cultural competency. TCBH adheres to class standard criterion by updating the assessment of services, by monitoring penetration rates for not only mental health services, but county demographics. These numbers are reviewed regularly with leadership to ensure service delivery and target populations are never underserved. TCBH's Innovation plan's evaluations and learning objectives will be presented at this committee regularly to ensure culturally competent assessments are regularly completed.

This ensures cultural competency is considered in all efforts by both county and contractor. To ensure family members, clients and community are also included in these conversations, these populations are included in the CCC. Ensuring that voices are heard when discussing cultural competency is essential to meeting class standards and understanding community needs. In addition to the Innovation plan, Family Ties: Youth and Family Wellness, evaluations also will look at the California Healthy Kids Survey and use this as a tool to understand the cultural lens of substance use at all different schools, for all different ages of youth. This data and feedback from the committee will help to direct services of the Innovation as appropriate. This data is shared in our meeting venues to discuss ongoing needs and impacts on youth though a culturally appropriate lens.

Innovations Project Sustainability and Continuity of Care

Through the development of the plan, data will be gathered to evaluate the effectiveness of each intervention. The way we will do this is by correlating event participation with youth length of

stay, crisis events and FURS request. If clients/families attend certain therapy events and have better outcomes these will be identified areas/services that TCBH would want to retain.

Another way we will monitor the effectiveness of interventions/services is through community input. There are five main meetings that occur monthly where TCBH will be able to gain input and feedback around what events are impactful and which ones are not. This is not limited to time of day, location, services offered, advertising, etc. If there are positive outcomes related to all events and positive feedback around the project in its entirety, then TCBH will plan for sustainability for the project rather than particular elements. The way TCBH will determine what to sustain will happen at the end and depend on the data and feedback.

The way TCBH will create sustainability for this program will be through several different areas. One way will be working closely with those who offer alternative services and to bring them into the planning process. Through collaboration, partnerships, and personal investments, these private providers may be willing to hold sessions in the future free of charge. This could be a way for them to show the community their skill set, gain future clients and a way to continue to serve our targeted population.

Another way TCBH will be planning for sustainability is by allocating current staff time for our Innovation programming development without hiring new staff. TCBH will maintain the efforts and assimilate the tasks into current roles, which will be more efficient to implement quickly and increase sustainability. Though this is a challenging task to complete with such a large project, TCBH believes it gives us the best chance of being able to continue the efforts once the project is complete. TCBH will also be asking community partners to participate in all these events. These could be CBOs, law enforcement, probation, CWS, public health, private therapists, and more. TCBH will be asking them for input through our community stakeholder process and in TCBH's ongoing meetings they attend. We will also be partnering with many of them to put these events on and brining either their subject matter expertise, their material for education, or help us identify their targeted populations. Through these partnerships, and if our program is successful, community partners will also see positive outcomes with the populations they work with. If this happens, there is a higher chance TCBH would be able to pull funding collectively to keep the either the program or elements of the program going, which will be beneficial for the community.

Lastly, another opportunity for sustainability will be through using other MHSA funds. If the community believes in the program and supports ongoing activities, then community stakeholders could voice their opinion through the MHSA Three-Year Plan and/or MHSA Annual Update CPPP. This would allow TCBH to allocate some of the funding toward the program as appropriate.

In addition to sustainability, continuity of care is also important. TCBH needs to ensure that those who are experiencing a mental illness receive continuity of care. If those attending these alternative service events are receiving services from TCBH, then those services will continue uninterrupted. If those who are mild to moderate benefit from the events and would like to

continue, our strategy will be to help them receive those services. One way we plan on doing that is toward the end of the grant bring our two Managed Care Plans to the events so that community members can understand their insurance options and be linked to care appropriately.

Also, if possible that some of those who participate give their time moving forward in kind then the events can continue without interruption. TCBH staff will also attend these events, which will allow community members to become familiar with clinical staff and begin to build relationships and reduce stigma around accessing help within the county. If community members qualify for care or if a youth is receiving care already, this will help to build a more trusting and familiar relationship that may lead to more families seeking care or participating in youth care through family therapy.

Lastly, there is a plan to include other local providers to participate at these events. This would allow families to become familiar with primary care providers and mild to moderate providers. This could help families begin care and maintain continuity of care throughout the duration of the grant and longer.

Communication and Dissemination Plan

Communication around the current efforts, outcomes and results of the innovation plan will be regularly disseminated. There are five main meetings where these communication efforts will take place. Each meeting forum is open to the public, encompasses a different set of stakeholders and community partners, and will focus on the project through a unique lens.

The first meeting is the CCC. The CCC is a TCBH monthly meeting that monitors data to adjust to the annual Cultural Competency Plan (CCP). This collaborative is made up of variety of community members (i.e., from local tribes, contractors, community agencies, etc.), peers, and staff. This ensures ongoing stakeholder involvement in Cultural Competency planning. This committee will be able to give feedback through a culturally responsive lens as well as offer input of areas for improvement.

The second meeting is the QIC, which provides a structured forum for the exchange of QI-related information between TCBH staff, the QI team, community liaisons, clients, family members, community members, and other stakeholders. QIC's goal is to improve the processes of providing care and better meeting client needs. Members of the committee help to identify opportunities for improvement and give feedback on current initiatives, data, audit results, special projects and more. Through this council outcomes, data, ongoing plans and so on can be evaluated for feedback and shared.

The third meeting is the Tuolumne County Behavioral Health Advisory Board. Tuolumne County Behavioral Health Advisory Board provides advice to the governing body (Tuolumne County Board of Supervisors) and the Director of Behavioral Health. They are comprised of consumers, family members of consumers, a Board of Supervisor representative, stakeholders, and community members. They provide feedback on oversight and monitoring of the local

mental health system as well as advocate for persons with mental illness. A primary responsibility of the Tuolumne County Behavioral Health Advisory Board is to review and evaluate the community's mental health needs, services, facilities, and special problems. This board will be communicated to around current efforts, outcomes, and results of the Innovation plan.

The fourth meeting is the YES Partnership. The YES Partnership is a community-wide coalition dedicated to supporting Tuolumne County youth and families by preventing suicide, substance, and child abuse. The Partnership was established in January 1986 in response to several teenage suicides in Tuolumne County, California. The YES Partnership works collaboratively with local agencies and organizations, parents, and teens to create a drug-free and suicide-safe community by increasing protective factors among youth. This coalition is comprised of local law enforcement, local CBOs, the local hospital, TCSOS, Public Health, TCBH and some of our PEI contractors including First Five and Catholic Charities, tribal organizations, local tribal mental and physical health care, community members, private mental health clinicians, and more.

The fifth meeting is the Tuolumne County Board of Supervisors. TCBH will be able to present current efforts, outcomes, and results of the Innovation plan to the Board of Supervisors at minimum annually and more if needed and/or required by MHSA regulations. This venue allows county officials and all community stakeholders to make comments and ask questions around the plan.

Finally results, efforts and outcomes will also be posted TCBH's social media Facebook page and website as appropriate. Five keywords that someone interested in the project might use to find more on our plan would be: alternative therapy, nontraditional mental health approaches and activities, TCBH family services, youth and family wellness, and mental health engagement.

Timeline

Timeline	Milestone
Year 1 Quarter 1-2	Development of program and event outlines. Begin promoting services offered through the CPPP.
Year 1 Quarter 3-4	Launch all stakeholder meetings for input on services and alternatives to be offered in community, locations, time of day etc. Begin drafting RFPs for services.
Year 2 Quarter 1-2	Launch RFP process and complete contracts for all services to be provided. Begin planning meetings with contractors for upcoming events. Develop surveys that will be at each event for participants to take.
Year 2 Quarter 3-4	Develop data analysis system for all outcomes. Obtain all baseline data. Begin education for the entire TCBH workforce to begin promoting upcoming events. Launch events with a focus on TCBH beneficiaries. Gain stakeholder feedback as necessary.
Year 3 Quarter 1-2	Increase event promotions to expand to interagency departments. Begin ongoing data analysis for each event,

	begin reporting out. Begin developing managed care integration with events. Gain stakeholder feedback as necessary.
Year 3 Quarter 3-4	Increase frequency of events. Meeting with all contractors and partners to evaluate areas of success and improvement. Gain stakeholder feedback as necessary.
Year 4 Quarter 1-2	Organize ongoing events with community partners and continue to share developments with stakeholder meetings.
Year 4 Quarter 3-4	Continued family engagement services and events. Data analysis and beginning development of sustainability planning for key elements
Year 5 Quarter 1-2	Continued family engagement services and events. Identified elements that are necessary to sustain and finalize ongoing plan for necessary elements.
Year 5 Quarter 3-4	Final data collection and key stakeholder interviews. Final report to be drafted to show outcomes of project

Budget Narrative

Personnel costs will cover a percentage of current staff's wages, fringe, and mandated costs. We will not be hiring new staff but utilize existing staff for the program. There will a percentage for a Program Specialist to organize the project, an Agency Program Manager for lead and oversight, and a Staff Analyst for contract drafting and data pulling. The cost for this will be for FY 22/23 $109,923, FY 23-24 $$20,167, FY 24-25 139,080, FY 25-26 $144,583, and for FY 26-27 $159,613, totaling $705,241. The cost of this increases each fiscal year as the project progresses. This will cover staff time to plan and lead these events and staff time for data analysis and evaluation.

Operating costs will focus on the cost to run the events for families. This may include, but is not limited to food, tablecloths, banners, promotional flyers, and other event materials. The cost for this will be for FY 22/23 $1,430, FY 23-24 $7,722, FY 24-25 $15,444, FY 25-26 $25,740 and for FY 26-27 $24,740, totaling $76,076. These costs increase each fiscal year to cover the increase in events that will happen each year.

Non-reoccurring costs will be for necessary one-time purchases that may need to be made for the events. These items may be Bluetooth speakers, projector and screen, amplifier/mic/P.A. system, laptop, etc. These are purchases that would be made once and then the equipment would be reused at each event. The cost for this will be for FY 22/23 $5,00 and FY 23-24 $10,000, totaling $15,000.

Consultant costs will be our contracted alternative therapies contractors. To offer alternative therapies, TCBH will have to put out an RFP to gain these specialties. As these are outside the traditionally offered Specialty Mental Health services, contractors will need to be utilized for their expertise in alternative therapies. The cost for this will be for FY 22/23 $3,575, FY 23-24 $28,600, FY 24-25 $28,600, FY 25-26 $28,600 and for FY 26-27 $28,600, totaling $117,975.

Other expenditures will be to be able to rent space for the offsite events when they are not on the TCBH campus. This allows TCBH to have these events in alternative locations throughout the

county to help reduce stigma around accessing services and address transportation barriers while boosting engagement and participation from various demographics. The cost for this will be for FY 22/23 $0, FY 23-24 $1,200, FY 24-25 $2,400, FY 25-26 $4,000 and for FY 26-27 $4,000, totaling $11,600.

Evaluation cost For TCBH's Innovation project will be for staff associated with the Quality Improvement Program. The cost associated to evaluation will focus on an Agency Manger and a Staff Service Analyst. These staff will focus on evaluating surveys completed by attendees, program success and improvements, and overall program development. The cost for this will be for FY 22/23 $23,750, FY 23-24 $24,938, FY 24-25 $26,184, FY 25-26 $27,494 and for FY 26-27 $28,868, totaling $131,234.

After the TCBH Innovation project of "Family Ties: Youth and Family Wellness" is complete, TCBH may continue to fund the project through various sustainability methods. If the project's success aligns with the stakeholder feedback and priorities voiced during TCBH's CPPP, this would allow TCBH to allocate some of the funding toward the program through using other MHSA funds as appropriate. TCBH can continue to utilize existing staff and private providers may be interested in continuing to hold in-kind sessions in the future for our youth and families.

Through FY 20-21, Tuolumne County has a total of $779,405.16 of funds subject to reversion, including $176,947.02 from FY 17-18. TCBH would like to utilize these funds to implement this Innovation project of "Family Ties: Youth and Family Wellness."

Budget by Fiscal Year

5 Year Budget	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	**TOTAL**
Personnel	$ 86,172.50	$ 114,142.44	$ 118,398.76	$ 124,548.10	$ 130,744.50	$ 574,006.30
Operating Costs	$ 1,430.00	$ 7,722.00	$ 15,444.00	$ 25,740.00	$ 25,740.00	$ 76,076.00
Non-recurring costs	$ 5,000.00	$ 10,000.00	$ -	$ -	$ -	$ 15,000.00
Evaluation	$ 23,750.00	$ 24,937.50	$ 26,184.38	$ 27,493.59	$ 28,868.27	$ -
Consultant Costs	$ 3,575.00	$ 28,600.00	$ 28,600.00	$ 28,600.00	$ 28,600.00	$ 117,975.00
Other Costs		$ 1,200.00	$ 2,400.00	$ 4,000.00	$ 4,000.00	$ 11,600.00
Total	$ 119,927.50	$ 186,601.94	$ 191,027.13	$ 210,381.69	$ 217,952.78	$ 925,891.04

Funding Source	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	**TOTAL**

Innovation Funds	$ 119,927.50	$ 186,601.94	$ 191,027.13	$ 210,381.69	$ 217,952.78	$ 925,891.04
Total	$ 119,927.50	$ 186,601.94	$ 191,027.13	$ 210,381.69	$ 217,952.78	$ 925,891.04

Total Project Amount: $925,891.04

County of Tuolumne is requesting $925,891.04 for its Innovation Project, "Family Ties: Youth and Family Wellness" with a total project duration of FY 2022-2027.

Mental Health Services Oversight and Accountability Commission (MHSOAC)

The Mental Health Services Oversight and Accountability Commission's primary function is to oversee the implementation of the Mental Health Services Act.
Two functions of the MHSOAC are:

- Approval of county INN plans
- Develop/maintain regulations for the PEI and INN components

Innovation Plan Update

TCBH submitted its Innovation Plan "Family Ties: Youth and Family Wellness" to MHSOAC in November 2022. As of April 24, 2023, TCBH's Innovation Plan is currently pending approval from MHSOAC's director and then its chair, which is slated for May.

Appendix I

Tuolumne County Behavioral Health

How can the Community Cultural Collaborative better serve you?

Our Mission: To assure that services are made available in a framework that is culturally relevant.

To encourage more community involvement, the CCC would like to consider your availability as we determine a better meeting day/time for members.

Please read the options for meetings below and choose any that may apply.

1. In thinking about your week, which day works best for you and the CCC meeting?

- [ ] 2nd Monday of the month
- [ ] 3rd Monday
- [ ] 4th Monday
- [ ] 2nd Tuesday
- [ ] 3rd Tuesday
- [ ] 4th Tuesday
- [ ] 1st Wednesday
- [ ] 2nd Wednesday
- [ ] 4th Wednesday

Other (please specify)

2. What times on Monday work best for you? Please mark all that apply.

- [ ] 10:00am
- [ ] 11:00am
- [ ] 1:00pm
- [ ] 2:00pm
- [ ] 1:30pm
- [ ] 2:30pm

>

- [ ] Other (please specify)

3. What times work best on Tuesday? Please mark all that apply.

- [ ] 10:00am
- [ ] 10:30am
- [ ] 11:00am
- [ ] 1:00pm
- [ ] 1:30pm
- [ ] 2:00pm
- [ ] 2:30pm

>

- [ ] Other (please specify)

4. What times work best on Wednesday? Please mark all that apply.

- [ ] 9:00am
- [ ] 10:00am
- [ ] 10:30am
- [ ] 11:00am
- [ ] 1:00pm
- [ ] 1:30pm

>

- [ ] Other (please specify)

5. If you would like to recommend an alternate for the meeting, please include their name and/or contact information below.

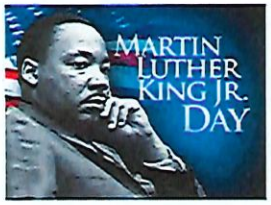
6. If you know of anyone within the community who would be a great addition to the CCC and may be interested in attending regular meetings, please include their name and/or contact information below.

7. Name two reasons why you attend the CCC.

Appendix J

Tuolumne County Behavioral Health

JANUARY 2022

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-11:30 Showers 3 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	4 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***8-11:30 Showers*** 5 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library 9 Check-In **9:15-10 Pride**	6 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***8-11:30 Showers*** 7 8-12 Computers 8-10 Recovery Library 9 Check-In **9:15 Bingo** **9-12 Smile Keepers**
8-11:30 Showers 10 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	11 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***8-11:30 Showers*** 12 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library 9 Check-In **9:15-10 Pride**	13 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***8-11:30 Showers*** 14 8-12 Computers 8-10 Recovery Library 9 Check-In **9:15 Bingo**
EC CLOSED 17 	18 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***9-11:30 Showers*** 19 9-12 Computers 9-12 Games & Recreation 9-12 Recovery Library 9 Check-In **9:15-10 Pride** *LATE START—OPEN AT 9*	20 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***8-11:30 Showers*** 21 8-12 Computers 8-10 Recovery Library 9 Check-In **9:15 Bingo** **9-12 Smile Keepers**
8-11:30 Showers 24 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	25 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***8-11:30 Showers*** 26 8-12 Computers 8-12 Recovery Library 8-12 Games & Recreation 8 Check-In **9:15-10 Pride**	27 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***8-11:30 Showers*** 28 8-12 Computers 8-10 Recovery Library 9 Check-In **9:15 Bingo**
8-11:30 Showers 31 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library		***We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.***		

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SONORA, CA 95370



Phone: 533-7114

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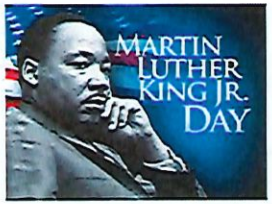
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V 12.14.21

JANUARY 2022

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-11:30 Showers 3 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	4 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***8-11:30 Showers*** 5 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library 9 Check-In **9:15-10 Pride**	6 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***8-11:30 Showers*** 7 8-12 Computers **9-11 Adult Education, Recovery Library** 9 Check-In **9:15 Bingo** **9-12 Smile Keepers** 11-12 Recovery Library
8-11:30 Showers 10 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	11 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***8-11:30 Showers*** 12 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library 9 Check-In **9:15-10 Pride**	13 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***8-11:30 Showers*** 14 8-12 Computers **9-11 Adult Education, Recovery Library** 9 Check-In **9:15 Bingo** 11-12 Recovery Library
EC CLOSED 17 	18 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***9-11:30 Showers*** 19 9-12 Computers 9-12 Games & Recreation 9-12 Recovery Library 9 Check-In **9:15-10 Pride** *LATE START—OPEN AT 9*	20 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***8-11:30 Showers*** 21 8-12 Computers **9-11 Adult Education, Recovery Library** 9 Check-In **9:15 Bingo** **9-12 Smile Keepers** 11-12 Recovery Library
8-11:30 Showers 24 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	25 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***8-11:30 Showers*** 26 8-12 Computers 8-12 Recovery Library 8-12 Games & Recreation 8 Check-In **9:15-10 Pride**	27 ***Laundry*** ***8 & 10 only*** *EC Main Room and Patio are closed to the public.*	***8-11:30 Showers*** 28 8-12 Computers **9-11 Adult Education, Recovery Library** 9 Check-In **9:15 Bingo** 11-12 Recovery Library
8-11:30 Showers 31 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library		***We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.***		

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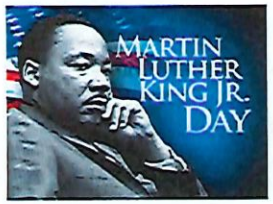
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JANUARY 2022

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3 8-11:30 Showers	4 Laundry 8 & 10 only	5 8-11:30 Showers	6 Laundry 8 & 10 only	7 8-11:30 Showers 9-12 Smile Keepers
10 8-11:30 Showers	11 Laundry 8 & 10 only	12 8-11:30 Showers	13 Laundry 8 & 10 only	14 8-11:30 Showers
EC CLOSED 17 	18 Laundry 8 & 10 only	19 9-11:30 Showers *LATE START—OPEN AT 9*	20 Laundry 8 & 10 only	21 8-11:30 Showers 9-12 Smile Keepers
24 8-11:30 Showers	25 Laundry 8 & 10 only	26 8-11:30 Showers	27 Laundry 8 & 10 only	28 8-11:30 Showers
31 8-11:30 Showers		*We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.*		

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V 1.10.22 B

FEBRUARY 2022

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1 **Laundry 8 & 10 only**	2 **8-11:30 Showers**	3 **Laundry 8 & 10 only**	4 **8-11:30 Showers**
7 **8-11:30 Showers**	8 **Laundry 8 & 10 only**	9 **8-11:30 Showers**	10 **Laundry 8 & 10 only**	11 **8-11:30 Showers** 9-12 Smile Keepers
14 **8-11:30 Showers**	15 **Laundry 8 & 10 only**	16 **9-11:30 Showers** *LATE START—OPEN AT 9*	17 **Laundry 8 & 10 only**	18 **8-11:30 Showers**
EC CLOSED 21 	22 **Laundry 8 & 10 only**	23 **8-11:30 Showers**	24 **Laundry 8 & 10 only**	25 **8-11:30 Showers** 9-12 Smile Keepers
28 **8-11:30 Showers**		*We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.*		

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V 1.31.22

MARCH 2022

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.	1 **Laundry 8 & 10 only**	2 **8-11:30 Showers**	3 **Laundry 8 & 10 only**	4 **8-11:30 Showers**
7 **8-11:30 Showers**	EC CLOSED 8 	9 **8-11:30 Showers**	10 **Laundry 8 & 10 only**	11 **8-11:30 Showers** 9-12 Smile Keepers
14 **8-11:30 Showers**	15 **Laundry 8 & 10 only**	16 **9-11:30 Showers** *LATE START—OPEN AT 9*	17 **Laundry 8 & 10 only**	18 **8-11:30 Showers**
21 **8-11:30 Showers**	22 **Laundry 8 & 10 only**	23 **8-11:30 Showers**	24 **Laundry 8 & 10 only**	25 **8-11:30 Showers** 9-12 Smile Keepers
28 **8-11:30 Showers**	29 **Laundry 8 & 10 only**	30 **8-11:30 Showers**	31 **Laundry 8 & 10 only**	

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V 2.14.22

APRIL 2022

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	*We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.*			1 8-11:30 Showers
4 8-11:30 Showers	5 Laundry 8 & 10 only	6 8-11:30 Showers	7 Laundry 8 & 10 only	8 8-11:30 Showers
11 8-11:30 Showers	12 Laundry 8 & 10 only	13 8-11:30 Showers	14 Laundry 8 & 10 only	15 8-11:30 Showers
18 8-11:30 Showers	19 Laundry 8 & 10 only	20 9-11:30 Showers *LATE START—OPEN AT 9*	21 Laundry 8 & 10 only	22 8-11:30 Showers
25 8-11:30 Showers	26 Laundry 8 & 10 only	27 8-11:30 Showers	28 Laundry 8 & 10 only	29 8-11:30 Showers

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V 3.14.22

MAY 2022~ TAKE ACTION FOR MENTAL HEALTH

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2 8-11:30 Showers	3 Laundry 8 & 10 only	4 8-11:30 Showers	5 Laundry 8 & 10 only	6 8-11:30 Showers
9 8-11:30 Showers	10 Laundry 8 & 10 only	11 8-11:30 Showers	12 Laundry 8 & 10 only	13 8-11:30 Showers
16 8-11:30 Showers	17 Laundry 8 & 10 only	18 9-11:30 Showers *LATE START—OPEN AT 9*	19 Laundry 8 & 10 only	20 8-11:30 Showers 9-12 Smile Keepers
23 8-11:30 Showers	24 Laundry 8 & 10 only	25 8-11:30 Showers	26 Laundry 8 & 10 only	27 8-11:30 Showers 9-12 Smile Keepers
EC CLOSED 30 memorial DAY	31 Laundry 8 & 10 only	MAY IS MENTAL HEALTH MONTH	*We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.*	

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JUNE 2022

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.		1 8-11:30 Showers	2 Laundry 8 & 10 only	3 8-11:30 Showers 9-12 Smile Keepers
6 8-11:30 Showers	7 Laundry 8 & 10 only	8 8-11:30 Showers	9 Laundry 8 & 10 only	10 8-11:30 Showers 9-12 Smile Keepers
13 8-11:30 Showers	14 Laundry 8 & 10 only	15 9-11:30 Showers *LATE START—OPEN AT 9*	16 Laundry 8 & 10 only	17 8-11:30 Showers
EC CLOSED 20 	21 Laundry 8 & 10 only	22 8-11:30 Showers	23 Laundry 8 & 10 only	24 8-11:30 Showers
27 8-11:30 Showers	28 Laundry 8 & 10 only	29 8-11:30 Showers	30 Laundry 8 & 10 only	

TUOLUMNE COUNTY ENRICHMENT CENTER
101 HOSPITAL ROAD
SONORA, CA 95370



Phone: 533-7114

EC Shower & Laundry Hours:
8 a.m. to 12 p.m.

The EC Main Room and Patio are closed until further notice.

The EC is a peer-run Community Center for Wellness and Recovery funded by Prop 63

COVID-19 Screening & Masks are Required. Social distancing is strongly encouraged.



V 6.8.22

JULY 2022

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		*We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.*		1 **8-11:30 Showers**
EC CLOSED 4 	5 **Laundry 8 & 10 only**	6 **8-11:30 Showers**	7 **Laundry 8 & 10 only**	8 **8-11:30 Showers**
11 **8-11:30 Showers**	12 **Laundry 8 & 10 only**	13 **8-11:30 Showers**	14 **Laundry 8 & 10 only**	15 **8-11:30 Showers**
18 **8-11:30 Showers**	19 **Laundry 8 & 10 only**	20 **9-11:30 Showers** *LATE START—OPEN AT 9*	21 **Laundry 8 & 10 only**	22 **8-11:30 Showers**
25 **8-11:30 Showers**	26 **Laundry 8 & 10 only**	27 **8-11:30 Showers**	28 **Laundry 8 & 10 only**	29 **8-11:30 Showers** 9-12 Smile Keepers

TUOLUMNE COUNTY ENRICHMENT CENTER
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NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

V 7.11.22

AUGUST 2022

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-11:30 Showers 1 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library ***Reopening EC with a limited daily capacity of 15***	***8 & 10 Laundry*** 2 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** 3 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** 4 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** 5 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library
8-11:30 Showers 8 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** 9 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** 10 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** 11 8-12 Computers 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** 12 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library
8-11:30 Showers 15 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** 16 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***9-11:30 Showers*** 17 9-12 Computer Center 9-12 Games & Recreation **9-12 Peer Support** 9-12 Recovery Films 9-12 Recovery Library ***LATE START—OPEN AT 9***	***8 & 10 Laundry*** 18 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** 19 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library **9-12 Smile Keepers**
8-11:30 Showers 22 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** 23 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** 24 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** 25 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** 26 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library **8-10 Mental Health Coffee Talk**
8-11:30 Showers 29 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** 30 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** 31 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.***	

TUOLUMNE COUNTY ENRICHMENT CENTER
101 HOSPITAL ROAD
SONORA, CA 95370



Phone: 533-7114

EC Main Room, Patio, Shower & Laundry Hours: 8 a.m. to 12 p.m.

The EC is a peer-run Community Center for Wellness and Recovery funded by Prop 63

Social Distancing & Masks are Required. EC is reopening with a limited daily capacity of 15 people at one time.

988 SUICIDE & CRISIS LIFELINE

V 7.19.22

SEPTEMBER 2022

Suicide Prevention Week: September 4-10, 2022
World Suicide Prevention Day: September 10

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.			***8 & 10 Laundry*** **1** 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** **2** 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library
EC CLOSED **5** 	***8 & 10 Laundry*** **6** 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** **7** 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** **8** 8-12 Computers 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** **9** 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library **9-12 Smile Keepers**
8-11:30 Showers **12** 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** **13** 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** **14** 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** **15** 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** **16** 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library
8-11:30 Showers **19** 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** **20** 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***9-11:30 Showers*** **21** 9-12 Computer Center 9-12 Games & Recreation **9-12 Peer Support** 9-12 Recovery Films 9-12 Recovery Library ***LATE START—OPEN AT 9***	***8 & 10 Laundry*** **22** 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** **23** 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library **9-12 Smile Keepers**
8-11:30 Showers **26** 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** **27** 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** **28** 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** **29** 8-12 Computer Center 8-12 Games & Recreation **8-12 Peer Support** 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** **30** 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library **8-10 Mental Health Coffee Talk**

TUOLUMNE COUNTY ENRICHMENT CENTER
101 HOSPITAL ROAD
SONORA, CA 95370



Phone: 533-7114

EC Main Room, Patio, Shower & Laundry Hours: 8 a.m. to 12 p.m.

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Social Distancing & Masks are Required. COVID-19 screening at the door prior to entry.

988 SUICIDE & CRISIS LIFELINE

V 8.23.22

OCTOBER 2022

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-11:30 Showers 3 8-12 Computer Center 8-12 Games & Recreation ***8 Halloween Movie: Hocus Pocus*** 8-12 Recovery Library	***8 & 10 Laundry*** 4 8-12 Computer Center 8-12 Games & Recreation 8-12 Peer Support 8-12 Recovery Films 8-12 Recovery Library **11:30 Adult Education**	***8-11:30 Showers*** 5 8-12 Computer Center 8-12 Games & Recreation 8-12 Peer Support 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** 6 8-12 Computer Center 8-12 Games & Recreation 8-12 Peer Support 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** 7 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-12 Smile Keepers** **9 Bingo**
8-11:30 Showers 10 8-12 Computer Center 8-12 Games & Recreation ***8 Halloween Movie: Ghostbusters*** 8-12 Recovery Library	***8 & 10 Laundry*** 11 8-12 Computer Center 8-12 Games & Recreation 8-12 Peer Support 8-12 Recovery Films 8-12 Recovery Library **11:30 Adult Education**	***8-11:30 Showers*** 12 8-12 Computer Center 8-12 Games & Recreation 8-12 Peer Support 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** 13 8-12 Computers 8-12 Games & Recreation 8-12 Peer Support 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** 14 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9 Bingo**
8-11:30 Showers 17 8-12 Computer Center 8-12 Games & Recreation ***8 Halloween Movie: Beetlejuice*** 8-12 Recovery Library	***8 & 10 Laundry*** 18 8-12 Computer Center 8-12 Games & Recreation 8-12 Peer Support 8-12 Recovery Films 8-12 Recovery Library **11:30 Adult Education**	***9-11:30 Showers*** 19 9-12 Computer Center 9-12 Games & Recreation 9-12 Peer Support 9-12 Recovery Films 9-12 Recovery Library ***LATE START—OPEN AT 9***	***8 & 10 Laundry*** 20 8-12 Computer Center 8-12 Games & Recreation 8-12 Peer Support 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** 21 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9 Bingo**
8-11:30 Showers 24 8-12 Computer Center 8-12 Games & Recreation ***8 Halloween Movie: Clue*** 8-12 Recovery Library	***8 & 10 Laundry*** 25 8-12 Computer Center 8-12 Games & Recreation 8-12 Peer Support 8-12 Recovery Films 8-12 Recovery Library **11:30 Adult Education**	***8-11:30 Showers*** 26 8-12 Computer Center 8-12 Games & Recreation 8-12 Peer Support 8-12 Recovery Films 8-12 Recovery Library	***8 & 10 Laundry*** 27 8-12 Computer Center 8-12 Games & Recreation 8-12 Peer Support 8-12 Recovery Films 8-12 Recovery Library	***8-11:30 Showers*** 28 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library **9-12 Smile Keepers** **8-10 Mental Health Coffee Talk**
8-11:30 Showers 31 8-12 Computer Center 8-12 Games & Recreation ***Trick-or-Treating, Halloween Music & Costumes*** 8-12 Recovery Library			***We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.***	

TUOLUMNE COUNTY ENRICHMENT CENTER
101 HOSPITAL ROAD
SONORA, CA 95370



Phone: 533-7114

EC Main Room, Patio, Shower & Laundry Hours: 8 a.m. to 12 p.m. Monday through Friday.

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Social Distancing & Masks are Required. COVID-19 screening at the door prior to entry.

988 SUICIDE & CRISIS LIFELINE

V 9.30.22

NOVEMBER 2022

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **11:30 Adult Education**	2 8-12 Computer Center 8-12 Games & Recreation 8-11 Recovery Films 8-12 Recovery Library **9 SUD Presentation** **11-11:45 Karaoke**	3 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 	4 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-12 Smile Keepers** **9 Bingo**
7 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library	8 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **11:30 Adult Education**	9 8-12 Computer Center 8-12 Games & Recreation 8-11 Recovery Films 8-12 Recovery Library **11-11:45 Karaoke**	10 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library	11 
14 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **10 Healthy Eating**	15 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **11:30 Adult Education**	16 9-12 Computer Center 9-12 Games & Recreation 9-12 Recovery Library **11-11:45 Karaoke**	17 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library	18 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-12 Smile Keepers** **8-10 Mental Health Coffee Talk**
21 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library	22 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **11:30 Adult Education**	23 8-12 Computer Center 8-12 Games & Recreation 8-11 Recovery Films 8-12 Recovery Library **11-11:45 Karaoke**	24 	25 
28 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 	29 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **11:30 Adult Education**	30 8-12 Computer Center 8-12 Games & Recreation **9 MHSA Community Stakeholder Feedback** 8-12 Recovery Library **11-11:45 Karaoke**	***Showers: MWF only, 8-11:30 a.m.*** ***Laundry: Tuesday, 8 & 10 a.m. only***	We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.

TUOLUMNE COUNTY ENRICHMENT CENTER
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SONORA, CA 95370



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988 SUICIDE & CRISIS LIFELINE

V 10.26.22

DECEMBER 2022

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	**Showers: MWF only, 8-11:30 a.m.* **Laundry: Tuesday, 8 & 10 a.m. only*	We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.	1 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **8 Holiday Movies**	2 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 8:45 Check-in **9 Bingo**
5 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **8 Holiday Movies**	6 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **8 Holiday Music** **11:30 Adult Education**	7 8-12 Computer Center 8-12 Recovery Library 9-10 Reintegrating Into Society Group, Art Room 9-10 Wellness Wednesdays **10-11:30 Karaoke**	8 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **8 Holiday Movies**	9 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 8:45 Check-in **9 Bingo**
12 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **8 Holiday Movies**	13 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **8 Holiday Music** **11:30 Adult Education**	14 8-12 Computer Center 8-12 Recovery Library 9-10 Reintegrating Into Society Group, Art Room 9-10 Wellness Wednesdays **10-11:30 Karaoke**	15 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **8 Holiday Movies**	16 8-12 Computer Center 8-12 Recovery Library 8:45 Check-in **9 Bingo** **9-12 Smile Keepers**
19 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **8-10 Holiday Movies** 10-10:45 Quality Improvement Council	20 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **8 Holiday Music** **11:30 Adult Education**	21 **Happy Winter Solstice** 9-12 Computer Center 9-10 Reintegrating Into Society Group, Art Room 9-10 Wellness Wednesdays **10-11:30 Karaoke** ***LATE START—OPEN AT 9***	22 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **8 Holiday Movies**	23 ~ *EC CLOSED* Happy Holidays
26 ~ *EC CLOSED*	27 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **8 Holiday Music** **11:30 Adult Education**	28 8-12 Computer Center 8-12 Recovery Library 9-10 Reintegrating Into Society Group, Art Room 9-10 Wellness Wednesdays **10-11:30 Karaoke**	29 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **8 Holiday Movies**	30 8-12 Computer Center 8-12 Games & Recreation **8-10 Mental Health Coffee Talk** **10-11 New Year's Cider, Celebrations & Resolutions**

TUOLUMNE COUNTY ENRICHMENT CENTER
101 HOSPITAL ROAD
SONORA, CA 95370



Phone: 533-7114

EC Main Room, Patio, Shower & Laundry Hours: 8 a.m. to 12 p.m. Monday through Friday.

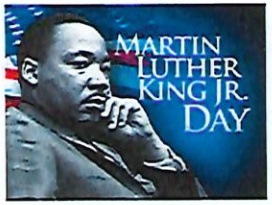
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988 SUICIDE & CRISIS LIFELINE

V 12.1.22

JANUARY 2023

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2 ~ *EC CLOSED* 	3 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 Karaoke** 11:30 Adult Education	4 8-12 Computer Center 8-12 Recovery Library **9-10 Wellness Wednesdays** **11-12 Reintegrating Into Society Group, Art Room** 4-6 Tuolumne County Behavioral Health Advisory Board	5 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 iThrive Thursday NEW!** 4-5 MHSA PEI Contractors' Quarterly Forum	6 8-12 Computer Center 8-12 Recovery Library 8:45 Check-in **9 Bingo** 
9 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9 Mathieson Memorial Health Center, guest speaker**	10 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 Karaoke** 11:30 Adult Education	11 8-12 Computer Center 8-12 Recovery Library **9-10 Wellness Wednesdays** **11-12 Reintegrating Into Society Group, Art Room**	12 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 iThrive Thursday ~NEW GROUP~**	13 8-12 Computer Center 8-12 Recovery Library 8:45 Check-in **9 Bingo** 
16 ~ *EC CLOSED* 	17 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 Karaoke** 11:30 Adult Education	18 9-12 Computer Center **9-10 Wellness Wednesdays** **11-12 Reintegrating Into Society Group, Art Room** ***LATE START—OPEN AT 9***	19 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 iThrive Thursday ~NEW GROUP~**	20 8-12 Computer Center 8-12 Recovery Library 8:45 Check-in **9 Bingo** 9-12 Smile Keepers 
23 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library	24 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 Karaoke** 11:30 Adult Education	25 8-12 Computer Center 8-12 Recovery Library **9-10 Wellness Wednesdays** **11-12 Reintegrating Into Society Group, Art Room**	26 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 iThrive Thursday ~NEW GROUP~**	27 8-12 Computer Center 8-12 Games & Recreation **8-10 Mental Health Coffee Talk** 
30 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library	31 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 Karaoke** 11:30 Adult Education	***We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.***		****Showers: MWF only, 8-11:30 a.m.*** ****Laundry: Tuesday, 8 & 10 a.m. only***

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SONORA, CA 95370



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988 SUICIDE & CRISIS LIFELINE

V 1.3.22

FEBRUARY 2023

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.		1 8-12 Computer Center 8-12 Recovery Library 9-10 Wellness Wednesdays 4-6 Tuolumne County Behavioral Health Advisory Board	2 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 iThrive Thursdays NEW!** 	3 8-12 Computer Center 8-12 Recovery Library 8:45 Check-in **9 Bingo** 
6 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 	7 8-12 Computer Center 8-12 Games & Recreation **9 Mathieson Memorial Health Center, Narcan** **10-11:30 Karaoke** 11:30 Adult Education	8 8-12 Computer Center 8-12 Recovery Library 9-10 Wellness Wednesdays **11-12 Reintegrating Into Society Group, Art Room (last group!)**	9 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 iThrive Thursdays**	10 8-12 Computer Center 8-12 Recovery Library 8:45 Check-in **9 Bingo** 
13 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library	14 8-12 Computer Center 8-12 Games & Recreation 8-11 Recovery Library **9-11 Karaoke** 11:30 Adult Education 	15 9-12 Computer Center 9-12 Games & Recreation 9-12 Recovery Library 9-10 Wellness Wednesdays ***LATE START—OPEN AT 9***	16 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 iThrive Thursdays**	17 8-12 Computer Center 8-12 Recovery Library 8:45 Check-in **9 Bingo** 9-12 Smile Keepers 
20 ~ EC CLOSED 	21 8-12 Computer Center 8-12 Games & Recreation 8-11 Recovery Library **9-11 Karaoke** 11:30 Adult Education	22 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 9-10 Wellness Wednesdays	23 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 iThrive Thursday ~NEW GROUP~**	24 8-12 Computer Center 8-12 Games & Recreation **8-10 Mental Health Coffee Talk** 
27 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 	28 8-12 Computer Center 8-12 Games & Recreation 8-11 Recovery Library **9-11 Karaoke** 11:30 Adult Education		****Showers: MWF only, 8-11:30 a.m.*** ****Laundry: Tuesday, 8 & 10 a.m. only***	

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988 SUICIDE & CRISIS LIFELINE

V 1.26.23

MARCH 2023

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
**Showers: MWF only, 8-11:30 a.m.* **Laundry: Tuesday only, 8 & 10 a.m.* 	*We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.*	1 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 9-10 Wellness Wednesdays	2 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 iThrive Thursdays** 	3 8-12 Computer Center 8-12 Recovery Library 8:45 Check-in **9 Bingo** 
6 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 	7 8-12 Computer Center 8-12 Games & Recreation **9-11 Karaoke** 11:30 Adult Education	8 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 9-10 Wellness Wednesdays	9 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 iThrive Thursdays**	10 8-12 Computer Center 8-12 Recovery Library 8:45 Check-in **9 Bingo** 9-12 Smile Keepers  
13 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 	14 8-12 Computer Center 8-12 Games & Recreation 8-11 Recovery Library **9-11 Karaoke** 11:30 Adult Education	15 9-12 Computer Center 9-12 Games & Recreation 9-12 Recovery Library 9-10 Wellness Wednesdays *LATE START—OPEN AT 9*	16 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 iThrive Thursdays** 	*17 ~ St. Patrick's Day* 8-12 Computer Center 8-12 Recovery Library 8:45 Check-in **9 Bingo** 9-12 Smile Keepers  
20 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 10-11 Quality Improvement Council (Zoom)	21 8-12 Computer Center 8-12 Games & Recreation 8-11 Recovery Library 9 Mathieson Memorial Health Center, Narcan **10-11:30 Karaoke** 11:30 Adult Education	22 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 9-10 Wellness Wednesdays	23 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 iThrive Thursday**	*24 ~ EC CLOSED* 
27 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 	28 8-12 Computer Center 8-12 Games & Recreation 8-11 Recovery Library **9-11 Karaoke** 11:30 Adult Education	29 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 9-10 Wellness Wednesdays 	30 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library **9-11 iThrive Thursday**	31 8-12 Computer Center 8-12 Games & Recreation **8-10 Mental Health Coffee Talk**  

TUOLUMNE COUNTY ENRICHMENT CENTER
101 HOSPITAL ROAD
SONORA, CA 95370



Phone: (209) 533-7114

EC Main Room & Patio Hours: 8 a.m. to 12 p.m. Monday through Friday.

The EC is a peer-run Community Center for Wellness and Recovery funded by Prop 63

Social Distancing & Masks are encouraged. COVID-19 screening at the door prior to entry.

988 SUICIDE & CRISIS LIFELINE

V 3.6.23

APRIL 2023

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library  9 Mathieson Memorial Health Clinic, Narcan 10-11:30 Karaoke 11:30 Adult Education	4 8-12 Computer Center 8-12 Games & Recreation 8-11 Recovery Library 9-11 Karaoke 11:30 Adult Education	5 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 9-10 Wellness Wednesdays 4-6 Tuolumne County Behavioral Health Advisory Board	6 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 9-11 iThrive Thursdays 4-5 MHSA PEI Contractors' Quarterly Forum	7 8-12 Computer Center 8-12 Recovery Library 8:45 Check-in 9 Bingo 
10 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 	11 8-12 Computer Center 8-12 Games & Recreation 9-11 Karaoke 11:30 Adult Education	12 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 9-10 Wellness Wednesdays 	13 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 9-11 iThrive Thursdays	14 8-12 Computer Center 8-12 Recovery Library 8:45 Check-in 9 Bingo 
17 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 10-11 Quality Improvement Council (Zoom)	18 8-12 Computer Center 8-12 Games & Recreation 8-11 Recovery Library 9-11 Karaoke 11:30 Adult Education 1-2 Community Cultural Collaborative (Zoom)	19 9-12 Computer Center 9-12 Games & Recreation 9-12 Recovery Library 9-10 Wellness Wednesdays *LATE START—OPEN AT 9*	20 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 9-11 iThrive Thursdays 	21 8-12 Computer Center 8-12 Recovery Library 8:45 Check-in 9 Bingo 
24 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library	25 8-12 Computer Center 8-12 Games & Recreation 8-11 Recovery Library 10-11:30 Karaoke 11:30 Adult Education	26 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 9-10 Wellness Wednesdays	27 8-12 Computer Center 8-12 Games & Recreation 8-12 Recovery Library 9-11 iThrive Thursday	28 8-12 Computer Center 8-12 Games & Recreation 8-10 Mental Health Coffee Talk 
				*We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.*

TUOLUMNE COUNTY ENRICHMENT CENTER
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988 SUICIDE & CRISIS LIFELINE

V 4.18.23

Appendix K

Tuolumne County Behavioral Health

Tuolumne County Behavioral Health Department January Newsletter

January 2022 ~ Celebrating more than 9 Years ~ First Issue Launched March 2012

TUOLUMNE COUNTY CRISIS LINE:

209-533-7000

TCBHD
105 Hospital Road
Sonora, CA 95370
Tel: 209-533-6245
Fax: 209-588-9563
Open 8 a.m. to 5 p.m.
Monday through Friday
Closed on Holidays

Enrichment Center
101 Hospital Road
Sonora, CA 95370
Tel: 209-533-7114
Open 8 a.m. to 12 p.m.
Monday through Friday
Closed on Holidays



Tuolumne County Behavioral Health Department's mission is to provide respectful, culturally sensitive and strength-based behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction.

Visit us online at:
tuolumne.networkofcare.org/mh/
www.tuolumnecounty.ca.gov

#BHStrong



As team building, employee engagement and staff retention became more into focus, most Tuolumne County Behavioral Health staff participated in Don Clifton's Strengths Finder Assessment in early November. You can see our strengths above in the word clouds.

Strengths Finder Unites Teams

By Pandora Armbruster
Administrative Assistant

During recent meetings focused on employee engagement and staff retention, Behavioral Health staff identified the need to build connections to improve and better understand work relationships. As a group, they recommended the department participate in the Clifton Strengths Assessments to start this process. Management agreed and a facilitator was located to assist staff through this team building exercise.

The Clifton Strength's Movement

Don Clifton was a B-24 navigator and bombardier during World War II who received a Distinguished Flying Cross for his heroism. He felt he had seen enough of war and decided to spend the rest of his life doing good for humankind, which led to his interest in studying human development.

Through his research, he discovered that most psychology books focused on what is wrong with people, not what might be right. This led to his creation of the Clifton Strengths assessment, which has now been completed by more than 26,000,000 people. This assessment, used by millions, helps people identify and maximize their natural talents and infinite potential by understanding not only who they are, but who they can become.

See Strengths ... page 5

~ From Our Kitchen To Yours ~
Cranberry Orange Coffee Cake



Ingredients:

For the Cake

2 cups all-purpose flour
1 teaspoon baking powder
1 teaspoon salt
1/2 teaspoon baking soda
1/2 teaspoon cinnamon
1 Tablespoon fresh orange zest
1/2 cup butter, room temperature
3/4 cup sugar
2 eggs, room temperature
1 1/4 cups milk
1/4 cup fresh orange juice
1 teaspoon vanilla extract
1-1 1/2 cups fresh cranberries

For the Crumb Topping

3/4 cup all-purpose flour
1/3 cup sugar
1/4 cup butter, melted
2 teaspoons fresh orange juice

For the Glaze, optional

1/2 cup confectioner's sugar
1-2 Tablespoons fresh orange juice
1-2 Tablespoons half and half or milk
Fresh orange zest, optional

Instructions:

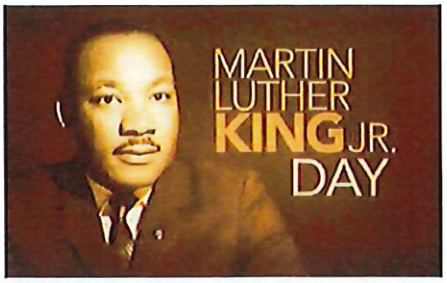
1. Preheat oven to 350 degrees Fahrenheit. Spray a 9X9 inch baking dish with non-stick cooking spray.
2. In a medium bowl, whisk together flour, baking powder, salt and baking soda until combined. Whisk in fresh orange zest until orange zest is incorporated throughout flour mixture. Set aside.
3. In the bowl of stand mixer, or with an electric hand mixer, cream together butter and sugar. Beat in eggs until creamy. Carefully beat in milk, fresh orange juice and vanilla extract until combined.
4. Add dry ingredients to wet ingredients, and stir until just combined. Fold in cranberries. Pour batter into prepared dish.
5. Stir together all-purpose flour, sugar, melted butter, and fresh orange juice for the topping in a small bowl. Combine until mixture resembles crumbs. Sprinkle over the top of the batter.
6. Bake for 40-50 minutes, or until toothpick inserted in the center comes out with just a few crumbs.
7. Remove from oven to a cooling rack.
8. While coffee cake is cooling, prepare glaze (optional). Stir together confectioner's sugar, 1 Tablespoon fresh orange juice, and 1 Tablespoon half and half until smooth. Add additional fresh orange juice and half and half as needed to reach desired consistency.
9. Drizzle over warm cake. Top with fresh orange zest. Allow glaze to harden and serve.
10. Store covered.

Yield: 16
Serving Size: 1



Notes: If it looks like the top is browning too quickly, cover loosely with aluminum foil for the remainder of the bake time.

Source: https://www.a-kitchen-addiction.com/cranberry-orange-coffee-cake/



Diversity Calendar

January celebrates and honors:

January 1, 2022 New Year's Day.

- National Hobby Month
- National Hot Tea Month
- National Mentoring Month
- National Oatmeal Month
- National Slavery and Human Trafficking Prevention Month
- National Slow Cooking Month
- National Soup Month
- National Blood Donor Month
- National Braille Literacy Month

January 6 is Epiphany, a holiday recognizing the visit of the three wise men to the baby Jesus 12 days after his birth. The holiday is observed by both Eastern and Western churches.

January 14 is Makar Sankranti, a major harvest festival celebrated in various parts of India.

January 16 is World Religion Day. This day is observed by those of the Baha'i faith to promote interfaith harmony and understanding. World Religion Day starts sundown of January 16.

January 17 is Martin Luther King Day, commemorating the birth of Martin Luther King, Jr., the recipient of the 1964 Nobel Peace Prize and an activist for non-violent social change until his assassination in 1968. It is always the third Monday in January.

January 18 is Mahayana New Year celebrated on the first full-moon day in January by members of the Mahayana Buddhist branch.

January 18-25 is the Week of Prayer for Christian Unity. During the week, Christians pray for unity between all churches of the Christian faith.

January 26 is Republic Day of India. This day recognizes the date the Constitution of India came into law in 1950, replacing the Government of India Act of 1935. This day also coincides with India's 1930 declaration of independence.

January 31 is the birthday of Guru Har Rai, the seventh Sikh guru.

How to Teach Your Child Body Positivity

By Ana Reisdorf, registered dietician and writer for Walgreens

Today's society has an image-driven culture that focuses on unrealistic standards of beauty for people of all genders, ages, and ethnicities. These standards not only have a negative impact on adults but are impacting children with alarming consequences. Eating disorders among children have increased significantly in the past 20 years. While the greatest prevalence is among adolescents ages 13 to 18, children as young as 5 years old are dieting. More than ever, it's important to teach children how to value healthy eating and stay active while also loving their bodies.

Here are some ways that you can teach your children to have a positive body image and develop healthy habits for life:

Be a Role Model to Your Child

Children tend to mimic the behaviors and actions of the adults around them. If children hear adults speak negatively about their own bodies, this may influence how they see themselves.

To combat this, work at being the role model your children need to see. State positive things about yourself and acknowledge that your imperfections are fine. Talk with your children about body diversity and why many media images are unrealistic. If you notice that your children are struggling with body image, be that understanding person they can speak to.

Change Attitudes Toward Physical Activity

Instead of focusing on exercise as a way to lose weight or maintain a certain body shape, have your children consider the other ways that being active can be a positive contribution to their lives. For example, physical activity helps your body reach its full potential, improves mood, acts as a social activity or artistic expression, and can be a lot of fun!

Try exposing your children to different ways of being active and engage their curiosities. They may be interested in sports like soccer or basketball, or find a passion for yoga, roller skating, or even Quidditch! If your children are concerned that they can't pursue an activity because of their size, show them how professional athletes come in different sizes and shapes.

Develop A Healthy Relationship With Food

Moving away from the binary of "good" or "bad" foods is an important tool in improving your children's relationship with food. These labels create anxiety around food and may lead to consequences including food restriction and feeling like a bad person because they've eaten a "bad" food.

Promote healthy eating by emphasizing how the nutrients in foods help people become strong and healthy. Instead of focusing on calories, explain how the vitamins in an orange help their gums, or how nuts are good for their brain. And if your child wants to have a cookie or chips, there's no need to shame their food choices. Allow children to make some choices about the foods they eat and cultivate an environment where nutritious foods are available and appealing.

Celebrate Your Child's Physical And Non-Physical Attributes

Teaching your children to think positively about themselves can help develop a positive self-image that doesn't focus entirely on appearance. Practice stating what positive attributes they have and what they are capable of doing or becoming.

What are some things that your children like about their bodies? Do they like their smile, or how their body helps them climb up a tree? Don't forget your children's non-physical attributes — are they kind, funny, smart or talented at something? A regular practice of saying affirmations can reduce negative self-talk and build your children's confidence.

Teaching your children body positivity and healthy habits around food and physical activity can have a lasting impact on their self-esteem, self-perception and how they interact with an image-driven culture.

NAMI frontline wellness

By National Alliance on Mental Illness

Frontline professionals face many challenges in their day-to-day work life. From the pressure of making sure people get the help and care they need to working long shifts — health care and public safety are stressful fields of work.

When you encounter chronic stress, trauma and the negative effects of shiftwork as a part of your daily work life, an added source of stress like COVID-19 can feel overwhelming. With concerns about passing the virus to family and friends, protective equipment shortages, exposure to financial pressures and long hours — you need support now more than ever.

For many frontline professionals, the pandemic has taken a toll on their mental wellness. And if you are struggling, you are not alone.

We want you to know that NAMI is here to help.

NAMI is pleased to join the #FirstRespondersFirst initiative to support frontline health care and public safety professionals facing the adverse mental health effects of the COVID-19 pandemic. This community-centered initiative is called NAMI Frontline Wellness.

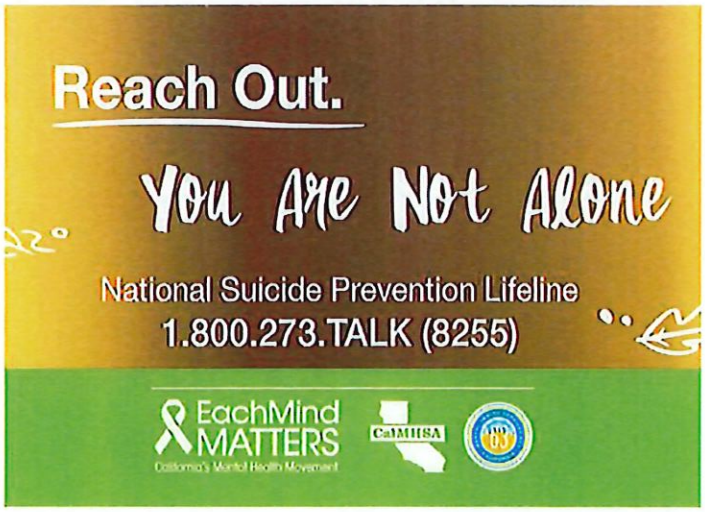
As you navigate this site, you will find information and resources specific to your profession. This will include:

- Confidential and professional support
- Peer support
- Techniques to build resilience
- Support for family members

Information on how to identify signs of a potential mental health emergency.

Your bravery and selflessness protect the health and safety of everyone. We want you to know that your mental health and wellness matter, and we are here to lean on for support.

Thanks to our partners for making this program possible.





The Friendship Line

24-hour toll-free hotline/warmline for older adults and adults living with a disability

The Friendship Line at Institute on Aging is the nation's only accredited 24-hour toll-free hotline for older adults and adults living with a disability. The Friendship Line is both a crisis intervention hotline and a warmline (non-urgent calls); our services provide older adults and adults living with a disability reassurance, crisis intervention, information and referrals.

In addition to receiving incoming calls our volunteers make routine outbound phone calls that provide emotional support, and well-being check-ins.

For many depressed and lonely seniors, we offer a lifeline of hope. In every call, the goal is to help the individual feel safe and valued.

The Friendship Line is accredited by the American Association of Suicidology.

24-Hour Hotline/Warmline
Available 24 hours a day, 7 days a week:

- Crisis Intervention
- Emotional support
- Well-Being check-ins
- Information and referrals

Call the Friendship Line anytime, day or night, 7-days a week at 1-800-971-0016 and introduce yourself to one of our staff members or volunteers - It's that easy.

Who can call the Friendship Line?

- Any person aged 60 years or older
- Adults living with a disability 18 years & older
- Caregivers of older and disabled adults

Call-In Service

We are available to people 60+ who may be lonely, isolated, grieving, depressed, anxious and/or thinking about death or suicide. We also welcome calls from caregivers and/or adults living with a disability of all ages.

*Call-Out Service

We make outbound emotional support calls to older adults who request it. These calls can be arranged by contacting Institute on Aging at 415-750-4111.

*Must live in a county providing funding to the Friendship Line

The Friendship Line - 24-Hour Hotline/Warmline
1-800-971-0016

Stress Reduction Techniques:

- Tai Chi or Yoga
- Take a Nap
- Exercise
- Play With a Pet
- Meditation
- Aromatherapy
- Deep Breathing
- Listen to Music
- Write About What You Are Thankful For
- Take a Walk

NATIONAL

SUICIDE PREVENTION LIFELINE™

1-800-273-TALK (8255)

suicidepreventionlifeline.org

RED NACIONAL

de PREVENCIÓN del SUICIDIO

1-888-628-9454

prevenciondelsuicidio.org

Tips for Managing Stress During the COVID-19 Pandemic:

- Take time away from media reports to focus on things in your life that are going well and that you can control.
- Talk to family and friends. You can still stay connected while social distancing.
- Pay attention to your body. Recognize the early warning signs of stress, and take time to renew your spirit through meditation, prayer, or helping others in need.

ADDITIONAL RESOURCES

Disaster Distress Helpline:
1-800-985-5990

National Suicide Prevention Lifeline:
1-800-273-TALK (1-800-273-8255)

SAMHSA
Substance Abuse and Mental Health Services Administration

Toll-free: 1-877-SAMHSA-7 (1-877-726-4727) | info@samhsa.hhs.gov | https://store.samhsa.gov

PEP20-01-01-013

Strengths: Activity Created Connectedness

Continued from Page 1 ...

Clifton Strengths Assessments

Clifton strengths assessments help participants to uncover their individual talents and how to utilize those talents to maximize their potential. This is done by completing a 177-question survey which measures your natural patterns of thinking, feeling, and behaving and categorizes them into the 34 Clifton Strength Themes with four domains (at right).

Finishing the assessment is just the start of the process. Once completed, you receive customized reports and guides that help you realize your true potential. The "Strengths and Themes" provide insight into who you are and what makes you uniquely powerful. By making the most of identified talents, understanding and managing potential weaknesses, and improving self-awareness, these assessments can empower you and your team to create a strength-based culture throughout your organization.

Executive Director of YES Partnership, Bob White, agreed to facilitate Behavioral Health Strength Finder's exercise and most Tuolumne County Behavioral Health staff participated. This event was delivered in 2-hour meetings split between 7 groups of 5-9 participants from November 1st through 5th, 2021. The results of each groups' assessments were discussed and ways to utilize those identified strengths were identified. Managers met on the final day to learn ways to utilize their staffs' strengths within their assigned programs and roles.

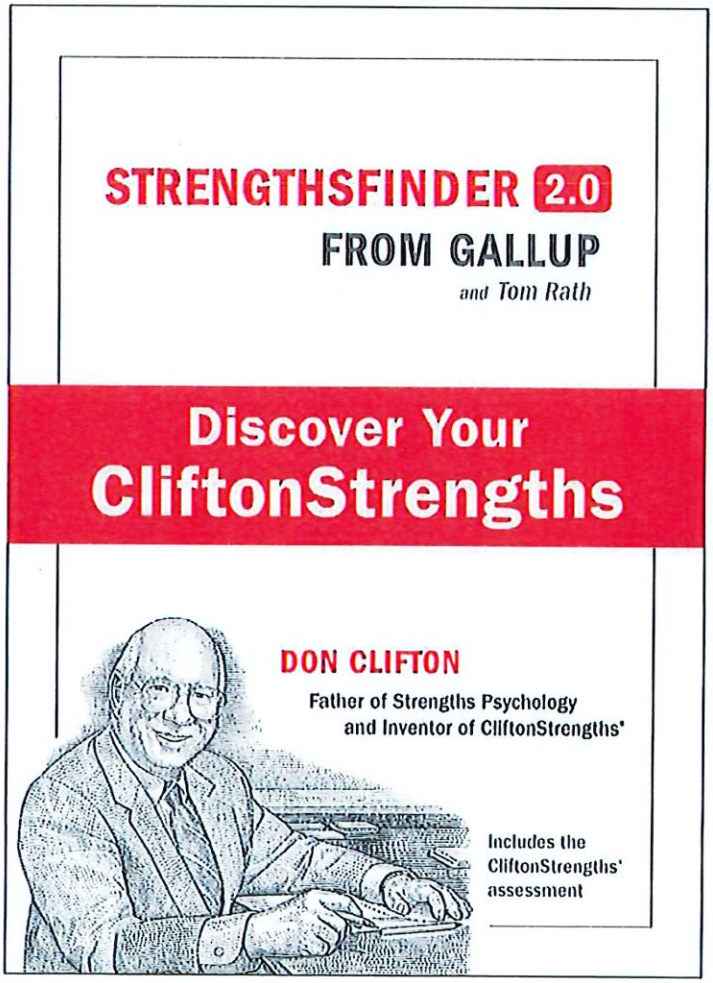
Some of the interesting results included:

- ◊ No staff were identified who had the Competition Strength.
- ◊ Most staff were identified within the Achiever, Relator, Responsibility, Empathy and Adaptability categories, in that order. The categories with the least staff represented were: Competition = 0, Self-Assurance=1, Activator=1, Command=2, and Significance=2.
- ◊ Overall, Behavioral Health staff overwhelmingly fell into the Relationship Building domain, followed by Executing, Strategic Thinking, and finally, Influencing domains.
- ◊ No two staff were identified that had the same strengths in the same order of importance.

Overall, staff feedback was very positive and most felt that this exercise was useful in strengthening bonds within units and across systems. A graphic was created allowing staff to showcase their individual strengths to their Behavioral Health peers. This interactive display was useful in allowing staff to identify with others within their programs and across the department.

For more information, visit https://www.gallup.com/cliftonstrengths/.

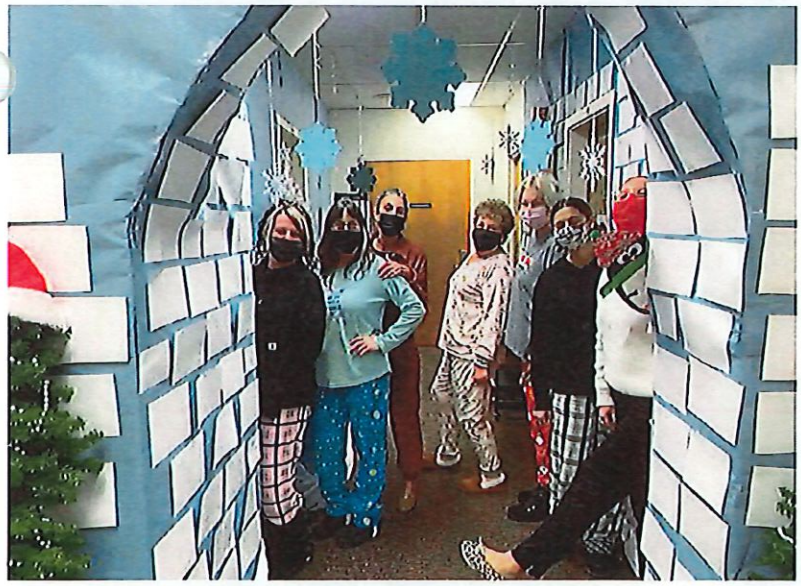
Strategic Thinking	Relationship Building	Influencing	Executing
Analytical	Adaptability	Activator	Achiever
Context	Connectedness	Command	Arranger
Futuristic	Developer	Communication	Belief
Ideation	Empathy	Competition	Consistency
Input	Harmony	Maximizer	Deliberative
Intellection	Includer	Self-Assurance	Discipline
Learner	Individualization	Significance	Focus
Strategic	Positivity	Woo	Responsibility
	Relator		Restorative

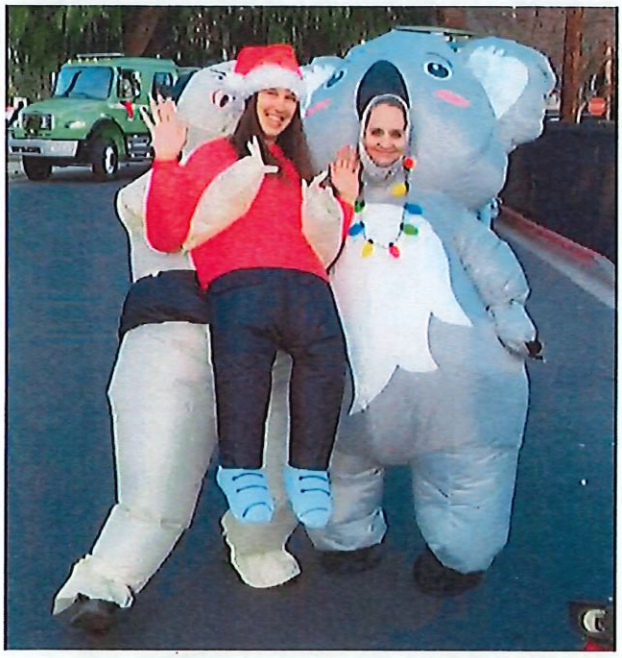


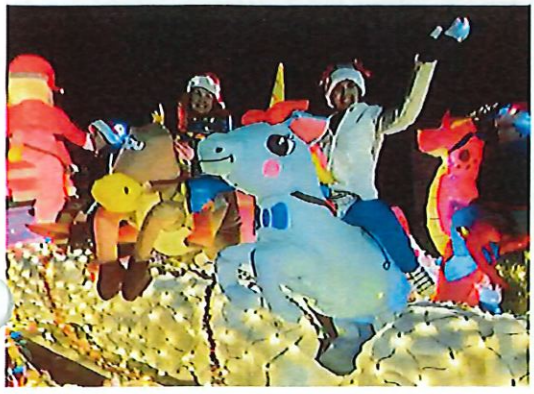
During this hour-long assessment, you'll see 177 paired statements and choose which ones best describe you. Your customized CliftonStrengths reports and guides will give you an "aha" moment as you experience new ways to understand what makes you so unique. Now it's time to aim your CliftonStrengths at anything that comes your way. Use its resources and tools to better aim your strengths at success.

BH Spreading Holiday Cheer





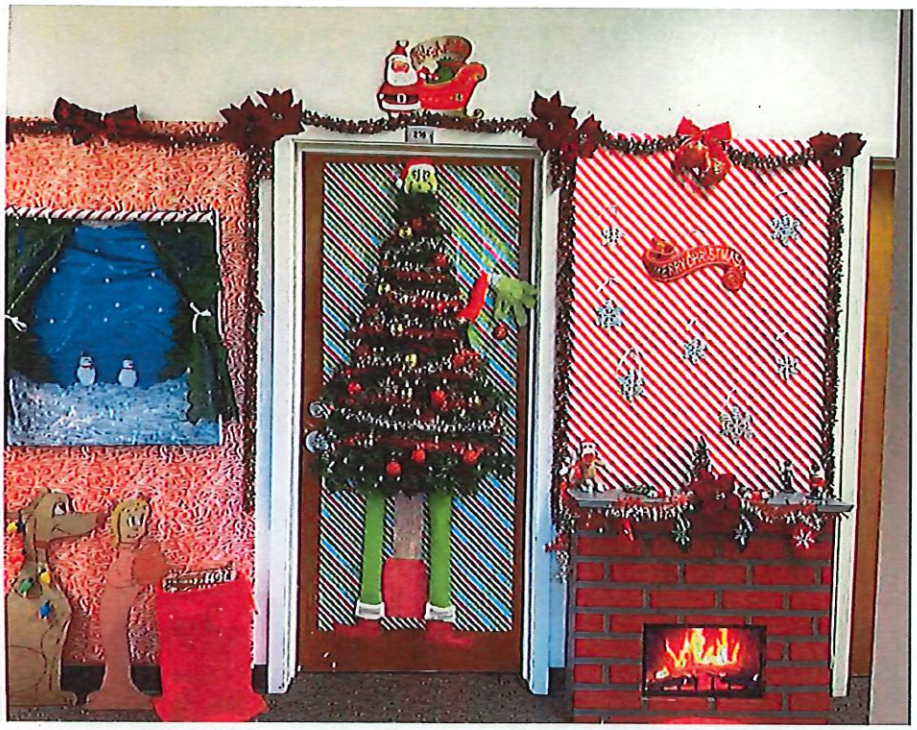








BH's Rockin' Holiday Doors



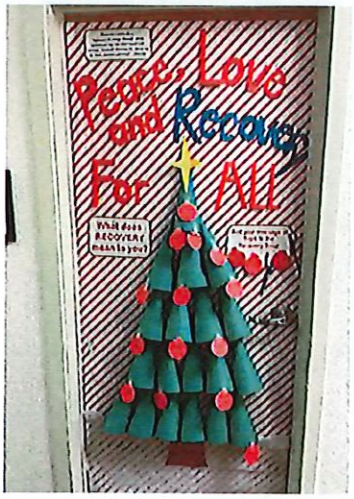












Tuolumne County Behavioral Health Department July Newsletter

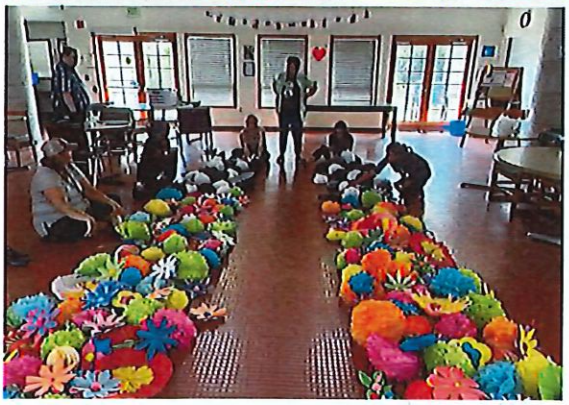
July 2022 ~ Celebrating 10 Years ~ First Issue Launched March 2012

TCBH's Garden of Hope Float









For the past few months, Tuolumne County Behavioral Health (TCBH) staff gathered on numerous occasions during their breaks and lunch hours in the TCBH Conference Room and the Enrichment Center to help prepare for the agency's float in the 63rd Mother Lode Round-Up Parade on Saturday, May 7th 2022, in downtown Sonora. TCBH's float featured a mental health awareness theme to help raise awareness and reduce stigma as well as increase community engagement. Staff and volunteers were working until an hour or so before the parade to help with decorations and the final construction of the float. Some staff were dressed as the "BH Inflatables" and handed out mental health awareness bracelets, lime green necklaces and resource cards to community members during the parade.

TUOLUMNE COUNTY CRISIS LINE:

209-533-7000

TCBHD
105 Hospital Road
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Monday through Friday
Closed on Holidays

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Tuolumne County Behavioral Health Department's mission is to provide respectful, culturally sensitive and strength-based behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction.

Visit us online at:
tuolumne.networkofcare.org/mh/
www.tuolumnecounty.ca.gov

~ Cultural Diversity Calendar ~

July celebrates and honors:

◊ Minority Mental Health Awareness Month

◊ National Cell Phone Courtesy Month

- July 4 is Independence Day. Commemoration of the United States adoption of the Declaration of Independence on July 4, 1776.
- July 9-10: Martyrdom of the BAB Baha'i Observance of the anniversary of the execution of Siyyid Ali-Muhammad, the Bab, prophet-herald of the Bahai Faith by firing squad in Tabriz, Persia.
- July 11 - World Population Day. Founded in1987 when the world's population reached 5 billion people, to raise awareness of global population issues.
- July 13 is Asala–Dharma Day, celebrates the anniversary of the start of the Buddha's teaching.
- July 18 - Nelson Mandela International Day, launched in recognition of Nelson Mandela's birthday on July 18, 2009 via unanimous decision of the UN General Assembly. It was inspired by a call Nelson Mandela made a year earlier, for the next generation to take on the burden of leadership in addressing the world's social injustices when he said that, "it is in your hands now." It is a global movement to honor his life's work and act to change the world for the better.
- July 24 is Pioneer Day, observed by the Mormons to commemorate the arrival in 1847 of the first Latter Day Saints pioneer in Salt Lake Valley.
- July 24 - Parents Day. To recognize & honor the contributions parents make to families and communities.
- July 26 - Disability Independence Day. Anniversary of the 1990 signing of Americans with Disabilities Act (ADA).
- July 27 - National Korean War Veterans Armistice Day. Commemorates more than 37,000 U.S. service personnel who lost their lives during the Korean War.
- July 30 - World Day against Trafficking Persons. Declared in 2013 to raise awareness of the issue of human trafficking.

National Minority Mental Health Awareness Month

National Minority Mental Health Awareness Month is observed each July to bring awareness to the unique struggles that racial and ethnic minority communities face regarding mental illness in the United States. The COVID-19 pandemic has made it harder for racial and ethnic minority groups to get access to mental health and substance-use treatment services.

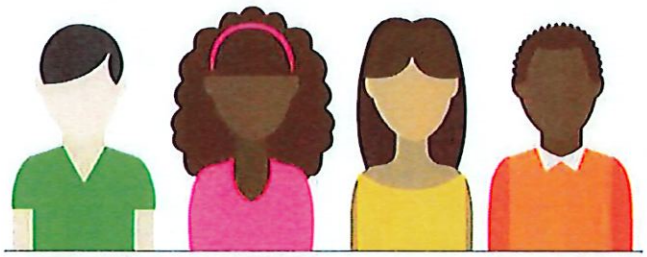
OMH U.S. Department of Health and Human Services Office of Minority Health

Throughout the month, the United States Health and Human Services Office of Minority Health (OMH) will focus on promoting tools and resources addressing the stigma about mental health among racial and ethnic minority populations, particularly during the COVID-19 pandemic.

OMH encourages state, tribal, and local leaders, community-based organizations, faith leaders, healthcare providers and individuals to educate your communities regarding mental health stigma.

Visit this website during National Minority Mental Health Awareness Month for shareable social media messages, downloadable graphics, and health resources. Follow OMH on social media and sign up for OMH newsletters for additional updates.

Check out the OMH Knowledge Center online catalog for publications and resources that highlight the importance of spreading awareness on how to avoid and help dissipate mental health stigma in minority communities. For more information, visit the website https://www.minorityhealth.hhs.gov/.



1 in 4 Americans suffers from a diagnosable mental disorder. Minority populations are less likely to receive diagnosis for their behaviorial health issues and have less access to mental health services.

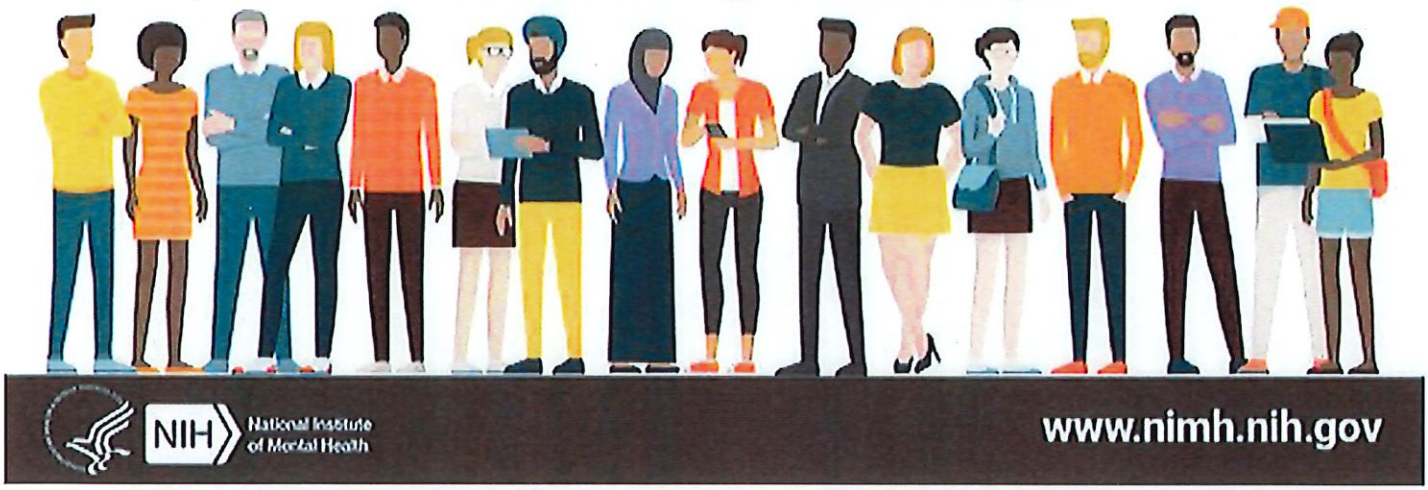


In addition to its OMH Resource/Knowledge Center online catalog here you can find a wealth of information regarding its mission, leadership, staff, work groups, task force, key initiatives, reports to Congress, news, policies, data, surveys, publications, cultural competency information and guide, funding such as awards and numerous types of grants, other programs and so much more.

Minority Mental Health

Mental disorders do not discriminate.

Know the signs. Get help.



NIH National Institute of Mental Health

www.nimh.nih.gov

Tuolumne County Behavioral Health Substance Use Disorder Perinatal Treatment Program

ARE DRUGS OR ALCOHOL STEALING YOUR LIFE OR AFFECTING THE LIVES OF YOUR FAMILY OR OTHERS?

PLEASE LET US HELP! CALL (209) 533-6245 FOR MORE INFORMATION.

All services are completely confidential under CFR Title 42.

Tuolumne County Behavioral Health provides specialized alcohol and drug treatment for pregnant and/or parenting women. Priority will be given to pregnant women who are intravenous substance users.

WE CAN HELP. CALL FOR TREATMENT TODAY!

Preference for admission to substance abuse treatment and recovery programs is given in the following order.

- If you are a woman who is pregnant and using needles
- You are pregnant and are addicted to or abuse alcohol or drugs
- Anyone using needles for IV drug use.
- For anyone with a drug and alcohol problem, we are here to provide you treatment.

Available services may include:

- Transportation to or from treatment
- Childcare while attending group or appts.
- Parenting Groups
- Recovery Skills
- Case Management

PLEASE CALL TUOLUMNE COUNTY BEHAVIORAL HEALTH AT (209) 533-6245 FOR MORE INFORMATION.

PEI Older Adult Counseling Program

What Is the Older Adult Counseling Program?

Our program provides mental health and wellness services to meet the unique needs of 55 years and older adults in Tuolumne County.

Our Services Include:



Individual Counseling

We provide short-term counseling services With a counselor on a regular basis.

Couples Counseling

Provides the opportunity for both individuals To work through their struggles together.

Group Counseling

Support groups represent a space where older adults can share the challenges of growing older, learn about resources and work together to find new ways to thrive.

Educational Presentations

These presentations provide us with the opportunity to equip ourselves with tools for strong mental health awareness.

Contact Us

If you or someone you know may be interested in our Wellness Program, reach out to us and we'll happily answer your questions.

Mother Lode Office of Catholic Charities
88 Bradford Street Sonora, CA 95370
Counseling Services: 209-396-6953

Catholic Charities
of the Diocese of Stockton
Help for Today...Hope for Tomorrow

~ From Our Kitchen To Yours ~
Asian Chicken Salad

Ingredients:

- 2 pounds Marketside Antibiotic Free Boneless Skinless Chicken Thighs
- 1 cup teriyaki sauce, homemade or store-bought
- 1 1/2 Tablespoons canola oil
- Kosher salt and freshly ground black pepper, to taste
- 1 head Romaine, roughly chopped
- 2 cups shredded red cabbage
- 1 1/2 cups julienned carrots
- 3/4 cup crunchy chow mein noodles
- 1 (11 ounce) can mandarin oranges, drained
- 1/2 cup roasted cashews
- 1/2 cup chopped fresh cilantro leaves
- 4 green onions, thinly sliced

For the Peanut Dressing

- 5 Tablespoons peanut butter
- 2 Tablespoons reduced sodium soy sauce
- 1 2/3 Tablespoons rice wine vinegar
- 1 Tablespoon brown sugar
- 1 clove garlic, minced

Directions:

1. In a small bowl, whisk together peanut butter, soy sauce, rice wine vinegar, brown sugar, garlic, and 1/4 cup warm water until smooth. Place in the refrigerator until ready to serve.
2. In a gallon size Ziploc bag or large bowl, combine chicken and teriyaki sauce; marinate for at least two hours to overnight, turning the bag occasionally. Drain the chicken from the marinade.



3. Preheat the grill to medium heat.
4. Brush with canola oil; season with salt and pepper, to taste. Add chicken to grill, and cook, turning occasionally, until chicken is cooked through, reaching an internal temperature of 165 degrees F, about 10 minutes.
5. To assemble the salad, place romaine lettuce in a large bowl; top with chicken, cabbage, carrots, chow mein noodles, mandarin oranges, cashews, cilantro and green onions. Pour peanut dressing on top of the salad and gently toss to combine.
6. Serve immediately.

Source: https://damndelicious.net/2018/08/10/asian-chicken-salad/

TCBH In the Spotlight

Joe Shaw has been a Staff Services Analyst with the Quality Improvement team at Tuolumne County Behavioral Health (TCBH) since January 2022. He went to school in Modesto from elementary school through junior college. Then Joe went to the University of California Davis for college and received his bachelor's of science in computer science.

When asked what he loves most about his job at TCBH, he replied "I love that I get to make a difference for both clients and the staff that work here by doing tasks that I both enjoy and do well at. I also love the work culture and the positivity that everyone brings."

"Currently my favorite vacation spot is Pismo Beach. I love the beach and I love riding ATVs in the dunes there. I unfortunately do not have any pets, but I wouldn't mind getting a dog or a cat one day! A fun fact about me is that in addition to my computer science degree, I also received a minor in Japanese; which I can still speak a little bit of. Also on that note, I am a huge fan of Vocaloid music, which is music made using vocals from a sound bank in a computer application, of which most are Japanese vocalists that record for them."



JOE SHAW

Job Title: Staff Services Analyst

Favorite Hobbies: Playing video games, watching anime with friends, and bowling



When something is going on with your child, it can be hard to get the full picture. Your student assistance professional is there to help you develop one.

Student assistance professionals are there to provide the support you need. They will work with you, your child, and your child's teachers to develop a complete picture of what's going on and engage resources to help.

www.underagedrinking.samhsa.gov

SAMHSA
Substance Abuse and Mental Health Services Administration

#TalkTheyHearYou

PEP20-03-01-072

Heat can escalate quickly.

Warm temperatures can quickly become dangerous. Heat is one of the most deadly weather hazards — don't underestimate it.

- NEVER leave people or pets alone in a closed car
- Drink plenty of water, even if you don't feel thirsty
- Wear loose-fitting, light-colored clothing
- Spend time in air conditoning and in the shade

weather.gov





Pet Safety on July 4th

Fireworks aren't fun for pets.
Keep your pet safe through July 4th celebrations with these simple tips:

1. Don't take your pet along to fireworks displays. They'll be more safe and happy in the security of their home.
2. Prepare a safe "den" for your pet. If they choose to hide under the bed or somewhere else in the house, allow them to.
3. Feed your pet before displays begin and keep a special chew or treat on hand as a distraction from flashes and noise.
4. Be sure your dog is tagged or micro chipped in case he or she gets loose and runs away.
5. Turn on the TV and play music to help drown out outside noises.
6. Employ products that help alleviate anxiety—ask your vet about options if your pet's anxiety is severe.
7. Try not to reward anxiety with extra attention. It may be hard not to cuddle or fawn over your pet when he or she is scared, but do your best to ignore anxious behavior or practice distraction techniques to turn their focus away from commotion.



Los Promotores de Salud

ATCAA

(Amador-Tuolumne Community Action Agency)

Los promotores de salud es un programa de "persona a persona" que utiliza educadores que hablan español, *o promotoras, para ayudar la comunidad Hispana. Las promotoras realizan presentaciones educativas y actividades comunitarias sobre temas de la salud mental a grupos hispanos y latinos dentro de la comunidad. Las promotoras también ayudan a miembros de la comunidad Latina a conectar a los recursos locales y tener acceso a servicios de la salud mental.*

Para obtener más información acerca de nuestros servicios y las próximas presentaciones, o si quiere referir a un amigo o familiar, por favor llame a ***Maria Garcia al (209) 984-1617.***

Financiado en parte por Tuolumne County Behavioral Health y the Mental Health Services Act.

WELLNESS · RECOVERY · RESILIENCE



Los Promotores de Salud

ATCAA

(Amador-Tuolumne Community Action Agency)

The Promoters of Health is a volunteer peer program that uses Spanish speaking educators, or promoters, to assist the Hispanic community in Tuolumne County. These promoters give educational presentations and perform outreach activities on behavioral health topics to individuals and groups within the Hispanic/Latino community. The promoters also help connect members of the Hispanic community to local resources and assist with access to behavioral health services and emotional support within the community.

If you are interested in learning more about our program or would like to refer a friend or family, please call ***Maria Garcia at (209) 984-1617.***

Funded in part by Tuolumne County Behavioral Health and the Mental Health Services Act.

WELLNESS · RECOVERY · RESILIENCE



Tuolumne County Behavioral Health Department March Newsletter

March 2022 ~ Celebrating 10 Years ~ First Issue Launched March 2012

TUOLUMNE COUNTY CRISIS LINE:

209-533-7000

TCBHD
105 Hospital Road
Sonora, CA 95370
Tel: 209-533-6245
Fax: 209-588-9563
Open 8 a.m. to 5 p.m.
Monday through Friday
Closed on Holidays

Enrichment Center
101 Hospital Road
Sonora, CA 95370
Tel: 209-533-7114
Open 8 a.m. to 12 p.m.
Monday through Friday
Closed on Holidays



Tuolumne County Behavioral Health Department's mission is to provide respectful, culturally sensitive and strength-based behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction.

Visit us online at:
tuolumne.networkofcare.org/mh/
www.tuolumnecounty.ca.gov

Input Sought Around MHSA Program, Funding



On Thursday, Feb. 10, 2022, a survey geared toward community stakeholders, partners and the general public was sent out to numerous agencies, organizations and partnerships within Tuolumne County to gain valuable feedback regarding Tuolumne County Behavioral Health's Mental Health Services Act (MHSA) programming and funding as we head into fiscal years 2022-2023.

If you would like to submit your feedback, you can fill the survey out here: https://www.surveymonkey.com/r/ZCGTHTY?fbclid=IwAR3fU3doQaPEFl4XHasxQj6iJuDoSv1w5caM5QWAk4nfjArloVLjnqCaZeM

Hard copies of the survey are also available at the TCBH reception, EC and the Lambert Center.

TCBH: Our Future is Bright

By Pandora Armbruster
Administrative Assistant



The Tuolumne County Behavioral Health Leadership Team (pictured from left to right) is Lindsey Lujan, Betty Hoskins, Misti Ambler, Brock Kolby, Donna Villanueva, Tami Mariscal and Jenn Guhl. Judy Jacobs is not pictured.

Those who work in the mental health industry are good folks. They provide support and inspiration to those in greatest need when times are hardest. Each of us plays a part in that in some way, providing support to each other so that we may each do our best, making things a little easier just to lighten our coworkers' burdens.

It is difficult to admit, but we have experienced some tough times over that last few years. COVID has impacted us. Fires, floods, power outages, and personal losses have all taken their toll. Employee morale has suffered. Staff shortages have affected us adversely and placed demands on many that felt insurmountable. Even though at times we felt discouraged, many continued to plug away at their tasks, taking on additional roles even while feeling overwhelmed. As we were quietly hurting, we have endured, standing firm in our resolve to continue the good work that is so necessary.

Staffing challenges brought to light our plight and our Health & Human Services Director and acting Behavioral Health Director, Rebecca Espino, invited those interested in change to safely explore and identify what was happening. She organized "Change Agent Meetings" allowing us to develop ideas of how we

See Leadership ... page 3

~ From Our Kitchen To Yours ~
Honey Butter Roasted Carrots



Ingredients:

1 1/2 pounds carrots
4 Tablespoons butter
3 Tablespoons honey
1 Tablespoon fresh thyme plus more for garnish
1/4 teaspoon kosher salt plus more to taste
Black pepper to taste

Instructions:

1. Preheat oven to 425 degrees Fahrenheit. Line two baking sheets with parchment paper, set aside.
2. Trim tops and bottoms of carrots. You can leave a little bit of the green stem on for looks, but this is optional. Peel carrots if desired, and cut in half length wise. Arrange on the baking sheets, using both sheets if needed to avoid overcrowding.
3. In a small saucepan, melt the butter with the honey and thyme. When butter is melted, whisk to combine.
4. Pour half of the honey butter sauce over the carrots, reserving the rest of the sauce for later. Season the carrots with salt and pepper. Arrange the carrots so that they are flat side down if possible; this will help them with browning.
5. Place the baking sheets in the oven on two separate racks. Bake for 15-20 minutes, until tender and browning. Remove from the oven, drizzle with remaining honey butter sauce, then roast for an additional 5 minutes.
6. Remove from oven, season with more salt and pepper if desired. Garnish with more thyme. Serve immediately.

Notes:

Cooking time will vary depending on the size of carrots. Thinner carrots will cook faster, thicker carrots will take more time. Check after about 15 minutes to make sure your carrots don't burn.

Leftovers can be stored in an airtight container in the fridge for up to two days. Leftovers can be reheated in the oven or microwave. If you use the oven, reheat them at 325 degrees Fahrenheit for about 5 minutes. Be careful not to overcook the carrots if you use the microwave to reheat them otherwise they become mushy.

Serving: 6 servings
Prep Time: 10 minutes
Cook Time: 20 minutes
Total Time: 30 minutes

Source: https://www.foxandbriar.com/honey-roasted-carrots/?utm_medium=social&utm_source=pinterest&utm_campaign=tailwind_tribes&utm_content=tribes&utm_term=647498916_25017180_140378

Diversity Calendar

March celebrates and honors:

- **Women's History Month.** Started in 1987, Women's History Month recognizes all women for their valuable contributions to history and society.
- **National Developmental Disabilities Awareness Month,** which was established to increase awareness and understanding of issues affecting people with intellectual and developmental disabilities.
- **National Multiple Sclerosis Education and Awareness Month.** It was established to raise public awareness of the autoimmune disease that affects the brain and spinal cord and assist those with multiple sclerosis in making informed decisions about their health care.
- **National Brain Injury Awareness Month.** It alerts us to the causes and aims to eliminate the stigma surrounding brain injuries. It has been observed since 1993.
- **National Nutrition Month.** National Nutrition Month is an educational campaign focusing on the significance of physical fitness as well as eating nourishing meals.

March 2-20: Nineteen-Day Fast, for members of the Baha'i Faith, this time is to reinvigorate the soul & bring one close to God.

March 8: International Women's Day first observed in 1911 in Germany, it has now become a major global celebration honoring women's economic, political and social achievements.

March 13-April 15 Deaf History Month. This observance celebrates the founding of Gallaudet University and the American School for the Deaf.

March 13: Daylight Saving Time. Turn your clocks forward!

March 17: St. Patrick's Day, a holiday started in Ireland to recognize St. Patrick, the patron saint of Ireland.

March 20: Ostara/Eostre, a celebration of the spring equinox commemorated by Pagans and Wiccans.

March 18: Holi, a Hindu and Sikh spring religious festival observed in India, Nepal, and Sri Lanka. People celebrate Holi by throwing colored powder and water at each other.

You are not your illness. You have an individual story to tell. You have a name, a history, a personality. Staying yourself is part of the battle

JULIAN SEIFTER

HealthyPlace.com

NATIONAL
SUICIDE
PREVENTION
LIFELINE™
1-800-273-TALK (8255)
suicidepreventionlifeline.org

RED NACIONAL
de
PREVENCIÓN
del
SUICIDIO
1-888-628-9454
prevenciondelsuicidio.org

Leadership: We Stand Firm Despite Challenges

Continued from Page 4...

could alter the climate within our department, encouraging hard conversations to get to the core of our troubles. We had forgotten how it was to feel safe and supported, heard and seen again. It was truly inspiring to see how this caring leader was willing to listen and elicit honest feedback from each of us.

We brought our best ideas to the table and collaborated on ways to feel connected with each other again. Changes were identified and our department leaders started working hard to implement them. It felt as though the winds of change were blowing our way again and I wanted to share my belief about the future here at Behavioral Health.

To do that properly, I feel I need to describe a little bit of my Behavioral Health beginnings. I interviewed with Behavioral Health in June of 2016. I remember walking into the interview after waiting in the lobby with a group of boisterous women. They were loud and funny, and I enjoyed their company. I did not know that they were awaiting group treatment but was able to deduce it by the time of my appointment. As I rose to enter the interview room, they wished me luck and I thanked the ladies for their well wishes. This was my first indication that this interview would be different, that this job could be enlightening. I was entering into a realm I did not have experience with.

I met Tami Mariscal and Misti Ambler that day. Both were warm and welcoming and laughed with me about my positive interactions with the group of ladies in the waiting room. Tami was personable and left me feeling understood and valued. Misti bonded with me over my need for neatness and order. The interview went well, no surprises there. We high-fived as I left, and I wondered if this was meant to be. Apparently, my answer wasn't long in coming. Mental health was not something that I had a lot of knowledge about. I have mad administrative skills, even a medical background, but nothing that prepared me for the eye-opening experiences I would gain following this path in my career. Every single staff member here at Behavioral Health has personally affected the way I feel about and perceive mental health issues. From my first interaction, this place and these people felt like home to me. This was a happy, exciting place to be a part of. This story really isn't about me though, I just wanted everyone to understand my beginning, first impressions and observations over the course of the last 6 years.

Tami Mariscal has mentored and lead me from my first day through the door. She opened my eyes to all nuances of mental health, both administratively and clinically. Her knowledge spans the whole topic, every single business aspect. I do not believe I have ever asked her a Behavioral Health question that she could not answer. Her ability to remain focused on the new administrative processes and clinical services necessary to meet the evolving needs of mental health mandates has enabled our department to stay in compliance with state and federal regulations for as long as I or many others can remember.

Over the course of my time here, I learned that Tami started her career as a Supply Clerk for Behavioral Health Kingsview in 1989. As her career in mental health evolved with Kingsview, she did a stint in their Crisis Intervention Team, moved on to Reception managing crisis calls, and became the Medical Biller when needed. She was instrumental in implementing their first electronic medical billing system, even assisting Kingsview Corporate offices in transitioning to computerized health records and billing processes. When Tuolumne County contracted with Kingsview for mental health services, she eventually transferred here, becoming an Office Manager as a part of the local workforce. She has continued her rise here as Administrative Support Staff Supervisor, on to Compliance Officer, then Deputy Director, absorbing processes and the clinical expertise needed to deliver and bill for excellent client care. Her "whole house" knowledge base and natural leadership skills are a part of what has led her to the Directorship of our department today.

Her supervisory skills are exemplary. She inspires trust and confidence, raising up those who work hard, assuring they receive the recognition, promotions and accolades they have earned. I know many of us would follow Tami through a fire. She has earned

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Leadership: A Diverse, Passionate Team

Continued from Page 3 ...

our loyalty, proving over and over that she sincerely has a servant heart. My love for her is fierce and mighty and I am so proud to say she is our Director.

I have worked with Misti Ambler through the collaboration of existing processes and in the development of new administrative systems as Behavioral Health's business needs have morphed over the last six years. Misti's steadfast, common sense approach, as well as her unflappable attitude, naturally eases tense and emergent situations. Her ability to cut to the heart of a problem while providing needed support is crucial in leading staff. Misti's Behavioral Health journey is very like Tami's as she also started her career with Kingsview in October 2001. Her career began very humbly in a Reception/Clerical role, moved to Admissions, Accounts Receivables, and then in July of 2008, when TCBH became county-owned and operated, settling in as a Supervisor supporting Medical Records and Billing. Her amazing team is a direct reflection of the honesty and trust she imbues every single day. Staff can go to her for anything and feel heard. Misti's ability to step into new roles and duties, persistently taking on expanded responsibilities, continues with her rise to Deputy Director.

When I first met Brock Kolby, he was the Full-Service Partnership Supervisor. He worked with his Behavioral Health Worker team to address the needs of those most severely impacted by mental health issues, supporting his team in utilizing a "Whatever it Takes" approach to positively impact TCBH clients. He was instrumental in developing the Full-Service Partnership program, creating manuals, developing, and defining consistent processes. Brock stepped into the Planned Services Supervisor role when needed, as well as supporting the clinical needs of the entire department during the staff shortages experienced over the last few years. He has continued to step up and provide administrative support and leadership for the clinical side of our house, assisting in the development and modifications of our systems of care, to meeting the ever-changing requirements of Department of Healthcare Services and our Mental Health Plan. Brock's ability to plan for future changes and his insight in planning for future needs is crucial during this department's implementation of CalAIMs. His clinical expertise and ability to implement program changes makes him an ideal Deputy Director.

I met Lindsey Lujan on her first day at Behavioral Health, one month after my own beginning here. At that time, I was a part of the new employee orientation process, so was getting her onboarded with keys, badge, etc. Lindsey was starting at TCBH as a Staff Analyst for Quality Improvement. She was quiet, but focused and I was new and maybe not so sure of myself at the time. I had no idea then that she would become one of my best co-worker friends and really one of my "people." I get a little teary thinking back on that. Anyway, she was, and is, one of the quickest learners I have ever encountered. She is a sponge. Her ability to take on a tangled mess and sort through it until it makes sense is something I admire and something that this department absolutely needs. Her ability to design and implement processes and her insight into planning for future needs is truly unique. She has moved up, taking on new roles whenever needed, learning, and evolving to meet the department's demands. Lindsey naturally stepped into the Quality Improvement Coordinator position when it opened, assuring the work continued without missing a beat. She has moved through the ranks into her newest role, adding me to her team, flawlessly redesigning what that team looks like and figuring out how to best utilize our skills to meet the department's needs. Her grace and patience are truly astounding. As an Agency Manager, Lindsey continues to provide excellent support and insight into the future of Tuolumne County Behavioral Health.

Jennifer Guhl and I met in October of 2017 during her onboarding process. She was hired as the newest Program Specialist for Mental Health Services Act. She was still Jennifer House at that time, and her bubbly effervescent attitude immediately made me gravitate towards her. Her positivity is catching. It is impossible not to laugh and smile when Jenn is around. I just knew that the Enrichment Center would be in great hands moving forward. Jenn and I have collaborated on several joy-

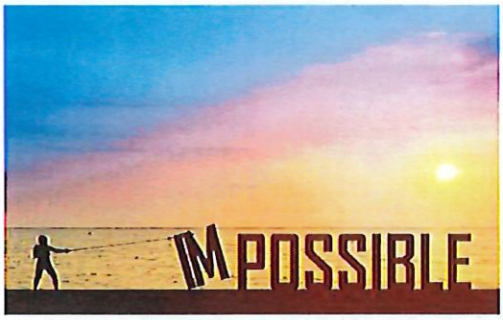
See Leadership ... page 5

Leadership: Team Builds Resilience

Continued from Page 4...

ful projects. (Mr. Potato Food Truck, Inflatables, anything related to holidays, etc.) She is the first person I turn to when I have an "idea." Hahaha! And she doesn't run away when things are hard. I know this because I have personally benefitted from Jenn's loving and caring personality. She has lifted me up on numerous occasions when my armor was dented and no longer shiny. She knows just what to say to get me on my feet again, pointing me forward. Jenn's work experience of employee development has benefitted numerous peer staff, preparing them for advanced roles within our department. She truly has a gift in mentoring others which is really allowing our department to "grow our own" in the mental health field. Jenn has been able to be a constant for other staff in MHSA, staying the course through several Supervisory changes. She can organize like no one I know, and that says a lot. Her detailed planning leaves nothing to chance. I have faith in her leadership and love her for the heart she puts into everything she touches. Her recent rise to Agency Manager is a perfect fit for the future of the MHSA Program and Tuolumne County Behavioral Health.

Judy Jacobs, Senior Accountant, came to Behavioral Health in March of 2020, filling a position that had remained unfilled for quite some time. She stepped up, learning, and supporting the complex accounting needs of our department. She has slowly built an amazing team and continues to provide guidance and direction when necessary. She consistently meets the department's obligations, facing financial scrutiny and oversight through multiple auditing periods. We are thankful to her for her input and wisdom carrying us through these demanding times.



Donna Villanueva, Full-Service Partnership Program Supervisor, has a long and dedicated history with Behavioral Health. Her mental health employment journey also began with Kingsview. She has held the roles of Senior Recovery Counselor and clinician, moving up through the ranks until becoming a fully Licensed Marriage and Family Therapist. She has taken on her management role in her typical "no nonsense" way, leading her team through this entire struggle. She continues to step up, supporting the Substance Use Disorder Team, in addition to her Full-Service Partnership Program.

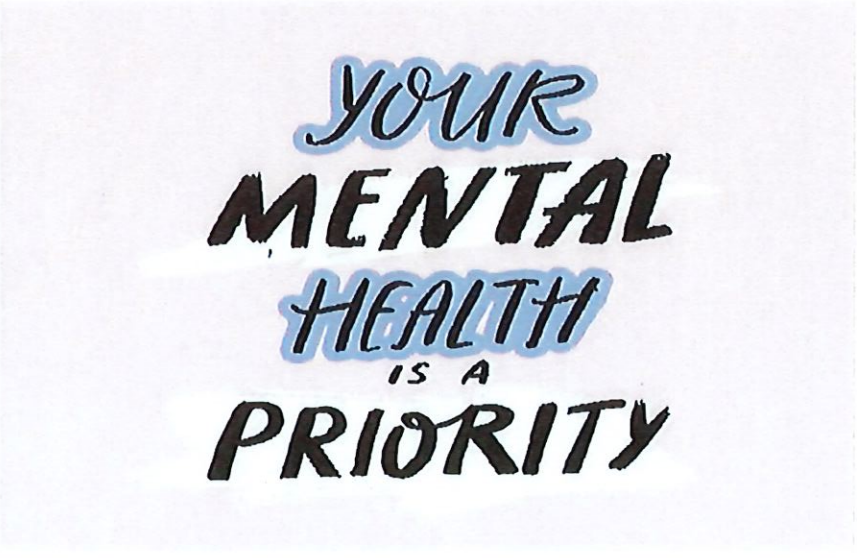
Betty Hoskins, Crisis Access Intervention Program Supervisor, is newly hired, but not so new, to Behavioral Health. She has returned to employment with the department during this most difficult time to revitalize the Crisis Program and now additionally provides Supervisory support to Planned Services as well. Betty's history here is long and storied. I am still learning new amazing things about her every day. She brings new insight to many different facets of our services, all while juggling the many varied services she must oversee.

Both Supervisors are multitasking their way through a large clinical staff shortage. These two powerhouses have taken on more than one program at a time, all while navigating through the implementation of modified clinical services and program changes amidst COVID, new regulations, and short staffing challenges. These two are truly superheroes to staff and clients alike. I cannot begin to guess how they do everything they do, but know staff feel supported and inspired by their continued efforts and work ethics. I am truly in awe.

As our organizational changes continue, I felt that I needed to share my insight and opinion on them, what I have witnessed through my time here and how I feel about the new direction we are headed. This new leadership team feels like the perfect fit to get us through to the other side of our recent departmental challenges. I really could not be more optimistic for the future of our department. I know this is the beginning of great things.

As I harken back to my first day here, I can again feel the lightness in the air, and am excited to be a part of this new plan. I am looking forward to coming to work each day and can't wait to see what other new changes will emerge under this leadership. Please join me in celebrating Behavioral Health's new management team!







Suicide Bereavement Clinician Training

Two Half Days, March 3 & 4, 2022, 9:00am-12:30pm

Attendance Required Both Days—Live Remote Conference via Zoom

The suicide of a loved one can have a profound and sometimes devastating impact on those left behind, called suicide loss survivors. Bereavement after suicide may entail high levels of disorientation, guilt, regret, anger, shame, and trauma. Developed jointly by the American Association of Suicidology, the American Foundation for Suicide Prevention (AFSP), and John R. Jordan, Ph.D., one of the world's leading experts in this area, the *Suicide Bereavement Clinician Training Program* (SBCTP) is intended for clinical professionals seeking to bolster their knowledge and understanding of — and empathetic regard for — people bereaved by suicide.

Attendance required both days for CE credits of 6.5 hours, made possible through AFSP for: physicians/psychiatric nurses, psychologists, certified counselors, social workers, and licensed marriage and family therapists. NASW Approval Number: #886723632; NBCC Approval # SP-3712.

While designed for clinical professionals, the training is also open to clergy, pastoral counselors, school personnel. The workshop will include didactic and video presentations, group discussion, and case examples. *See https://afsp.org/suicide-bereavement-clinician-training for more information.*

Register by calling Cynthia Halman, 209-559-0840 or Kim Garro, 209-247-7406

Two Half Days of Training — March 3 & 4, 2022, 9:00am-12:30pm, Both Days

Sponsored by Lantern of Light
(thanks to a grant from Sonora Area Foundation)
and the American Foundation for Suicide Prevention

Lantern of Light SONORA AREA FOUNDATION

Infant Child Enrichment Services

Raising Healthy Families Program

Online Weekly Parenting Classes



Meet weekly with other parents in your community to learn about topics in child development, discipline, developing your child's self esteem, and managing stress and anger. We will also address trauma, special needs and challenging behaviors.

Call the ICES Office at 209-533-0377 OR Visit our Website www.icesagency.org and sign up on our Events Page

Tuolumne County Behavioral Health Department May Newsletter

May 2022 ~ Celebrating 10 Years ~ First Issue Launched March 2012

TUOLUMNE COUNTY CRISIS LINE:

209-533-7000

TCBHD
105 Hospital Road
Sonora, CA 95370
Tel: 209-533-6245
Fax: 209-588-9563
Open 8 a.m. to 5 p.m.
Monday through Friday
Closed on Holidays

Enrichment Center
101 Hospital Road
Sonora, CA 95370
Tel: 209-533-7114
Open 8 a.m. to 12 p.m.
Monday through Friday
Closed on Holidays



Tuolumne County Behavioral Health Department's mission is to provide respectful, culturally sensitive and strength-based behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction.

Visit us online at:
tuolumne.networkofcare.org/mh/
www.tuolumnecounty.ca.gov

Community Cultural Collaborative Shifts to In-Person

By Michelle Carlson
Program Specialist

The Community Cultural Collaborative (CCC) is "taking it to the streets" literally. In recognition of the Mental Health Awareness month in May, the CCC meeting members will set out to hang lime green ribbon on the posts downtown. This will be the first "in person" meeting of the CCC in quite some time. Spring has sprung and the CCC is ready to meet in person. We will meet at the park on Tuesday, May 17, 2022 at 1 p.m. to get out for service. Feel free to join us if you are out and about! The CCC is a meeting where race, ethnicity, gender identity, sexual orientation, and health equity are

See CCC ... page 6

TCPH and TCBH Suit Up!



Tuolumne County Public Health Staff and Tuolumne County Behavioral Health Staff join forces to help raise awareness for April's Stress Awareness Month.

Journaling Helps Me Fight Mental Health Self-Stigma

By Juliet Jack
HealthyPlace

Journaling is not only one way I fight mental health self-stigma and is, fortunately, becoming increasingly popular in today's world. Used as a method for releasing negativity, spurring creativity, and everything in between, journaling can create a safe space for many people who practice it. I utilize journaling as a way to reel my thoughts in and put them into perspective. It can be easy to become overwhelmed with all the thoughts swirling in our heads, and for me, putting pen to paper serves as somewhat of an escape from this spiraling way of thinking. Journaling can provide many benefits, specifically in combatting the mental health stigma that accompanies the current reality of our world, thus I urge you: Pick up the pen.

What Experts Have to Say About the Benefits of Journaling

The jury is in! Journaling can indeed present many benefits to our mental health. In *"Why Everyone Should Keep a Journal-7 Surprising Benefits"*, it is stated that journaling can help us:
"Achieve goals, track progress and growth, gain self-confidence and reduce stress and anxiety"

There are many different ways to journal. It is important to explore different styles to discover what works best for you. If you are just starting, it may be helpful to hear

See Journaling ... page 4

~ From Our Kitchen To Yours ~
No Bake Key Lime Cheesecake

Equipment Needed:
Stand mixer
Spring-form pan, 7-inch
Pastry bag
Large star tip, to pipe frosting
Bowls
Spatulas
Parchment paper
Lime-colored sprinkle mix

Ingredients:
1 sleeve of graham crackers
1 Tablespoon of sugar
3/4 of a stick of butter, melted

For the Cheesecake:
3 8-ounce packages of cream cheese, softened
1/2 cup of Nellie and Joe's Key Lime Juice
1 can of Eagle Brand Sweetened Condensed Milk
1 cup of powdered sugar
1 small packet of cheesecake flavor instant pudding
1/4 cup of milk
Lime colored food coloring gel
Green food coloring gel

To Garnish:
5-6 key limes, if available, OR 5-6 regular limes
1 cup of sugar – placed in a shallow dish

Frosting:
1 can of prepared frosting—to pipe
Lime colored sprinkle mix, sprinkles of choice

Instructions:



1. First, line a 7-inch Spring-form pan with parchment paper, and set it aside. In the blender or food processor, place the graham crackers and sugar, and blend until coarse crumbs form. Pour crumbs into a bowl, and pour melted butter on crumbs. Stir well into a spring-form pan, and press evenly to form the crust. Place pan in the freezer.
2. Slice 2 or 3 limes in thin slices, and lay slices on paper towels for a few minutes, to drain excess juice. Remove crust from the freezer, and place a bowl, smaller than the spring-form pan, in the middle of the spring-form pan. Dip lime slices in sugar, on both sides, and place slices along the outside of the spring-form pan, between the pan and the dish. (at right)
3. In the mixing bowl of a stand mixer, place the softened cream cheese, Key Lime juice, sweetened condensed milk, and powdered sugar, and mix on low until all ingredients are blended. Scrape down the sides of the bowl, and add the Cheesecake Flavor Instant Pudding, milk, and mix again until completely blended, thick and fluffy. Place 1/3 of the cheesecake batter in a separate bowl, and place the bowl in the refrigerator. In the mixing bowl, add several drops of lime food coloring gel and a couple of drops of green food coloring gel. Continue to add a drop or two at a time, until you reach the color desired. Remove the Spring-form pan from the freezer, and remove the bowl in the center. Make sure the limes are pressed against the outside of the pan. Pour half of the lime green colored cheesecake batter into the pan. Place the pan back in the freezer, for at least four hours. Place the remaining lime-colored cheesecake batter in the mixing bowl, in the refrigerator. After four hours, remove the Spring-form pan from the freezer, and pour the white cheesecake batter in the Spring-form pan, on top of the lime-colored layer. Place the pan back in the freezer for 3 hours. Remove the pan from the freezer, and pour the remaining lime-colored batter on top of the white batter layer, forming the top layer of the cheesecake. Place the pan back in the freezer, and leave it overnight for best results.



4. Before serving the cheesecake remove the pan from the freezer, and remove the outside of the Spring-form pan. Place the frosting in a pastry bag with a large star tip, and pipe the frosting on the top of the cheesecake in a swirly ribbon around the edge of the cheesecake. (You can also pipe large dollops of frosting around the edge if you prefer). Sprinkle with a Lime green sprinkle mix. Cut the remaining limes in slices, and cut the slices in half. Place the half slices around the top of the cheesecake, in the frosting (see photo). Dip the remaining lime pieces in sugar, and serve on the side as a garnish. Serve, and Enjoy!

Source: *https://kitchenfunwithmy3sons.com/no-bake-key-lime-cheesecake/*

~ Cultural Diversity Calendar ~

May celebrates and honors:

- ALS Awareness Month
- Asian American and Pacific Islander Heritage Month: recognizing the contributions and influence of Asian Americans and Pacific Islander Americans to the history, culture, and achievements of the United States.
- Blood Pressure Education Month
- Celiac Disease Awareness Month
- Correct Your Posture Month
- Global Employee Health and Fitness Month
- Jewish American Heritage Month: Paying tribute to the generations of Jewish Americans who have helped form the fabric of American history, culture and society.
- National Dental Care Awareness Month
- National Stroke Awareness Month
- National Military Appreciation Month
- **National Mental Health Awareness Month**
- National Brain Cancer and Brain Tumor Awareness Month
- National Foster Care Month
- Older Americans Month

⇒ **April 1:** First day of **Ramadan**, the holy month when Muslims abstain from eating and drinking from sunrise to sunset. This year Ramadan will run April 1 to May 1.

⇒ **May 1: International Workers Day** also known as May Day, celebrates social and economic achievements of workers worldwide.

⇒ **May 5: Cinco de Mayo** celebrates the victory of Mexico over French occupational forces in the Battle of Puebla in 1862.

⇒ **May 8: Mother's Day** - children of all ages show appreciation for their mothers.

⇒ **May 17: International Day Against Homophobia** is a global celebration of sexual and gender diversity.

⇒ **May 21: Armed Forces Day** recognizes military members & their families.

⇒ **May 30: Memorial Day** originally initiated to honor the dead of the Civil War, Memorial Day now pays homage to the dead of all U.S. Wars.

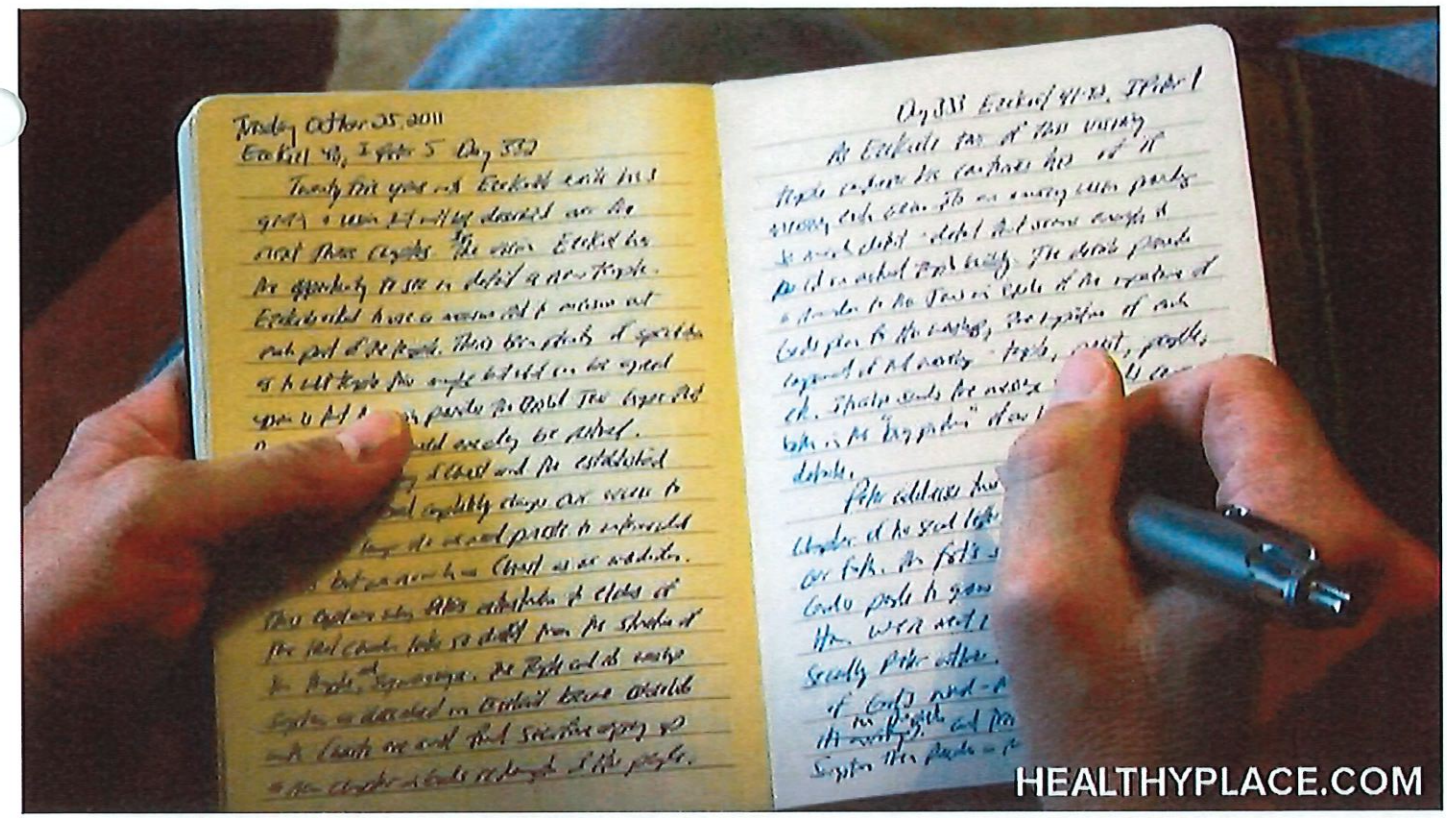
NATIONAL
SUICIDE
PREVENTION
LIFELINE™
1-800-273-TALK (8255)
suicidepreventionlifeline.org

RED NACIONAL
de
PREVENCIÓN
del
SUICIDIO
1-888-628-9454
prevenciondelsuicidio.org

Round-Up Parade Prep



Tuolumne County Behavioral Health (TCBH) staff gathered on Friday, April 8th during their lunch hour in the Conference Room to help prepare for the TCBH float in the upcoming 63rd Mother Lode Round-Up Parade on Saturday, May 7th 2022, at the Mother Lode Fairgrounds in Sonora. TCBH's float will feature a mental health awareness theme to help raise awareness and reduce stigma as well as increase community engagement. Staff will be busy up until the night before the parade to help with decorations and the construction of the float.



Journaling: Only Your Opinion Matters

Continued from Page 1...

about the techniques that work for others to formulate a starting point of your own.

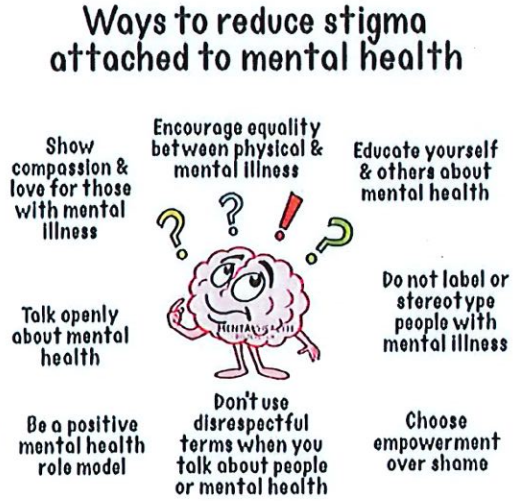
How to Start Journaling and Ease Mental Health Self-Stigma

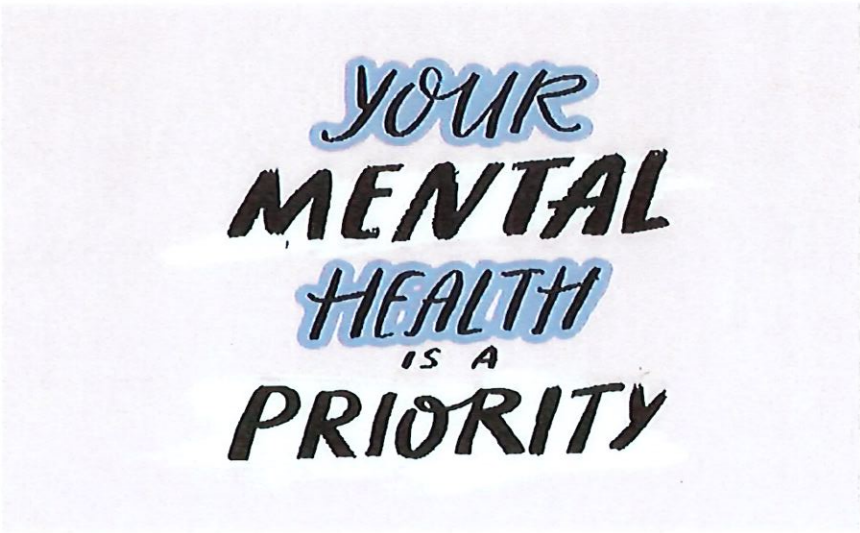
I have always thoroughly enjoyed writing, but I must admit, journaling is *more* than just writing. Journaling, and journaling effectively, require a certain vulnerability. Luckily, there is no rule telling us where to start and how much to divulge when we first begin.

Some days I write single words, other days whole essays, the only non-negotiable for me is that I am honest with myself and intentional with what I write. I say journaling can combat mental health stigma because it forces us to see our thoughts in a new light. Writing words down on paper can take away much of their power in many ways.

Suddenly, the opinion of others seems to sting a little less, and even more importantly, we find that we become more empowered because of the journaling process. If for no other reason, I urge you to start journaling because everyone deserves to feel accepted. It does not need to be a Pulitzer prize-winning piece to make a huge impact in our everyday lives. The only way to start is to pick up the pen and write.

https://www.healthyplace.com/blogs/survivingmentalhealthstigma/2022/4/journaling-helps-me-fight-mental-health-self-stigma





LANTERN OF LIGHT

FAITH-BASED SUICIDE PREVENTION MINISTRY

"The people walking in darkness have seen a great light; on those living in the land of deep darkness a light has dawned!" Isaiah 9:2

Suicide is recognized as a serious community health problem worldwide. How can further deaths and injuries be prevented? How can we support people to choose life when something prevents them from seeing a way forward? This suicide alertness training will teach skills to help make a life-saving connection that will support people to choose life. Lantern of Light provides information for faith communities regarding their important role in preventing suicide.

LIVINGWORKS

safeTALK Training

4-hour interactive, practical, practice-oriented workshop

- Move beyond the stigma & common tendencies to miss or dismiss suicide
- Recognize invitations for help in people who have thoughts of suicide
- Apply the TALK steps (Tell, Ask, Listen, and KeepSafe)
- Link people with community resources
- 3 Continuing Education Units through CEUnits, approved provider for Nursing, NASW, APA, NBCC and LMFTs



When: May 20, 2022, 8:30am-12:30pm

Where: Word of Life Fellowship, 24630 Hwy 108, Mi Wuk, CA
(Lower Junior Church Building)

Fee: Free to Tuolumne County Residents

Call To Register: Cynthia Hulman: (209) 559-0840 or Kim Garro: (209) 247-7406

To keep our training safe, we will be following CDC COVID guidelines. See the following website for details:
https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf

Cynthia Hulman has a Master's Degree in Social work and is a Licensed Clinical Social Worker. She has a Pupil Personnel Services Credential, is a retired elementary school counselor, and Hospice Social Worker. She provides care, respect, and counseling to multi-cultural, diverse individuals and families who are dealing with difficult life situations. Cynthia has been a LivingWorks Education Trainer for ASIST since 2010, and a LivingWorks Education Trainer for safeTALK since 2013. She is a trained suicide bereavement clinician through the American Foundation for Suicide Prevention. Cynthia is co-founder of Lantern of Light, a faith-based suicide prevention ministry.

Kim Garro has been an Independent Certified Christian Coach with the John Maxwell Team since 2017. She has specialized in 12-step recovery programs such as Celebrate Recovery, Alcoholic Anonymous, Al-Anon and Alateen since 2013. She coaches and mentors people who are struggling to overcome life's hurts, difficulties and addictions, helping them realize their God-given potential. Kim is also a Notary Signing Agent. Kim has been a LivingWorks Education Trainer for safeTALK & ASIST since 2019. She is trained in suicide bereavement through the American Foundation for Suicide Prevention. Kim is co-founder of Lantern of Light, a faith-based suicide prevention ministry.

Donations can be made through Word of Life Fellowship, a tax exempt organization, IRS 501(c)(3) No. 94-2837869

This free training made possible through a grant from SONORA AREA FOUNDATION

CCC: Meets Third Tuesday of Each Month

Continued from Page 1...

discussed. Our assignment is to assure that mental health services are made available for anyone who meets the criteria of Tuolumne County Behavioral Health (TCBH) which is severe mental illness. The Crisis department is able to work with anyone, in a time of need whether or not you are a TCBH client.

It is also up to the CCC to help get the word out! Mild to moderate mental problems are best handled in our wide variety of private therapists. The Enrichment Center staff annually compiles the private therapist list, which makes it accessible to anyone who may be curious. If you are a therapist and do not see your name on the list, we are happy to add you. TCBH is always glad to assist someone looking for services. For more information, visit the Tuolumne County Network of Care site at https://tuolumne.networkofcare.org/mh/index.aspx to access the Private Therapist List.

An in depth look was done with TCBH penetration rates during the CCC meeting. Data show that all ethnicities are being served when compared to census data in Tuolumne. According to the penetration data, TCBH is serving the people meant to be served. However, there is always room for improvement.

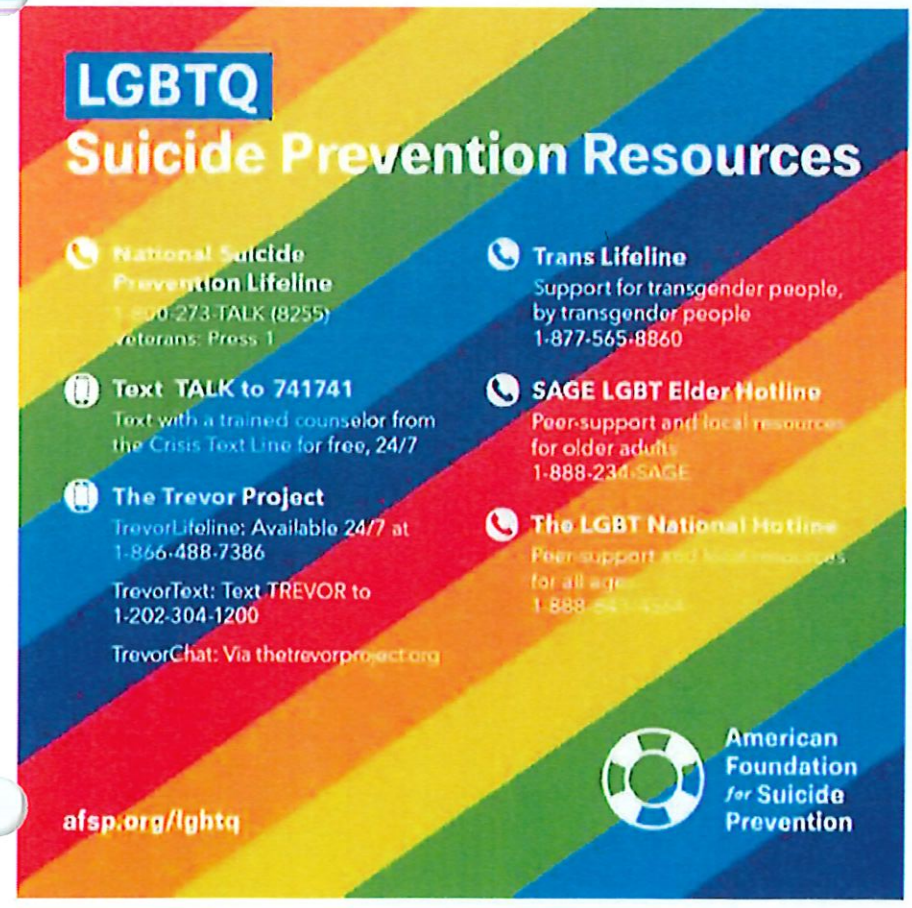


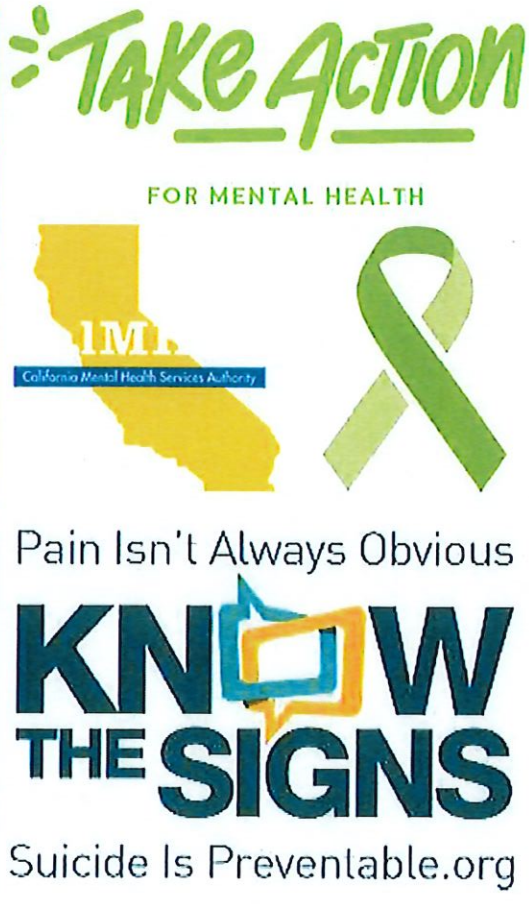
Tuolumne County has two times the number of older adults than the state wide average. This would then lead us to consider current resources for specialty services for older adults and mental health, just like the older-adults wellness counseling services at Catholic Charities that is one of TCBH's Prevention and Early Intervention (PEI) contractors.

It is the mission of the CCC to "get the word out" for what TCBH does in the community and how to access employment opportunities, service to the community, and recognizing the many programs funded by TCBH and delivered to the community by able community-based organizations. Amador Tuolumne Community Action Agency (ATCAA) is one of the funding efforts and is also another one of TCBH's PEI contractors focusing on suicide prevention within the county. ATCAA also manages the fiscal piece of the YES Partnership that represents more than 30 sectors from the community including the Highway Patrol, Sheriff's Department, Suicide Prevention, and the County Schools Office.

Always striving to improve the meeting and the outreach options, the CCC is devoted to assuring that behavioral health services be made available to persons no matter their sexual orientation, gender identity, race, ethnicity, and/or language preference. TCBH has the responsibility to help meet the need of the community. It is a matter of fact that TCBH is involved in many different funding opportunities within the community to assure the appropriate services, prevention and early intervention programs meet the community's needs.

Together our CCC brings awareness of mental health issues, the reduction of stigma associated with seeking help, and health equity for all. Also, the collaborative is a trusted and reliable source of great ideas, outside the box thinking, and qualitative information from the source. It is through sharing ideas and functions that the CCC continues to thrive. Would you like to join us? For more information, call TCBH at (209) 533-6245.





BH Attends Community Discovery Fair













Tuolumne County Behavioral Health Staff Michelle Carlson, Alisa Mansfield, Emily Freda, Pandora Armbruster and Jenn Guhl participated in the Blue Zones' Community Discovery Fair on Saturday, April 9th 2022, at the Mother Lode Fairgrounds in Sonora. The TCBH booth attracted more than 330 community members who were given resources on mental health and behavioral health services, and won prizes by spinning the wheel.

#Out4MentalHealth

JOIN OUR TASK FORCE

TriCounty LGBT Alliance is looking for advocates and community leaders to join us in raising mental health awareness and support for rural LGBTQI+ folx in Amador, Calaveras and Tuolumne Counties.

All levels of experience welcome!

Together we will make a difference!

THE TRICOUNTY LGBT ALLIANCE
CALAVERAS + AMADOR + TUOLUMNE

FOR MORE INFORMATION, EMAIL:
tricountylgbtalliance@gmail.com

#Out4MentalHealth is a collaborative project of the California LGBTQ Health and Human Services Network, Funded by the California Mental Health Services Act (Prop 63) and overseen by the Mental Health Services Oversight and Accountability Commission (MHSOAC)



EACH MIND MATTERS
California's Mental Health Movement

Mental Health Spirit Day May 7

May is Mental Health Matters Month and May 7th is Children's Mental Health Day:
A great time to Take Action for Mental Health.

Join as an Individual

Choose a **Spirit Day Activity** and **Submit Proof** of participation by or on May 7th.

Every entry receives a **Mental Health Thrival Kit** and a chance to **win $100 Amazon gift card**.

Join as a School or Organization

Choose a **Spirit Day Activity** and **Submit Proof** of participation by or on May 7th.

The top **10** entries receive a **pizza party** for the group of youth or grade that participated.

Choose A Spirit Day Activity:

- √ **Go Lime Green!** The lime green ribbon is the symbol of mental health. Dress-up, make-up, nails or hair- show your lime green spirit and take a group picture.
- √ Show your spirit with a cheer, song, dance, collage or other group activity and express: **Why Mental Health Matters.**
- √ Answer the prompt: **I Take Action for Mental Health by…**
- √ Complete the **Take Action for Mental Health Scavenger Hunt.**
- √ Remember the movie **Inside Out**? Dress up as an emotion or draw a picture that reflects how you feel!
- √ DIY: Come up with your own **Mental Health Spirit Day activity!**

How to Participate

√ **Complete Spirit Week Activity**

√ **Submit Proof of Participation by or on May 7 at Midnight**

√ **Win a Pizza Party and More!**

www.DirectingChange.org/events

Directing Change
Program & Film Contest

Tuolumne County Behavioral Health Department November Newsletter

November 2022 ~ Celebrating 10 Years ~ First Issue Launched March 2012

TUOLUMNE COUNTY CRISIS LINE:

209-533-7000

TCBHD
105 Hospital Road
Sonora, CA 95370
Tel: 209-533-6245
Fax: 209-588-9563
Open 8 a.m. to 5 p.m.
Monday through Friday
Closed on Holidays

Enrichment Center
101 Hospital Road
Sonora, CA 95370
Tel: 209-533-7114
Open 8 a.m. to 12 p.m.
Monday through Friday
Closed on Holidays



Tuolumne County Behavioral Health Department's mission is to provide respectful, culturally sensitive and strength-based behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction.

National Suicide Prevention Lifeline 1-800-273-TALK(8255) → 988 Suicide & Crisis Lifeline

Behavioral Health Centers Reopen



Tuolumne County Behavioral Health's community centers, the Tuolumne County Enrichment Center and the David Lambert Community Drop-In Center, have proven to be resilient during the pandemic. Both centers, which are open to community members 18 years of age and older, are funded through the Mental Health Services Act Prop 63 that California voters passed in November 2004 and took effect January 1, 2005. The Act imposed one percent tax on individual income exceeding $1 million. The MHSA is a unified, statewide initiative to provide improved care for individuals living with a mental illness and it outlines a methodology to the

See Centers ... page 5



The Tuolumne County Enrichment Center (above) is open Monday through Friday from 8 a.m. to 12 p.m. County staff has maintained the EC Community Garden (left) during the past few years to keep it flourishing for all who plan to visit.

~ Cultural Diversity Calendar ~

November celebrates and honors:

October 31 - November 2: Dia de los Muertos. A time of remembrance for dead ancestors and a celebration of the continuity of life.



November 1 is All Saints Day. All Saints Day celebrates the lives of all Christians who have died in a state of grace.

November 11 is Veterans Day, an annual U.S. federal holiday honoring military veterans. The date is also celebrated as Armistice Day or Remembrance Day in other parts of the world and commemorates the ending of the first World War in 1918.

November 20 is Transgender Day of Remembrance, established in 1998 to memorialize those who have been killed as a result of transphobia and raise awareness of the continued violence endured by the transgender community.

November 20 is Feast of Christ the King, the last holy Sunday in the western liturgical calendar. This day is observed by the Roman Catholic Church, as well as many Anglicans, Lutherans, and other mainline Protestants.

November 24 is Thanksgiving. Thanksgiving is a national holiday celebrated on various dates in places including the United States, Canada, Brazil, Grenada, Saint Lucia. It began as a day of giving thanks and sacrifice for the blessing of the harvest and of the preceding year.



Tuolumne County Behavioral Health Substance Use Disorder Services Offers Youth Services Through the Adolescent Youth Treatment Program

TREATMENT OPTIONS ARE AVAILABLE FOR THOSE UNDER 18

CALL TUOLUMNE COUNTY BEHAVIORAL HEALTH AT (209) 533-6245 FOR MORE INFORMATION

Available services may include:

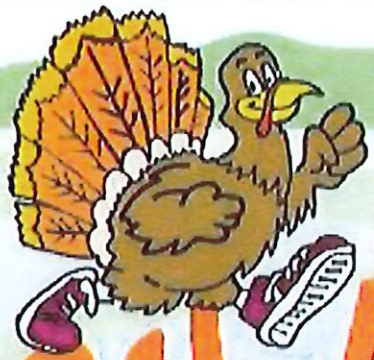
- Transportation to or from treatment
- Brief Intervention
- Individual Therapy
- Group Therapy
- Family Engagement and Therapy
- Case Management

Topics covered may include:

- Managing triggers
- Recognizing and reducing stress
- Repairing relationships
- Compulsive behaviors
- Anticipating and preventing relapse

All services are completely confidential under CFR Title 42.

Blue Zones Project, Tuolumne County presents:



Jimtown Walkabout

AND WELLNESS FAIR

Walk the course with friends & neighbors.
Meet the walking goal you set!

Free Pedometers while supplies last. Count your steps and win prizes!

Saturday, November 19
9:00am to noon
Jamestown Elementary School

FAMILY FUN ACTIVITIES • GIVEAWAYS
RAFFLE PRIZES like gift cards for gas and meals
HEALTH & WELLNESS BOOTHS • DJ MUSIC

Accepting food donations for Mother Lode Food Project
of holiday-themed non-perishible food (earns a raffle ticket)

THANKS TO OUR COMMUNITY PARTNERS
Jamestown Family Resource Center
& Tuolumne County Public Health Department

SPONSORED BY:

Sonora Area Foundation
for good, for ever

BLUE ZONES PROJECT

tuo.bluezonesproject.com • 209.694.3217

~ From Our Kitchen To Yours ~
Apple Spice Cake with Cream Cheese Frosting

Ingredients:

For the Apple Spice Cake:

2 ¼ cup all-purpose flour
2 teaspoon baking powder
½ teaspoon baking soda
¼ teaspoon salt
2 teaspoon cinnamon
½ teaspoon ginger
¼ teaspoon nutmeg
⅓ cup vegetable oil
¾ cup white sugar
¾ cup packed brown sugar
3 large eggs room temperature
2 teaspoon vanilla extract
1 cup apple sauce
1 ½ cups grated apple
⅓ cup sour cream

For the Cream Cheese Frosting

⅓ cup unsalted butter softened to room temperature
8 oz cream cheese brick style, full-fat
3 cup powdered sugar
1-2 tablespoons heavy cream as needed
chopped walnuts optional



Instructions

For the Apple Spice Cake

1. Preheat the oven to 350F degrees.
2. Grease and flour a 9x13 inch cake pan.
3. In a large bowl whisk together the flour, baking soda, baking powder, salt, cinnamon, ginger & nutmeg.
4. In a large bowl using an electric mixer beat together the oil, sugars, eggs and vanilla. Then stir in the apple sauce, grated apple and sour cream.
5. Slowly beat in the flour mixture, turning off the mixer and scraping down the sides of the bowl as necessary.
6. Pour into the prepared pan and bake for 40-45 minutes or until an inserted toothpick comes out clean.

For the Cream Cheese Frosting

1. In a large bowl beat together the butter until soft. Then beat in the cream cheese until no lumps remain.
2. Slowly beat in the powdered sugar about 1 cup at a time. Beat in 1-2 tablespoons cream as needed until the desired sweetness is reached.
3. Frost the cooled cake, then top with chopped walnuts.

Notes

Store leftovers in an airtight container in the fridge for up to 4 days. Bring to room temperature before enjoying.

Source: https://www.justsotasty.com/apple-spice-cake-cream-cheese-frosting/#recipe

Tuolumne County Behavioral Health's In the Spotlight

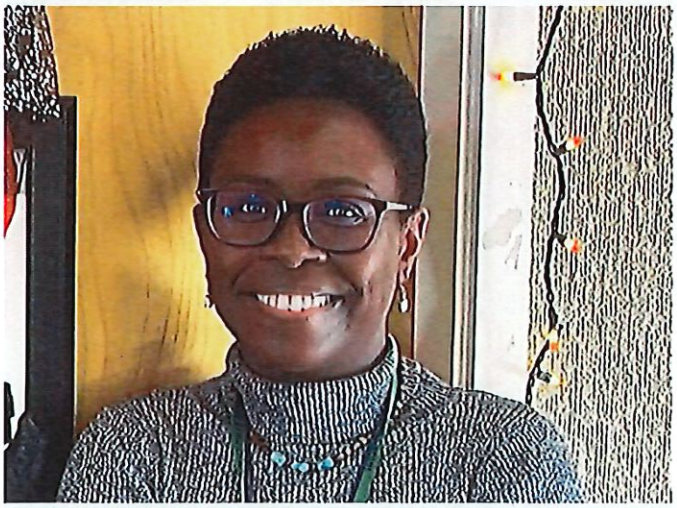
Nzembi Wathika, a Relief Peer Specialist, has worked at the Tuolumne County Enrichment Center since June 2022.

She loves "being able to talk and share personal experiences with our clients. The clients do appreciate talking to people who connect and share the same experiences as they do. It makes them feel heard, appreciated and accepted."

When asked about her favorite hobbies, Nzembi said, "I love wood work! I like to refurbish old furniture, I find some antiques at thrift stores. The process of putting it together, staining or painting it. I also love landscaping and gardening."

She had a boxer dog named Russell, but he passed away but is still with her in spirit.

Nzembi came to the United States as an adult in 2005 so she did not attend school here. She was born in Kenya, and graduated from both primary and secondary school there. Nzembi was a student at Columbia College in Sonora and earned her associate's degree in allied health in 2016. Fun facts: "I like to cook, so I tend to chop onions a lot, but the fumes from them make me cry. I read somewhere that if you use a small fan directed toward the onions, it blows away the fumes. I experimented on that, and yes! It works!"



Nzembi Wathika

Job Title: Relief Peer Specialist

Two of her favorite vacation spots: Las Vegas and Yosemite

Centers: Offer Resources, Supports and Services

Continued from Page 1...

plan of care and delivery of mental health services.

While the Tuolumne County Enrichment Center, or more commonly known by those who frequent it as the EC, has been operating with providing showers and laundry for most of the year, the center fully reopened in August. The center, at 101 Hospital Road in Sonora, is now open from 8 a.m. to noon Monday through Friday.

The EC is a peer-run recovery and wellness center that encourages activities while promoting emotional, social and physical wellness. A key goal of the EC is to provide recovery and wellness supports to those who are living with a mental illness, recovering from drug and/or alcohol addiction, experiencing homelessness and those released from incarceration.

As November is now here, County staff has been working diligently to increase programming while embracing the countless opportunities that lie ahead.

In addition, the David Lambert Community Drop-In Center plans to reopen its doors on Monday, Nov. 14th with the hours of 11 a.m. to 2 p.m. Monday through Friday. The center is located at 347 W. Jackson St., in Sonora.

For more information on the centers and upcoming programming, you can visit the Tuolumne County website at Behavioral Health | Tuolumne County, CA - Official Website or call TCBH at (209) 533-6245.



After nearly two and a half years due to the pandemic, the David Lambert Community Drop-In Center will reopen its doors on November 14th.



Preference for admission to substance abuse treatment and recovery programs is given in the following order.

- If you are a woman who is pregnant and using needles
- You are pregnant and are addicted to or abuse alcohol or drugs
- Anyone using needles for IV drug use.
- For anyone with a drug and alcohol problem, we are here to provide you treatment.

Available services may include:

- Transportation to or from treatment
- Childcare while attending group or appts.
- Parenting Groups
- Recovery Skills
- Case Management

PLEASE CALL TUOLUMNE COUNTY BEHAVIORAL HEALTH AT (209) 533-6245 FOR MORE INFORMATION.



MENTAL HEALTH COFFEE TALK

Presented by Tuolumne County Behavioral Health

Join our passionate county staff, stakeholders, community members, advocates, and local agencies to talk about the community's programming needs and services, current programs and future goals, mental health issues, stigma reduction and suicide prevention and awareness. Find out how YOU can "take action for mental health" in Tuolumne County. This monthly community and mental health-focused event will be part of TCBH's ongoing efforts to connect with the public as part of the Mental Health Services Act's Community Program Planning Process.

To be held the last Friday of each month; first meetup Friday, August 26, 2022 @ the EC

—

Feel free to come and go anytime between 8 - 10 a.m.

—

Complimentary beverages ~ bring your favorite cup ~

—

No formal agenda

—

Voice your opinions & Share your thoughts!

TUOLUMNE COUNTY ENRICHMENT CENTER

101 Hospital Road
Sonora, CA 95370
For more info, call (209) 533-6245 and press "0" for reception

TAKE ACTION FOR MENTAL HEALTH

The next Mental Health Coffee Talk will be held Friday, November 18th due to the Thanksgiving holiday.

YES PARTNERSHIP'S

Holiday LUNCHEON

DRIVE-THROUGH LUNCH | ONLINE RAFFLE

Featuring CHEF DAVE COOKS!

$25 P/P · PRE-ORDERS ONLY

REGISTER NOW:
YesPartnership.net

FRIDAY
DEC
9TH

BID FROM DECEMBER 1ST THROUGH DECEMBER 8TH
LUNCH PICK-UP FROM 11A - 2P
(FREE DELIVERY FOR LUNCH ORDERS OF EIGHT OR MORE WITHIN THE CITY OF SONORA)

Supporting Youth and Families for over 35 years

427 N. HIGHWAY 49 SONORA, CA. 95370
209-533-1397 X226
YESPARTNERSHIP@ATCAA.ORG

YES Partnership
Because You Matter

Tuolumne County Behavioral Health Department September Newsletter

September 2022 ~ Celebrating 10 Years ~ First Issue Launched March 2012

TUOLUMNE COUNTY CRISIS LINE:

209-533-7000

TCBHD
105 Hospital Road
Sonora, CA 95370
Tel: 209-533-6245
Fax: 209-588-9563
Open 8 a.m. to 5 p.m.
Monday through Friday
Closed on Holidays

Enrichment Center
101 Hospital Road
Sonora, CA 95370
Tel: 209-533-7114
Open 8 a.m. to 12 p.m.
Monday through Friday
Closed on Holidays



Tuolumne County Behavioral Health Department's mission is to provide respectful, culturally sensitive and strength-based behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction.

U.S. Transitions to 988 Suicide & Crisis Lifeline

By Substance Abuse and Mental Health Services Administration

In July, the U.S. transitioned the 10-digit National Suicide Prevention Lifeline to 988 – an easy-to-remember three-digit number for 24/7 crisis care. The lifeline, which also links to the Veterans Crisis Line, follows a three-year joint effort by the U.S. Department of Health and Human Services (HHS), Federal Communications Commission (FCC), and the U.S. Department of Veterans Affairs (VA) to put crisis care more in reach for people in need. This initiative is part of President Biden's comprehensive strategy to address our nation's mental health crisis, and is identified by U.S. Health and Human Services Xavier Becerra as a top priority at HHS. Since January 2021, the Biden-Harris Administration has made unprecedented investments to support the 988 transition, investing $432 million to scale crisis center capacity and ensure all Americans

See 988 ... page 8

Community Roots Resource Fair



Mental Health Services Act (MHSA) Program Specialist Michelle Carlson and Substance Use Disorder Recovery Counselor Liz Victor work the Tuolumne County Behavioral Health table during the Community Roots Resource Fair on August 17 at the Mother Lode Fairgrounds in Sonora. Mental health, substance use disorder, and self-care resources as well as brochures on TCBH services, business cards, and its the perinatal program were available to community members. In addition, the famous spinning wheel was a huge attraction to those who wanted a choice of lime green mental health awareness bracelets, fidget spinners, brains, Band-Aids, Take Action for Mental Health pens, Know the Signs coasters and more.

Sonora Area Foundation, Health and Human Services Agency join forces and build event

The Health and Human Services Agency, in partnership with Sonora Area Foundation, held a Community Roots Resource Fair to help provide the general public links to resources. Supports at the event included senior services, food resources, child care services, youth support, transportation, disability services, utility bill help, fire protection, housing information, health insurance access, pet support, and employment opportunities. The event included a complimentary tri-tip sandwich, demonstrations, activities, giveaways and resource information while supplies lasted.

"Tuolumne County Behavioral Health was proud to be included in the recent

See Fair ... page 6

~ Cultural Diversity Calendar ~

September celebrates and honors:

- National Suicide Prevention and Awareness Month. All month, mental health advocates, prevention organizations, survivors, allies, and community members unite to promote suicide prevention awareness.
- National Childhood Cancer Awareness Month
- National Childhood Obesity Awareness Month
- National Pain Awareness Month
- National Recovery Month
- National Self-Care Awareness Month
- Self Improvement Month

September: Paul G. Quinnett Lived Experience Writing Contest Opens

August 12 Buddhist Ghost Festival; Ancestral worship by those practicing Taoism

September 4-10 is National Suicide Prevention Week, the Monday through Sunday surrounding World Suicide Prevention Day. It's a time to share resources and stories, as well as promote suicide prevention awareness.

September 5 Labor Day in the United States honors the contribution that laborers have made to the country.

September 10 is World Suicide Prevention Day. It's a time to remember those affected by suicide, to raise awareness, and to focus efforts on directing treatment to those who need it most.

September 11 Patriot Day and remembrance

September 11 The Ethiopian New Year

September 12 Grandparents' Day

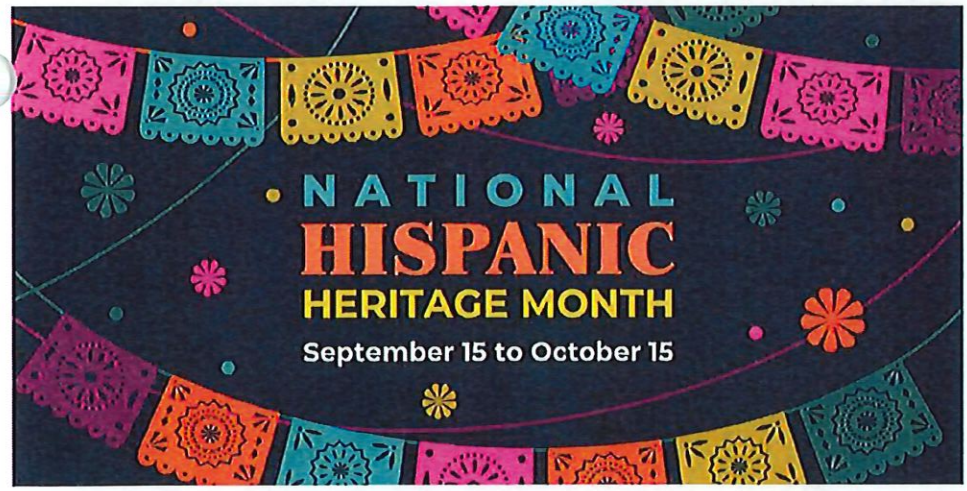
September 15 through October 15 Hispanic Heritage Month

September 17 Constitution Day/ Citizenship Day

September 17 National Physician Suicide Awareness Day

September 21 World Peace Day

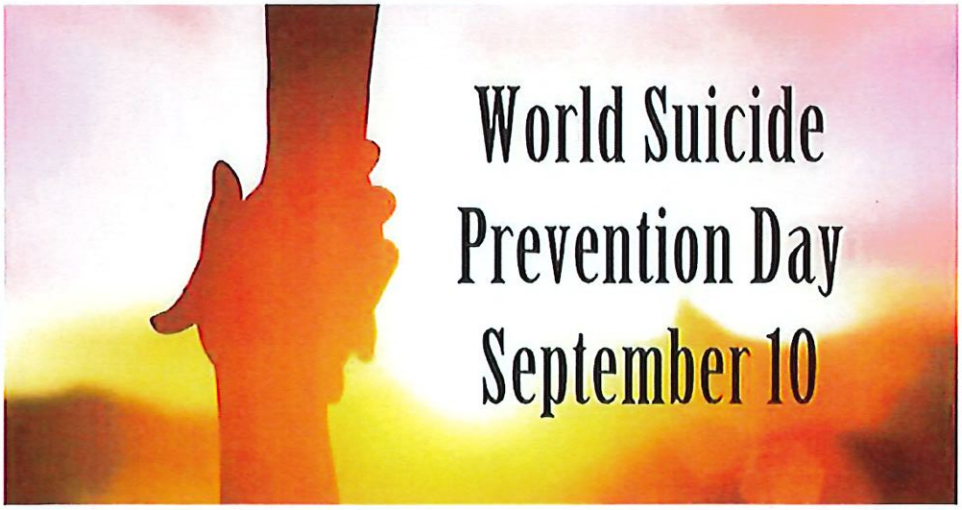
September 25-27 Rosh Hashanah is the Jewish New Year







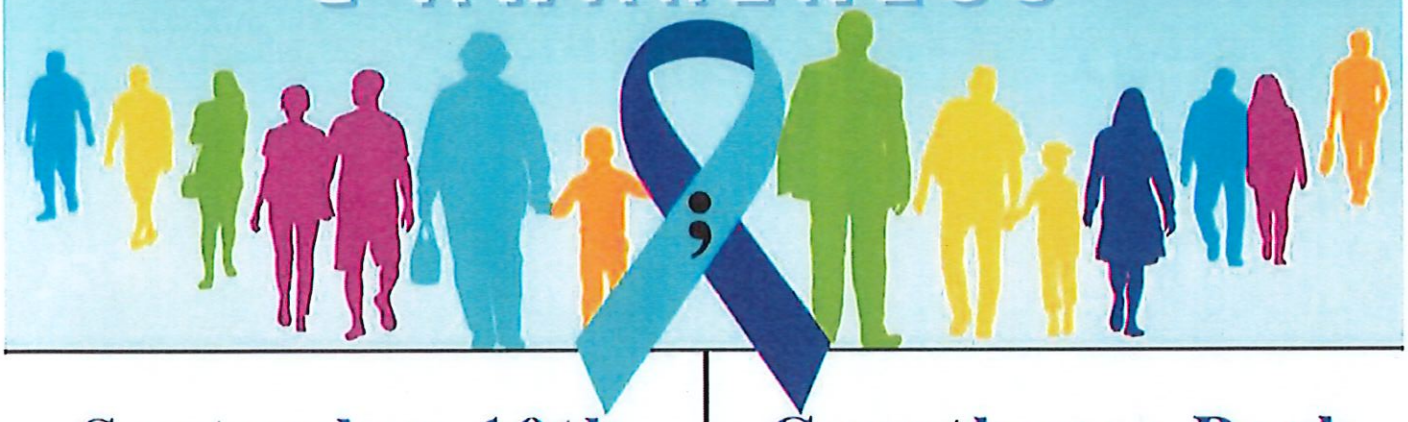




4TH ANNUAL

HOPE & HONOR WALK

SUICIDE PREVENTION & AWARENESS



September 10th

SATURDAY, 9AM

Courthouse Park

SONORA, CA

Walk to Fight Suicide

1 MILE WALK

Register or Donate

$10 PER PERSON AT YESPARTNERSHIP.NET

BROUGHT TO YOU BY

YES Partnership

Because You Matter

SUICIDE PREVENTION COMMITTEE

greg's

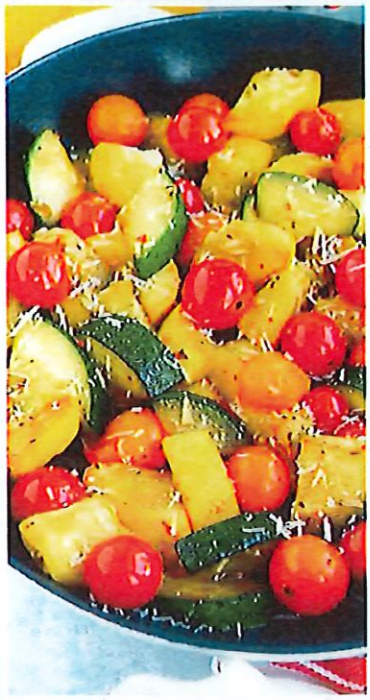
Nature's Whole Food Depot

Peaceful Valley Farmers Market

Business First Printing Services

SCAN FOR INFO

~ From Our Kitchen To Yours ~
Summer Squash Sauté



Ingredients:
1 1/2 Tablespoons olive oil
1 large yellow squash, chopped
1 large zucchini, chopped
3 cloves of garlic, chopped
1 cup grape tomatoes
Kosher salt to taste
Dash crushed red pepper
2 Tablespoons shredded Parmesan cheese
Basil Vinaigrette for drizzling, optional*

Instructions:
1. Heat olive oil in large skillet on medium-high heat. Add yellow squash and zucchini and cook for three minutes, stirring occasionally.
2. Add in garlic and tomatoes and cook for 2 to 3 minutes, gently stirring, or until vegetables are crisp-tender and tomatoes are about ready to burst.
3. Season with salt and crushed red pepper. Sprinkle with Parmesan cheese, if using, and drizzle with basil vinaigrette, if using. Serve immediately.

***Basil Vinaigrette Ingredients:**
2 cups packed basil leaves
1 clove garlic, minced
2 Tablespoons minced shallot
2 teaspoons fresh lemon juice
2 Tablespoons white balsamic vinaigrette or red wine vinegar
1 teaspoon salt
1/2 cup olive oil
Freshly ground pepper to taste

***Basil Vinaigrette Ingredients:**
1. Place the basil, garlic, shallot, lemon juice, vinegar, salt, olive oil, and pepper in a blender or food processor. Blend until smooth. Taste and season with additional salt and pepper if necessary. Serve!
2. Note vinaigrette will keep in a jar or container in the fridge for up to 5 days.

Source: https://www.twopeasandtheirpod.com/summer-squash-saute/ and https://www.twopeasandtheirpod.com/basil-vinaigrette/

Tuolumne County Behavioral Health's In the Spotlight

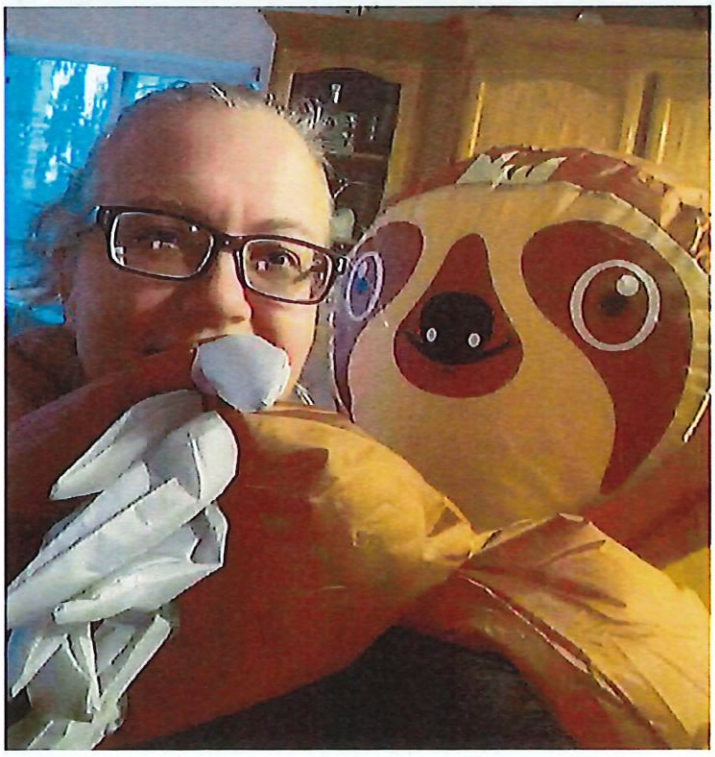
This month's "In the Spotlight" is featuring Anna (Johnson) Vernon who is a Medical Office Assistant with Tuolumne County Behavioral Health (TCBH).

Her favorite part of being at work is serving the community, which she has done for nearly three years, along with her "amazing" coworkers.

Anna's favorite vacation spot is the beach and she enjoys spending time with her family and pets, reading, going on outdoor adventures, and hanging out at the beach.

She has a 2-year-old Labrador mix named Chuckaboo, a 2-year-old Pitbull named Colt, and an 1-year-old French Bulldog named Bear.

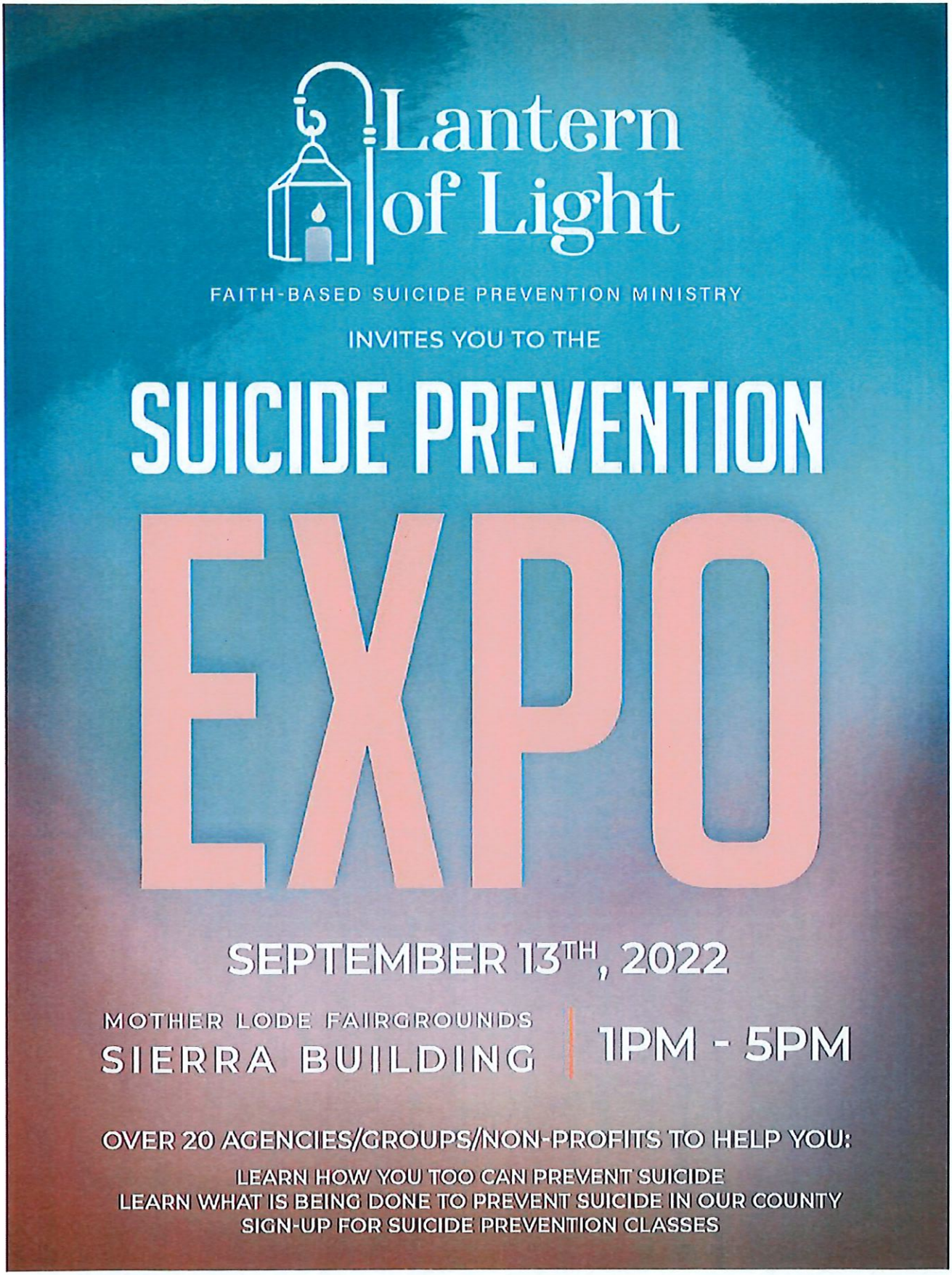
Anna also got two more puppies, Luke and Beau, who are 14-week-old Border Collie mixes.



Anna (Johnson) Vernon

Job Title: Medical Office Assistant

One of her favorite hobbies: Spending time with her family and pets



THIS EVENT WAS MADE POSSIBLE THROUGH A GRANT BY SONORA AREA FOUNDATION for good. for ever.

A SPECIAL THANK YOU TO BLUE ZONES PROJECT

Fair: Event Offers Resources, Supports

Continued from Page 1...

Community Roots Resource Fair on August 17th," said TCBH Director Tami Mariscal. "This event allowed our department to share and connect local members of our community with important mental health and substance use prevention resources and information. The fair was a thoughtful, well received concept and staff were delighted to create connections with other like-minded community service organizations. Joining forces to provide assistance to those most in need just feels right and we are hopeful that this event is just the beginning, with many more to come."





Preference for admission to substance abuse treatment and recovery programs is given in the following order.

- If you are a woman who is pregnant and using needles
- You are pregnant and are addicted to or abuse alcohol or drugs
- Anyone using needles for IV drug use.
- For anyone with a drug and alcohol problem, we are here to provide you treatment.

Available services may include:

- Transportation to or from treatment
- Childcare while attending group or appts.
- Parenting Groups
- Recovery Skills
- Case Management

PLEASE CALL TUOLUMNE COUNTY BEHAVIORAL HEALTH AT (209) 533-6245 FOR MORE INFORMATION.

Finding MENTAL HEALTH CARE that Fits Your CULTURAL BACKGROUND



What is Cultural Background?

Culture is a particular group's beliefs, customs, values and way of thinking, behaving and communicating. Cultural background affects how someone:

- Views mental health conditions
- Describes symptoms
- Communicates with health care providers such as doctors and mental health professionals
- Receives and responds to treatment

What is Cultural Competence?

Cultural competence is the behaviors, attitudes and skills that allow a health care provider to work effectively with different cultural groups. Finding culturally competent providers is important because they understand the essential role that culture plays in life and health. A culturally competent provider includes cultural beliefs, values, practices and attitudes in your care to meet your unique needs.

Tips for Finding a Culturally Competent Provider

Research Providers

- Contact providers or agencies from your same cultural background or look for providers and agencies that have worked with people who have a similar cultural background.
- Ask trusted friends and family for recommendations.
- Look online or ask for referrals from cultural organizations in your community.
- If you have health insurance, ask the health plan for providers that fit your cultural background.



Ask Providers These Questions

- Are you familiar with my community's beliefs, values and attitudes toward mental health? If not, are you willing to learn about my cultural background and respect my perspective?
- Do you have experience treating people from my cultural background?
- Have you had cultural competence training?
- Are you or members of your staff bilingual?
- How would you include aspects of my cultural identity, such as age, faith, gender identity or sexual orientation, in my care?



Other Things You Can Do

- Tell the provider about traditions, values and beliefs that are important to you.
- Tell the provider what role you want your family to play in your treatment.
- Learn about your condition, particularly how it affects people from your culture or community.
- Look around the provider's office for signs of inclusion. Who works there? Does the waiting room have magazines, signs and pamphlets for you and your community?



NAMI
National Alliance on Mental Illness

facebook.com/NAMI
twitter.com/NAMICommunicate
NAMICommunicate
notalone.nami.org | ok2talk.org

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www.nami.org/minoritymentalhealth

800-950-6264

988: "More than a number, it is a message"

Continued from Page 1...

have access to help during mental health crises.

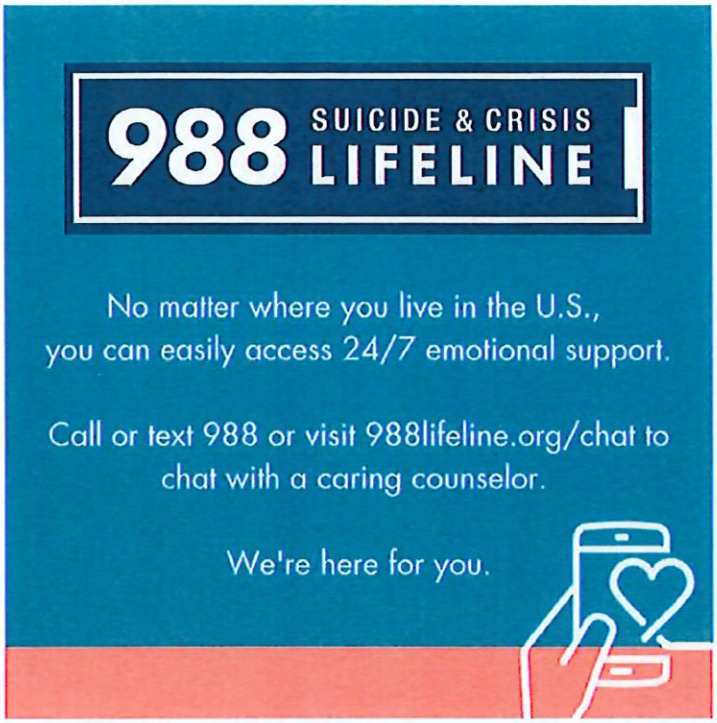
The National Suicide Hotline Designation Act, signed into law after the passage of bipartisan legislation in 2020, authorized 988 as a new three-digit number for suicide and mental health crisis. All telephone service and text providers in the U.S. and the five major U.S. territories were required by the FCC to activate 988 no later than July 16.

"988 is more than a number, it is a message: we're there for you. Through this and other actions, we are treating mental health as a priority and putting crisis care in reach for more Americans," said Secretary Becerra, who has been meeting with states across the country about the transition to 988 as part of HHS' National Tour to Strengthen Mental Health. "There is still much work to do. But what matters is that we're launching, 988 will be live. We are looking to every governor and every state in the nation to do their part to make this a long-term success."

The Biden-Harris Administration increased federal investments in the 988 Suicide & Crisis Lifeline by 18-fold - from $24 million to $432 million -- to scale up crisis centers and back-up center capacity, and to provide special services, including a sub-network for Spanish language speakers.

The $432 million included $105 million in grant funding to states and territories, provided by the American Rescue Plan, to improve response rates, increase capacity to meet future demand, and ensure calls initiated in their states or territories are first routed to local, regional, or state crisis call centers. Prior to this investment, the Lifeline, which has existed since 2005, had been long unfunded and under-resourced. The 988 Suicide & Crisis Lifeline is a network of more than 200 state and local call centers supported by HHS through the Substance Abuse and Mental Health Services Administration (SAMHSA).

"Recent investments made in the Lifeline have already resulted in more calls, chats, and texts answered even as volume has increased, but we know that too many people are still experiencing suicidal crisis or mental health-related distress without the support they need," said Miriam E. Delphin-Rittmon, Ph.D., the HHS Assistant Secretary for Mental Health and Substance Use and leader of SAMHSA. "Over time, the vision for 988 is to have additional crisis services available in communities across the country, much the way emergency medical services work. The success of 988 depends on our continued partnership with states, as the federal government cannot do this alone. We urge states and territories to join us and invest further in answering the call to transform our crisis care response nationwide."





FCC staff first proposed 988 in a report to Congress in August 2019 as the nationwide, easy-to-remember, 3-digit dialing code for individuals in crisis to connect to suicide prevention and mental health crisis counselors with the National Suicide Prevention Lifeline. On July 16, 2020, the FCC adopted rules designating 988 for this purpose. Recognizing the need to better support at-risk communities in crisis, including youth and individuals with disabilities, the FCC adopted additional rules in November 2021 to expand access to this important service by establishing the ability to also text 988.

"All across our country, people are hurting. They need help. The good news is that getting that help just got a lot easier. Starting tomorrow, 988 will be available nationwide for individuals in crisis, and their loved ones, to reach the 988 Suicide & Crisis Lifeline more easily," said FCC Chairwoman Jessica Rosenworcel.

"This cross-government effort has been years in the making and comes at a crucial point to help address the mental health crisis in our country, especially for our young people."

VA administers the Veterans Crisis Line through the Lifeline's national network. Because of VA's partnership with the Lifeline, the Veterans Crisis Line is affected by this transition to a new number. Veterans and their loved ones can now Dial 988 then Press 1 to reach the Veterans Crisis Line.

"988 has been a long time coming and will serve as a critical resource during a crisis when every second counts. The new, shorter number will help ensure Veterans have easier access to the Veterans Crisis Line," said VA Secretary Denis McDonough.

"This launch is a whole-of-government approach in line with the President's call to prioritize mental health by strengthening access to crisis services, and preventing Veteran suicide, our top clinical priority."

In 2021, the Lifeline received 3.6 million calls, chats, and texts. That number is expected to at least double within the first full year after the 988 transition. The U.S. had one death by suicide every 11 minutes in 2020, according to the Centers for Disease Control and Prevention. Suicide was the second leading cause of death for young people aged 10-14 and 25-34. From April 2020 to 2021, more than 100,000 people died from drug overdoses. Studies have shown that after speaking with a trained crisis counselor, most Lifeline callers are significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful.

The 10-digit Lifeline number 1-800-273-TALK (8255) has continued to be operational after July 16 and will route calls to 988 indefinitely. Veterans, service members, and their families can also still reach the Veterans Crisis Line with the current phone number 1-800-273-8255 and Press 1, or by chat or text to 838255.

For more information on 988, you can visit www.samhsa.gov/988.

Source:
https://www.samhsa.gov/newsroom/press-announcements/20220715/us-transition-988-suicide-crisis-lifeline-begins-saturday

LIVINGWORKS
ASIST

September 15 & 16, 2022

LOCATION:
Tuolumne County Superintendent of Schools Office
175 Fairview Lane, Sonora, CA
Room 217

8:30am - 4:30pm
Attendance on both days is required.

Free to Tuolumne County Residents

Applied Suicide Intervention Skills Training

ASIST is a two day interactive workshop in suicide first aid. Participants learn to recognize when someone may be at risk of suicide and respond in ways that help increase their immediate safety and link them to further help. ASIST aims to enhance one's ability whether a caregiver, case-manager, clinician, or family member, to help a person at-risk avoid suicide. This workshop helps people apply suicide first aid in many settings.

Registration:
Contact **Bob White** at
rwhite@atcaa.org or call
209-533-1397 x226

Goals & Objectives

ASIST participants will have the ability to:

- **Reflect on how implicit attitudes and beliefs about suicide affect an intervention role**
- **Discuss suicide with a person at risk in a direct manner**
- **Review immediate suicide risk and develop appropriate "safe plans"**
- **Demonstrate skills required to intervene with a person at-risk of suicide**
- **Identify resources available to a person at risk of suicide**

ASIST Instructors

Cynthia Halman, LCSW

Cynthia Halman has a Master's Degree in Social Work and is a Licensed Clinical Social Worker. She has a Pupil Personnel Services Credential and is a retired elementary school counselor and a Hospice Social Worker. Cynthia provides care, respect, counseling and bereavement services to multi-cultural, diverse individuals and families dealing with difficult life situations. Cynthia has been a LivingWorks Education trainer for ASIST since 2010, a LivingWorks Education trainer for safeTALK since 2013, and was trained in LivingWorks Suicide to Hope in 2016. Cynthia is CoFounder of Lantern of Light, a faith based suicide prevention ministry.

Kim Garro

Kim Garro specializes in 12 step recovery programs such as Celebrate Recovery, Alcoholics Anonymous, Al-Anon, and Alateen. Kim coaches and mentors people who are struggling to overcome life's hurts, difficulties and addictions. She is a co-founder of Lantern of Light, a faith based suicide prevention organization with a vision of faith communities, as part of the solution to suicide. Kim is a member of the YES Partnership and is active in supporting Tuolumne County youth and families. Kim is a LivingWorks Education trainer for safeTALK & ASIST. Kim and Cynthia are available to present to community programs about the faith based approach to prevention.

Meets the qualifications for 14 hours of continuing education credit for LMFT's, LCSW's, LPCC's, and LEP's as required by the California Board of Behavioral Sciences— CE provider TCBH 105 Hospital Rd. Sonora, CA 95370.
For special needs, language or hearing impaired, cancellation or grievance policy contact Michelle Gabor (209) 533-6791 mgabor@tuolumnecoe.net

YES Partnership

The Tuolumne County Behavioral Health Department is an approved provider by the CAMH Provider #128 030, CCAPP Provider #2N: 15737 0623, BRN Provider #CEP15313



MENTAL HEALTH COFFEE TALK

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Feel free to come and go anytime between 8 - 10 a.m.

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Complimentary beverages ~ bring your favorite cup ~

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No formal agenda

—

Voice your opinions & Share your thoughts!

TUOLUMNE COUNTY ENRICHMENT CENTER

101 Hospital Road
Sonora, CA 95370
For more info, call (209) 533-6245 and press "0" for reception

TAKE ACTION FOR MENTAL HEALTH

TCBH'S PEI CONTRACTORS' FAIR

WHEN
Wednesday, Sept. 28
4-6:30 p.m.

WHERE
Tuolumne County Enrichment Center
101 Hospital Road, Sonora, CA 95370

This community event will feature the agency's Prevention and Early Intervention (PEI) contractors who are funded through TCBH's Mental Health Services Act (Prop 63) funds and actively provide outreach services, supports and resources to our unserved and underserved populations within Tuolumne County.

FOR MORE INFORMATION, CALL TCBH AT (209) 533-6245.

FEATURING:

- ATCAA
- Catholic Charities of the Diocese of Stockton
- First 5 Tuolumne County
- Infant/Child Enrichment Services ICES
- Jamestown School District
- Promotores de salud
- Smile Keepers
- Tuolumne Me-Wuk Indian Health Center

Appendix L

Tuolumne County Behavioral Health

Office of Emergency Services
County of Tuolumne

Ryan Campbell, Director
Tracie M. Riggs, Assistant Director
Dore A. Bietz, Coordinator

Tuolumne County Administration Center
2 South Green Street
Sonora, CA 95370
Phone (209) 533-5511
Fax (209) 533-5510

Press Release: Warming Shelters December 28, 2021

Due to incoming weather and extended power outages, we will open one Warming Shelter that will be open overnight for those without power and in need of a place to stay as this next storm passes through:

- **Enrichment Center**
  102 Hospital Rd.
  Sonora, CA 95370

  Open starting today @ 7pm and open until 7pm Weds 12/29

For those who are looking for a place to warm up (no overnight stay)

- Word of Life Fellowship will serve as a Warming Center
  24630 CA-108
  Mi-Wuk Village, CA 95346

  Open limited hours this afternoon into early evening and then again tomorrow during day. No overnight stay is available.

Tuolumne County OES wants to thank our partners at Word of Life for opening their doors and for our Public Health, Health and Human Services, and DSS staff for opening the Enrichment Center and of course our partners at American Redcross who are providing resources.

Tuolumne County OES encourages all to stay off the roads unless necessary and to be patient as our County crews get roads plowed or clear of debris.

For up-to-date information on social media, please visit:
https://www.facebook.com/tuolumnecountysheriff or
https://www.facebook.com/TuolumneCountyOES/ or
https://www.facebook.com/tuolumnecountypublichealth

Office of Emergency Services
County of Tuolumne
Telephone: (209) 533-6395
Telephone: (209) 533-7401

Public Health Department
County of Tuolumne
Telephone: (209) 533-7401

Tuolumne County Animal Control
County of Tuolumne
Telephone (209) 694-2730

FOR IMMEDIATE RELEASE

Excessive Heat Warning PRESS RELEASE
September 2, 2022

The National Weather Service has an **Excessive Heat Warning 11 a.m. Saturday Sept 3rd through 8pm Tuesday Sept. 6th, 2022.** Triple digit heat along with warm overnight lows are possible this weekend into next Tuesday. The combination of the very hot afternoons and warm nights with limited overnight relief will result in a period of high to very high heat risk. You can view temperature forecasts at the National Weather Service website here.

Tuolumne County OES and Tuolumne County Public Health would like to remind folks to:

- Wear appropriate clothing during hot weather, especially for children.
- Drink plenty of water, stay cool and indoors if possible. Avoid being outdoors during the hottest parts of the day (10am to 6pm).
- Wearing a hat and using sunscreen is a good idea if you plan to be outside.
- It is important to pace yourself when working or exercising in hot weather, drink plenty of water, and replenish electrolytes.
- If you know of neighbors or friends who might benefit from assistance during the coming hot weather, this might be a good time to check on them.
- Young children and pets should **never** be left unattended in vehicles under any circumstance.

We are working with county facilities and local partners to provide the following facilities for relief from hot weather should anyone need a place to cool off. Please note that facilities used as a cooling place highly recommend the use of masking and social distancing when indoors.

- Sonora
  - **Tuolumne County Enrichment Center** 102 Hospital Rd. Sonora CA 95370 will be open on Sunday and Monday from 12pm to 6pm.
  - **Tuolumne County Main Library** 480 Greenley Road Sonora, CA 95370 will be open on Saturday 10am to 6pm and will reopen Tuesday from 9am to 6pm.
- Groveland
  - **Southside Community Connections** (aka Little House) 11699 Merrell Rd, Groveland 95321 CA will be open Saturday from 3pm to 7pm and Sunday and Monday from 1pm to7pm.
- Transportation
  - For those who need transportation to the sites during hours of operation, please contact Tuolumne County Transit at (209) 532-0404. To request a ride on Sunday or Monday please call (209) 840-7203.
- Animal Control
  - A cooling facility for pets will be available Saturday-Tuesday at the Animal Control center at 10040 Victoria Way Jamestown, CA 95327. You must call ahead to make arrangements at (209) 694-2730. If you are unable to get ahold of Animal Control call the Sheriff's Dispatch at (209) 533-5815. When coming to the shelter bring any medications for your pets and photo ID. Pets can stay overnight and is at no charge.

Tuolumne County OES and Tuolumne County Public Health will continue to monitor the situation and if additional facilities or extended hours are needed, we will update the public. Stay cool, stay safe, be prepared, and check on your neighbors or those who might need assistance. For more information, please contact Tuolumne County OES at (209) 533-6395 or Tuolumne County Public Health at (209) 533-7401. You can also email us at OES@co.tuolumne.ca.us or visit our Facebook https://m.facebook.com/TuolumneCountyOES/ . **If there is an emergency, please call 9-1-1.**

nicole@susonow.o

eevacuations.com/

209-602-8781

20974366 44

209-782-

garry@tw

donita.osborne@usw.salvationarmy.org

y

Tuolumne County Arts Alliance, Inc.

Sonora, CA

www.mytuolumnecountyarts.org

(831) 224-3458

Tuolumne County Behavioral Health Department

Sonora, CA

https://www.tuolumnecounty.ca.gov/220/Behavioral-Health

20953370

Tuolumne County Community Emergency Response Team (CERT)

Tuolumne County

https://www.tuolumnecounty.ca.gov/1558/CERT---Community-

Tuolumne county Department of Social Services

Tuolumne County

https://americorps.gov/

209-533-5752

hxiong@co

Tuolumne County Garden Club

Tuolumne County

californiagardenclubs

Tuolumne County Genealogical Society

Sonora

Tuolumne County Historical Society

Tuolumne County Sheriff Community

t

LIVINGWORKS
ASIST

September 15 & 16, 2022

LOCATION:
Tuolumne County Superintendent of Schools Office
175 Fairview Lane, Sonora, CA
Room 217

8:30am - 4:30pm
Attendance on both days is required.

Free to Tuolumne County Residents

Applied Suicide Intervention Skills Training

ASIST is a two day interactive workshop in suicide first aid. Participants learn to recognize when someone may be at risk of suicide and respond in ways that help increase their immediate safety and link them to further help. ASIST aims to enhance one's ability whether a caregiver, case-manager, clinician, or family member, to help a person at-risk avoid suicide. This workshop helps people apply suicide first aid in many settings.

Registration:
Contact **Bob White** at
rwhite@atcaa.org or call
209-533-1397 x226

Goals & Objectives

ASIST participants will have the ability to:

- **Reflect on how implicit attitudes and beliefs about suicide affect an intervention role**
- **Discuss suicide with a person at risk in a direct manner**
- **Review immediate suicide risk and develop appropriate "safe plans"**
- **Demonstrate skills required to intervene with a person at-risk of suicide**
- **Identify resources available to a person at risk of suicide**

ASIST Instructors

Cynthia Halman, LCSW

Cynthia Halman has a Master's Degree in Social Work and is a Licensed Clinical Social Worker. She has a Pupil Personnel Services Credential and is a retired elementary school counselor and a Hospice Social Worker. Cynthia provides care, respect, counseling and bereavement services to multi-cultural, diverse individuals and families dealing with difficult life situations. Cynthia has been a LivingWorks Education trainer for ASIST since 2010, a LivingWorks Education trainer for safeTALK since 2013, and was trained in LivingWorks Suicide to Hope in 2016. Cynthia is CoFounder of Lantern of Light, a faith-based suicide prevention ministry.

Kim Garro

Kim Garro specializes in 12-step recovery programs such as Celebrate Recovery, Alcoholics Anonymous, Al-Anon, and Alateen. Kim coaches and mentors people who are struggling to overcome life's hurts, difficulties and addictions. She is a co-founder of Lantern of Light, a faith-based suicide prevention organization with a vision of faith communities, as part of the solution to suicide. Kim is a member of the YES Partnership and is active in supporting Tuolumne County youth and families. Kim is a LivingWorks Education trainer for safeTALK & ASIST. Kim and Cynthia are available to present to community programs about the faith-based approach to prevention.

Meets the qualifications for 14 hours of continuing education credit for LMFT's, LCSW's, LPCC's, and LEP's as required by the California Board of Behavioral Sciences— CE provider TCBH 105 Hospital Rd. Sonora, CA 95370. For special needs, language or hearing impaired, cancellation or grievance policy, contact Michelle Carlson (209) 533-6259 mcarlson@co.tuolumne.ca.us

MENTAL HEALTH SERVICES ACT · Proposition 63 · CALIFORNIA

YES Partnership
Because You Matter

COUNTY OF TUOLUMNE · CALIFORNIA

The Tuolumne County Behavioral Health Department is an approved provider by the CAMFT Provider #128-030; CCAPP Provider #2N-15-232-0623; BRN Provider #CEP15313

TUOLUMNE COUNTY

POINT-IN-TIME HOMELESS COUNT

JANUARY 26, 2022

1981 - CELEBRATING - 2021
40 YEARS
ATCAA Amador Tuolumne Community Action Agency
People Helping People Since 1981

COUNTY OF TUOLUMNE CALIFORNIA

JOIN THE COUNT

ATCAA and Tuolumne County are looking for volunteers who are willing to help with this year's Point In Time Count (PIT)/Census to determine the number of unsheltered homeless in our community. The data collected from the PIT Count helps enhance strategies for preventing and ending homelessness.



EVERYONE COUNTS, NO MATTER WHERE THEY LIVE

If you are interested in helping with the count, please attended one of our training sessions:

January 21st | 1pm - 2pm or 2pm - 3pm.

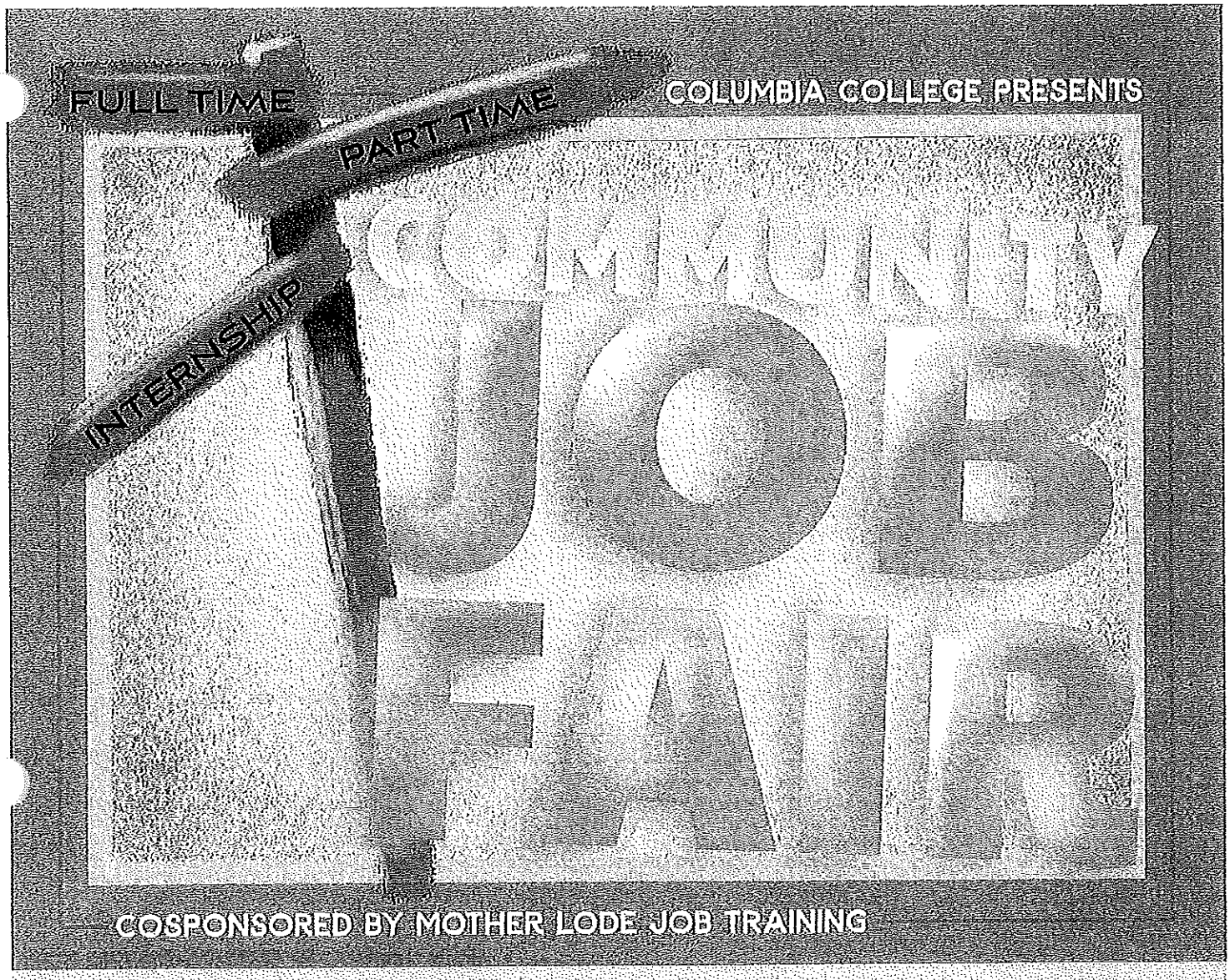
Enrichment Center, 101 Hospital Rd, Sonora, CA.

Limited stipends (compensation) may be available.

Eva Questo: 209-533-1397 x238, equesto@atcaa.org

Michelle Carlson: mcarlson@co.tuolumne.ca.us

Betsey Coe: BCoe@co.tuolumne.ca.us



Friday, April 15th · 1pm-4pm

Oak Pavilion // Columbia College

For more info:
wattsm@yosemite.edu
209-588-5273

COLUMBIA COLLEGE

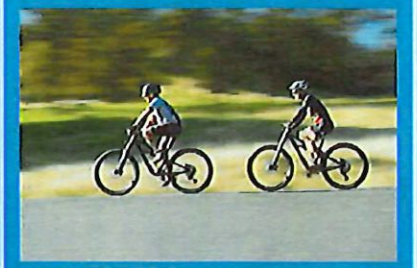
MOTHER LODE Job TRAINING

America's Job Center of California™

Columbia College and Mother Lode Job Training are equal opportunity employers. Auxiliary aids and services are available to individuals with disabilities. Masks are required inside all Columbia College campus buildings.

Blue Zones Project® presents:

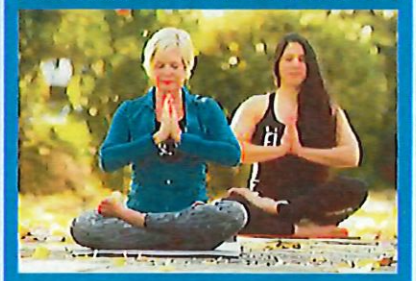
Community Discovery FAIR











April 9, 2022 • 2-5pm
Mother Lode Fairgrounds

Free Event for All Ages
Kids' Arts & Crafts and Activities
Healthy Food Sampling
***Giveaways** (a $250 grocery gift card and more!)*
Live Music • E Bike Rides
Yoga Classes • Disc Golf Demos
***Family Bike Rodeo** (bring your bike)*
Blue Zones Project® Story
Local Outdoor Recreation Info
Gardening Demos
Mini Farmers Market* • Plant Sale*
**purchases optional*

BLUE ZONES PROJECT

Discover how you can get involved in transforming Tuolumne County into a community where healthy choices are easier for everyone. Live Longer, Better®

More Information at tuo.bluezonesproject.com

POWERED BY AdventistHealth

COMMUNITY ROOTS
RESOURCE NETWORK



Connecting you to the support you need:

Senior Services	Food Resources
Child Care Services	Youth Support
Transportation	Disability Services
Utility Bill Help	Fire Protection
Housing Information	Health Insurance Access
Pet Support	Employment Opportunities

Do you need help but don't know where to start?

(209) 533-5719

Call Our Resource Hotline Today!

Join Us at the

Community Roots Resource Fair

August 17 from 3-7pm

at Mother Lode Fairgrounds

The event includes a free Tri-Tip Sandwich, Demonstrations, Activities, Giveaways, and Resource Information (while supplies last).

facebook.com/ATCAAsince1981 | atcaa.org/CommunityRoot

Made possible by the support of Sonora Area Foundation

FREE
FALL BBQ
KICK-OFF



THURSDAY
NOV 10, 2022

JOIN US AT THE EC
11:30 to 1:00

GAMES, KARAOKE, RAFFLE

FREE
FALL BBQ
KICK-OFF



THURSDAY
NOV 10, 2022

JOIN US AT THE EC
11:30 to 1:00

GAMES, KARAOKE, RAFFLE

Lantern of Light

FAITH-BASED SUICIDE PREVENTION MINISTRY

INVITES YOU TO THE

SUICIDE PREVENTION EXPO

SEPTEMBER 13TH, 2022

MOTHER LODE FAIRGROUNDS
SIERRA BUILDING | 1PM - 5PM

OVER 20 AGENCIES/GROUPS/NON-PROFITS TO HELP YOU:

LEARN HOW YOU TOO CAN PREVENT SUICIDE
LEARN WHAT IS BEING DONE TO PREVENT SUICIDE IN OUR COUNTY
SIGN-UP FOR SUICIDE PREVENTION CLASSES

THIS EVENT WAS MADE POSSIBLE THROUGH A GRANT BY SONORA AREA FOUNDATION for good for ever | A SPECIAL THANK YOU TO BLUE ZONES PROJECT

HOPE & HONOR WALK

SUICIDE PREVENTION & AWARENESS



September 10th SATURDAY, 9AM	**Courthouse Park** SONORA, CA
Walk to Fight Suicide 1 MILE WALK	**Register or Donate** $10 PER PERSON AT YESPARTNERSHIP.NET

BROUGHT TO YOU BY

YES Partnership
Because You Matter

SUICIDE PREVENTION COMMITTEE

BARBER SHOP

PEACEFUL VALLEY FARMERS MARKET

BUSINESS FIRST Printing Services

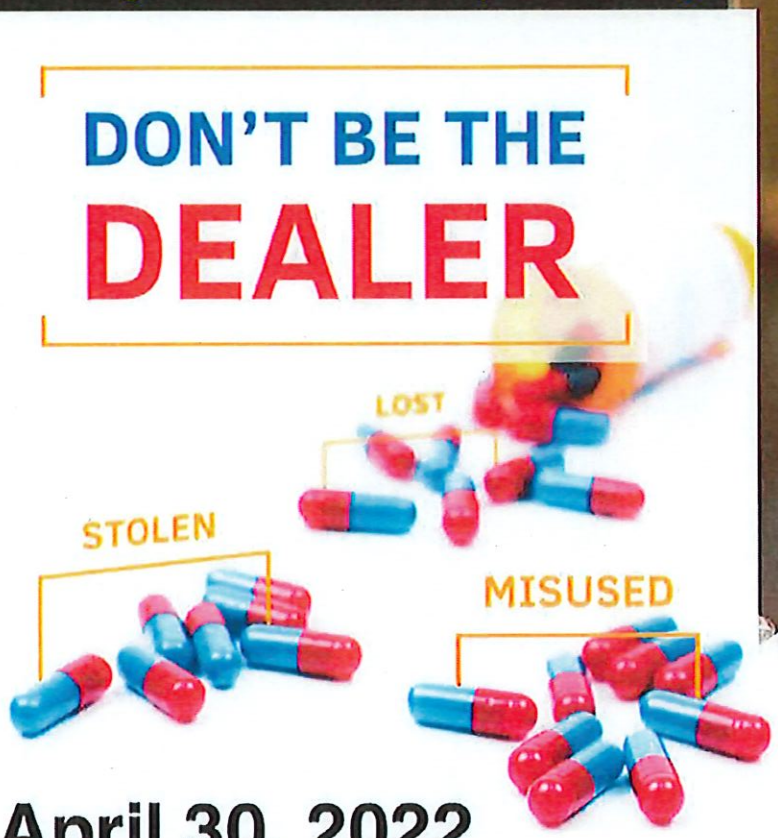
AdventistHealth

SCAN FOR INFO

TUOLUMNE COUNTY Rx TAKE-BACK DAY



Unused or expired prescription medications that are not properly disposed of are a public safety issue, leading to accidental poisoning, overdose, and abuse. Flushing medication can also damage our water supply.



Saturday, April 30, 2022
10:00 AM - 2:00 PM
Mother Lode Fairgrounds
220 Southgate Drive, Sonora

DEA NATIONAL Rx TAKE-BACK

Drop off all prescribed and over the counter medication except for intravenous solutions, injectables, and syringes. Liquid products, such as cough syrup, should remain sealed in their original container. Remove medications from their containers prior to disposal. All participants will remain anonymous and no record of dropped off medications will be maintained. A Tuolumne County Sheriff's Deputy will be on scene to provide security for the participants and for the controlled substances.

YES Partnership
Because You Matter

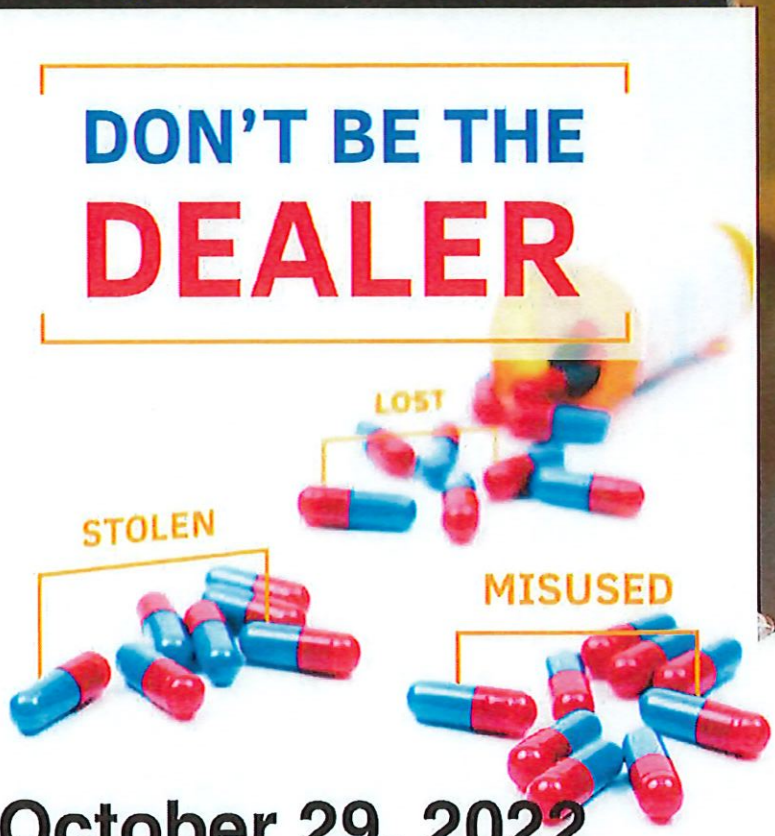
The Tuolumne County Sheriff's Department, YES Partnership and the DEA are providing a safe and confidential way for members of our community to rid their homes of unused or expired medication.

Learn More: YESPartnership.net

TUOLUMNE COUNTY Rx TAKE-BACK DAY



Unused or expired prescription medications that are not properly disposed of are a public safety issue, leading to accidental poisoning, overdose, and abuse. Flushing medication can also damage our water supply.



Saturday, October 29, 2022
10:00 AM - 2:00 PM
Tuolumne County Library
Mail Branch - 480 Greenley Road, Sonora.

DEA NATIONAL Rx TAKE BACK

Drop off all prescribed and over the counter medication except for intravenous solutions, injectables, and syringes. Liquid products, such as cough syrup, should remain sealed in their original container. Remove medications from their containers prior to disposal. All participants will remain anonymous and no record of dropped off medications will be maintained. A Tuolumne County Sheriff's Deputy will be on scene to provide security for the participants and for the controlled substances.

YES Partnership
Because You Matter

The Tuolumne County Sheriff's Department, YES Partnership and the DEA are providing a safe and confidential way for members of our community to rid their homes of unused or expired medication.

Learn More: YESPartnership.net

Safe Living and Elder Empowerment Symposium



An information-filled event for elders and disabled adults

FREE LUNCH & TRANSPORTATION!

Wednesday October 5th, 2022
9am - 3pm
Sonora Elks Lodge at 100 Elk Dr. in Sonora

LIMITED SEATING
please rsvp
RSVP/ QUESTIONS:
209-588-5447

Featuring:

Suzanne Schultz, Retired Program Manager of San Joaquin County Justice Center and Elder Abuse Prevention Expert
&
Sandy Hackett, esteemed Actor and Comedian

Free Shredding Services by Longson Document & Paper Shredding
9am - 10am

Brought to you by:

Tuolumne County District Attorney's Office
Tuolumne County Victim Witness
Tuolumne County Adult Protective Services
Black Oak Casino
The Tuolumne Band of Me Wuk Indian's Elders' Program

- Adventist Health Home Care Services
- Area 12 Agency on Aging
- The Mother Lode Office of Catholic Charities
- Longson Document & Paper Shredding

209-536-0353



ENRICHMENT CENTER SUPPORT OFFERINGS

Struggling during COVID-19? We're here.

OFFERED WEEKLY

WANT TO CONNECT? WE OFFER PEER PHONE SUPPORT!

If you would like an EC Peer Specialist to reach out to you via the phone, please call the EC at (209) 533-7114 to sign up. It's that simple!

EachMind MATTERS

v. 3.9.21

TCBH'S PEI CONTRACTORS' FAIR

WHEN

Wednesday, Sept. 28
4-6:30 p.m.

WHERE

Tuolumne County Enrichment Center

101 Hospital Road, Sonora, CA 95370

This community event will feature the agency's Prevention and Early Intervention (PEI) contractors who are funded through TCBH's Mental Health Services Act (Prop 63) funds and actively provide outreach services, supports and resources to our unserved and underserved populations within Tuolumne County.

FOR MORE INFORMATION, CALL TCBH AT (209) 533-6245.

FEATURING:

- ATCAA (Celebrating 40 Years, 1981 - 2021)
- Catholic Charities of the Diocese of Stockton — Help for Today...Hope for Tomorrow
- First 5 Tuolumne County
- Infant/Child Enrichment Services ICES
- Jamestown School District
- Promotores de salud — ATCAA
- Smile Keepers
- Tuolumne County Superintendent of Schools
- Tuolumne Me-Wuk Indian Health Center

YES PARTNERSHIP'S

Holiday LUNCHEON

DRIVE-THROUGH LUNCH | ONLINE RAFFLE

Featuring CHEF DAVE COOKS!

$25 P/P · PRE-ORDERS ONLY

REGISTER NOW:
YesPartnership.net

FRIDAY
DEC
9TH

BID FROM DECEMBER 1ST THROUGH DECEMBER 8TH
LUNCH PICK-UP FROM 11A - 2P
(FREE DELIVERY FOR LUNCH ORDERS OF EIGHT OR MORE WITHIN THE CITY OF SONORA)

Supporting Youth and Families for over 35 years

427 N. HIGHWAY 49 SONORA, CA. 95370
209-533-1397 X226
YESPARTNERSHIP@ATCAA.ORG

YES Partnership
Because You Matter



MENTAL HEALTH COFFEE TALK

Presented by Tuolumne County Behavioral Health

Join our passionate county staff, stakeholders, community members, advocates, and local agencies to talk about the community's programming needs and services, current programs and future goals, mental health issues, stigma reduction and suicide prevention and awareness. Find out how YOU can "take action for mental health" in Tuolumne County. This monthly community and mental health-focused event will be part of TCBH's ongoing efforts to connect with the public as part of the Mental Health Services Act's Community Program Planning Process.

To be held the last Friday of each month @ the Tuolumne County Enrichment Center

—

Feel free to come and go anytime between 8 - 10 a.m.

—

Complimentary beverages ~ bring your favorite cup ~

—

No formal agenda

—

Voice your opinions & Share your thoughts!

TUOLUMNE COUNTY ENRICHMENT CENTER

101 Hospital Road
Sonora, CA 95370
For more info, call (209) 533-6245 and press "0" for reception

Take Action FOR MENTAL HEALTH

NEED YOUR TEETH CLEANED?

Smile Keepers will be at the Tuolumne County Enrichment Center from 9 a.m. to noon on the following dates:

Upcoming 2022 Dates:

September 9 and 23
October 7 and 28

If you are a new client, please stop by to make an appointment for your dental cleaning. Smile Keepers must do a complete health and oral history prior to giving any care. We appreciate your understanding.

You can learn about:

- ✓ Oral Hygiene Instructions
- ✓ Referrals to Dental Providers
- ✓ Emergency Evaluations

To book at appointment with Smile Keepers, please call (209) 536-2014. For more general program information, call the Enrichment Center at (209) 533-7114 or visit the center at 101 Hospital Road in Sonora.

This program is brought to you by Tuolumne County Behavioral Health through funding from MHSA (Prop 63)

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November 4 and 18
December 2 and 16



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Upcoming 2023 Dates:

January 20
February 17

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Upcoming 2023 Dates:

March 10 & 17

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This program is brought to you by Tuolumne County Behavioral Health through funding from MHSA (Prop 63)

Not My Kid

MENTAL HEALTH TOOLS EVERY PARENT NEEDS

MENTAL HEALTH TOOLS

EVERY PARENT NEEDS TO KEEP KIDS HAPPY, HEALTHY & SUCCESSFUL

Keynote | Jeremy Bates, Tru Hope Summit
www.truhopesummit.com

Informational Breakout Sessions

- Anxiety
- Depression
- Sense of Belonging
- Suicide Prevention
- Grief

Free Tickets / Free Dinner (CHILDCARE AVAILABLE)
www.notmykid.life

WEDNESDAY
April 26
2023

Food and Networking – 5:30pm
Program Begins – 6pm

SBC Sonora **Sierra Bible Church**
15171 Tuolumne Road, Sonora CA

County of Tuolumne California

Adventist Health Sonora

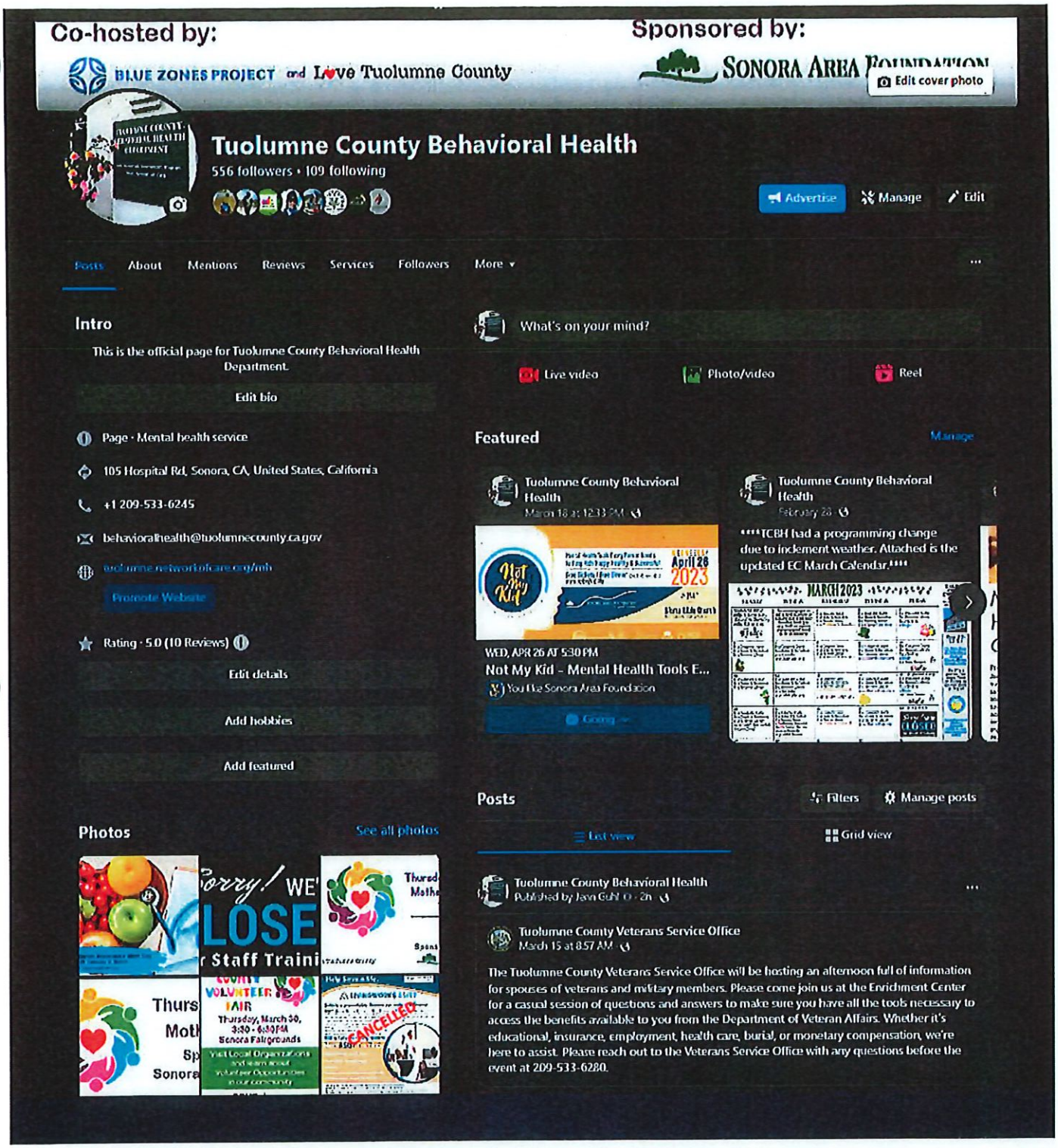
Tuolumne County Superintendent of Schools 1854

Lantern of Light

YES Partnership Because You Matter

frontporch

Sonora Area Foundation
For good. For ever.



Tuolumne County Behavioral Health Facebook Page

https://www.uniondemocrat.com/news/article_9573ec76-cfa4-11eb-a463-f7aebddc7797.html

Tuolumne County announces locations of 'unofficial' cooling centers

Alex MacLean
Jun 17, 2021



Tuolumne County Enrichment Center at 102 Hospital Road in Sonora.
Courtesy photo / Tuolumne County

Two "unofficial" cooling centers will be open today and Friday in Sonora, despite current and anticipated temperatures over the next few days apparently not meeting the trigger points in Tuolumne County's extreme weather plan for opening cooling centers.

The David Lambert Community Drop-in Center at 347 W. Jackson St. in Sonora will be open from 11 a.m. to 7 p.m. while the county Behavioral Health Enrichment Center at 102 Hospital Road in Sonora will be open from 8 a.m. to 7 p.m. on both days, Rebecca Espino, director of the

county Health and Human Services Agency announced Thursday morning.

The county's main library branch at 480 Greenley Road in Sonora will also be open for extended hours from 10 a.m. to 6 p.m. today and Friday.

Volunteers from the Twain Harte Community Emergency Response Team are also manning a cooling station at the Twain Harte Community Hall, 18775 Manzanita Drive, from noon to 4 p.m. today and noon to 5 p.m. Friday.

An excessive heat warning from the National Weather Service is in effect for both Tuolumne and Calaveras counties through 9 p.m. Saturday.

Daytime highs in Sonora and other similar elevation towns in the Central Sierra Nevada foothills are forecast to hit up to 106 degrees Thursday, 108 degrees Friday, and 106 degrees Saturday, with lows in the upper 60s to low 70s.

The county's extreme weather contingency plan approved by the Board of Supervisors in 2019 requires temperatures of 105 degrees or higher during the day, combined with night temperatures of 75 degrees or higher for three consecutive days and nights or more to trigger the opening of official cooling centers.

Other considerations in the plan for opening cooling centers include National Weather Service warnings for more than three days, abnormal animal mortality rates or human medical emergencies and mortality due to heat, electrical-grid emergencies and power outages.

Similarly, the plan's required temperatures for opening warming centers during cold weather is daytime low temperatures of 32 degrees or less and night temperatures of 15 degrees or less for three consecutive days or more, in addition to power and other health considerations.

Calaveras County announced earlier this week that it would be opening six cooling centers that would be open from 11 a.m. to 8 p.m. Thursday through Saturday for the duration of the heat wave.

The locations of the Calaveras County cooling centers are:

- Independence Hall 1445 Blagen Road, Arnold, CA 95223

- Copperopolis Armory 695 Main Street, Copperopolis, CA 95228
- Murphys Fire District Training Center 58 Jones Street, Murphys, CA 95247
- San Andreas Library 1299 Gold Hunter Road, San Andreas, CA 95249
- Jenny Lind Elementary School (Gym) 5100 Driver Road, Valley Springs, CA 95252
- West Point Community Hall 22283 Highway 26, West Point, CA 95255

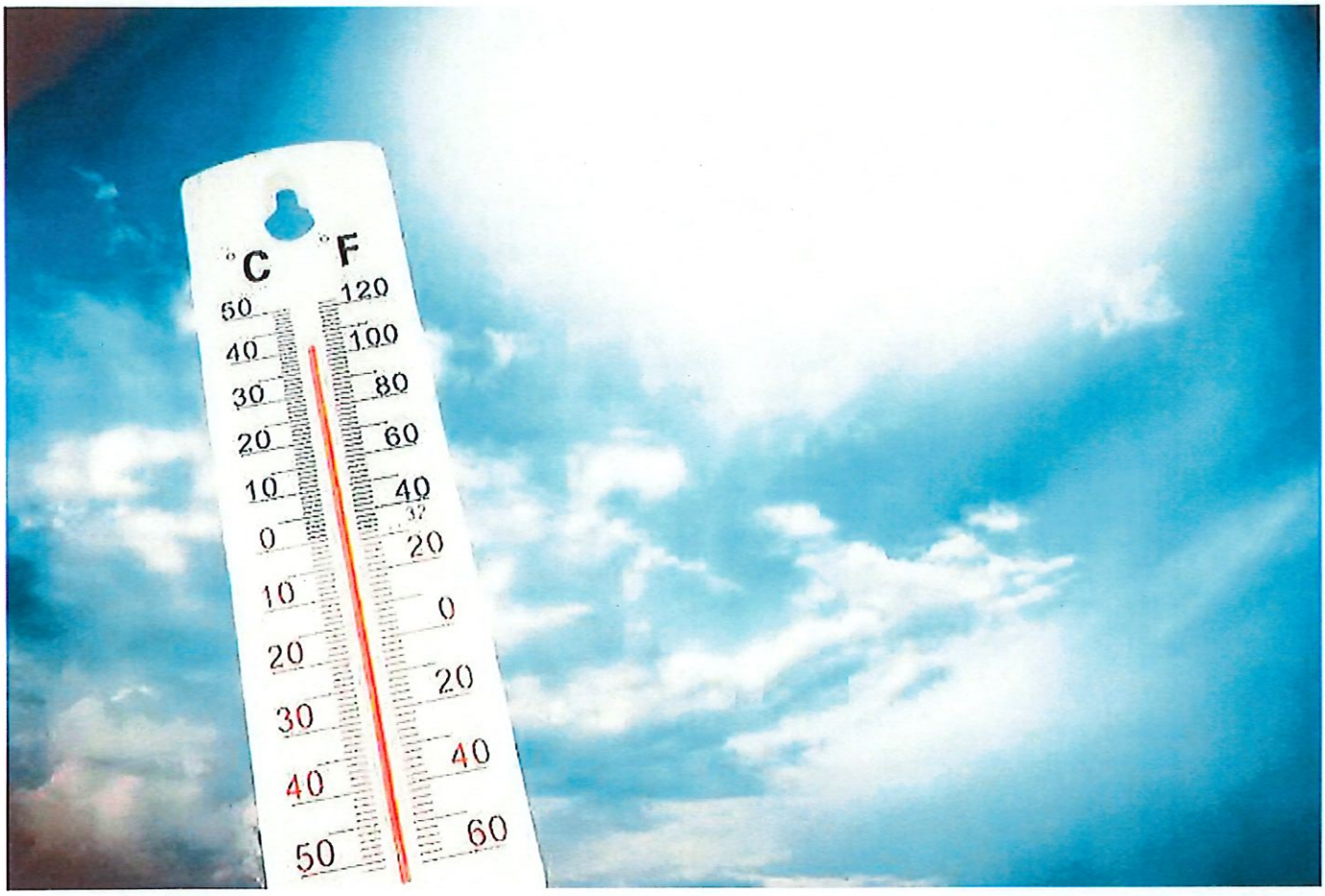
For assistance with transportation in Calaveras County, call Calaveras Connect at (209) 754-4450.

Contact Alex MacLean at amaclean@uniondemocrat.net or (209) 768-5175.

https://www.uniondemocrat.com/news/article_aad1cdb0-2b2c-11ed-9300-bf5d3f31298e.html

Tuolumne County to open cooling centers for Labor Day weekend heat wave

Guy McCarthy
Sep 2, 2022



Narith Thongphasuk / Dreamstime / TNS

As daytime highs reached 105 degrees Fahrenheit in Sonora on Friday, Tuolumne County government agencies said Friday they plan to open three cooling centers — two in in Sonora and one in Groveland — for overheated people this Labor Day weekend, in addition to a cooling center for pet cats and dogs that was announced Thursday.

Calaveras County announced Thursday there will be six locations for residents to cool off during the heatwave that's anticipated to last throughout Labor Day weekend.

The National Weather Service has an excessive heat warning from 11 a.m. Saturday through 8 p.m. Tuesday, with Sonora daytime highs expected to peak at 104 on Saturday, 107 on Sunday, 108 on Monday, and 109 on Tuesday, the county Office of Emergency Services, the county Public Health Department, and Tuolumne County Animal Control said in a joint announcement.



"The combination of the very hot afternoons and warm nights with limited overnight relief will result in a period of high to very high heat risk," Tuolumne County staff said Friday.

Tuolumne County OES and Tuolumne County Public Health urged residents and visitors to:

• Wear appropriate clothing during hot weather, especially children.

• Drink plenty of water, stay cool, and stay indoors if possible. Avoid being outdoors during the hottest parts of each day, from about 10 a.m. to 6 p.m.

• Wear hats and use sunscreen if you plan to be outside.

• Pace yourself when working or exercising in hot weather, drink plenty of water, and replenish electrolytes.

• Check on neighbors or friends who might benefit from assistance during the hot weather.

Young children and pets should never be left unattended in vehicles under any circumstance, Tuolumne County staff said.

Anyone who plans to visit a cooling center in Tuolumne County should know that facilities used as cooling locations highly recommend the use of masking and social distancing when indoors.

Sonora cooling centers

The Tuolumne County Enrichment Center at 102 Hospital Road in Sonora will be open noon to 6 p.m. Sunday and Monday.

The Tuolumne County Main Library at 480 Greenley Road in Sonora will be open 10 a.m. to 6 p.m. Saturday, and will reopen 9 a.m. to 6 p.m. Tuesday.

Groveland cooling center

Southside Community Connections, also known as Little House, at 11699 Merrell Road in Groveland will be open 3 p.m. to 7 p.m. Saturday and 1 p.m. to 7 p.m. Sunday and Monday.

Transportation

Anyone who needs transportation to the cooling sites during hours of operation can call Tuolumne County Transit at (209) 532-0404, and to request a ride on Sunday or Monday, call (209) 840-7203.



Animal Control

A cooling facility for pets will be available Saturday through Tuesday at the Animal Control Center at 10040 Victoria Way in Jamestown.

Pet owners must call ahead to make arrangements at (209) 694-2730. If you are unable to get hold of Animal Control call the Sheriff's Dispatch at (209) 533-5815. Pet owners must bring their pets' medications and photo ID. Pets can stay overnight at no charge.

Tuolumne County OES and Tuolumne County Public Health will continue to monitor the hot weather, and if additional facilities or extended hours are needed, they will announce an update.

For more information, please call Tuolumne County OES at (209) 533-6395 or Tuolumne County Public Health at (209) 533-7401.

Calaveras County Health and Human Services announced Thursday that six cooling centers will be open from noon to 8 p.m. Saturday through Monday in Arnold, Copperopolis, San Andreas, West Point, Mokelumne Hill and Valley Springs.

"Stay indoors, drink plenty of water and recognize signs of heat-related illness," Calaveras County Health Officer Dr. Rene Ramirez stated in a news release. "It can keep yourself and others safe and prevent serious injuries and even death during high temperatures."

Temperatures are expected to reach extreme highs of up to 113 degrees in some parts of Calaveras County between Saturday and Tuesday.

"Take a moment to check on your family, friends, neighbors, and animals this holiday weekend to make sure they have water, food, and access to a cool indoor space," Ramirez stated in the Calaveras County news release. "It can help save a life."

Calaveras County Animals Services will also provide a cooling center for pet cats and dogs from 11 a.m. to 5 p.m. Saturday through Monday at the Friends of the Calaveras Animal Services building at 901 Jeff Tuttle Drive in San Andreas, with overnight options available.

People utilizing the San Andreas shelter for pets are asked to call ahead of arrival to confirm availability at (209) 754-6866.

The six cooling centers for humans that Calaveras County will have open from noon to 8 p.m. Saturday through Monday require compliance with COVID-19 prevention guidelines, including the wearing of face masks.

People who need assistance with transportation to the centers can call Calaveras Connect (209) 754-4450.

The locations are:

- Arnold Library, 1065 Blagen Road, Arnold.
- Copperopolis Library, Suite 106 Lake Tulloch Plaza, Copperopolis.
- Mokelumne Hill Library, 8328 Main St., Mokelumne Hill.
- San Andreas Library, 1299 Gold Hunter Road, San Andreas.
- Valley Springs Library, 240 Pine St., Valley Springs.
- West Point Community Hall, 22283 Highway 26, West Point.

Contact Guy McCarthy at gmccarthy@uniondemocrat.net or (209) 770-0405. Follow him on Twitter at @GuyMcCarthy.

https://www.uniondemocrat.com/news/article_38aa8bb2-b927-11ed-9eaf-1f05363d2f54.html

Tuolumne County opens community resilience centers as warming shelters

Union Democrat staff
Mar 2, 2023

1 of 2



Tuolumne County government leaders dedicated the new $13 million Groveland Community Resilience Center, betwe Groveland Community Services District headquarters and the Ferretti Road entrance to the private, gated community Pine Mountain Lake, in November.

Guy McCarthy / Union Democrat

Tuolumne County has opened its community resilience centers in Groveland and Tuolumne as warming shelters for people seeking a place to get out of the cold.

Both centers were open as of 10 a.m. Thursday. A news release stated that their hours may change depending on weather conditions, power restoration and staffing.

The centers are located at 18241 Bay Ave., Tuolumne, and 18986 Ferretti Road, Groveland.

People who are homeless and 60 years old or older, disabled, families with children and youth ages 18 to 26 can also call (209) 768-9684 from 5 to 9 p.m. to receive information about temporary overnight shelter.

It marks the first time that the county has used the community resilience centers as warming shelters since completing construction on them late last year.

The centers cost a total of about $25 million combined, which came from a $70 million federal grant that California received in 2016 from the Obama-era National Disaster Resilience Competition for projects in Tuolumne County related to the 2013 Rim Fire.

Additional locations that are open where people can go to get out of the cold include:

• Sonora Main Library at 480 Greenley Road, Sonora

9 a.m. to 6 p.m., Monday-Friday

10 a.m. to 6 p.m., Saturday (closed Sunday)

Phone: (209) 533-5507

• Behavioral Health Enrichment Center at 101 Hospital Road, Sonora

8 a.m. to 6 p.m., Monday, March 6, through Friday, March 10 (closed Saturday and Sunday)

101 Hospital Road Sonora

• David Lambert Community Drop-In Center at 347 W. Jackson St., Sonora

11 a.m. to 2 p.m., Monday–Friday (closed Saturday and Sunday)

Phone: (209) 533-4879

Appendix M

Tuolumne County Behavioral Health

Central Regional Partnership
Workforce Education and Training Program
Retention Program Application and Program Guide

Application Submission Deadline:
June 5, 2022

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Executive Summary

The Central Region Partnership through the Mental Health Services Act Workforce Education and Training (WET) program has developed a Retention Program (RP) opportunity. Your county, in collaboration with other counties in the region, has partnered with the California Mental Health Services Authority (CalMHSA) to make this funding available to the county Public Mental Health System workforce. It will award up to $5,000 to qualified workers within the Region's Behavioral Health care workers that commit to a 12-month service obligation in a recognized hard-to-fill or hard-to-retain position.

Through this program, the Regional Partnership seeks to support its qualified providers that service the most underserved populations within the county and work in the most hard-to-retain positions.

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Section I: Application Guide

A. Eligibility Requirements

Applicants must meet the following criteria to be considered eligible:

<table>
<tr><th colspan="2">DIRECT CLINICAL SERVICE STAFF</th></tr>
<tr><td colspan="2">Work Hours & Location
Must work a minimum of 32 hours per week in an eligible County-operated public mental health setting.

Employment Status
Must be employed in an eligible role as identified here, for aminimum of six (6) months in a permanent position.[2]

New employees to receive $500 at 1 year employed in a permanent role.</td></tr>
<tr><th colspan="2">AND AT LEAST ONE OF THE FOLLOWING:</th></tr>
<tr><td>Providers who are bilingual in one of the Regional Partnership county's threshold languages and/or who represent the ethnicallyand culturally diverse communities served.</td><td>• Bilingual in Spanish, Cantonese, Mandarin, Tagalog, Farsi, or Vietnamese
and/or
• Have lived experience as a mental health consumer/family member or represent a culturally or ethnically diverse community</td></tr>
<tr><th colspan="2">OR</th></tr>
<tr><td>Workers in hard-to- fill/retain positions, or those who possess experience or expertise in hard-to- fill/retain skill sets.[4]</td><td>• Workers with behavioral healthcare experience or expertise
• Persons working for Tuolumne County Behavioral Health
• Providers who work in programs delivering services to:
1. Older adults
2. Transitional age youth
3. LGBTQI2-S
4. Youth in the juvenile justice system
5. Clients with forensic mental health services
6. Adults with Severe Mental Illness</td></tr>
</table>

2 Change of jobs to a different organization during the application review process is cause for disqualification, as it voids the minimum length of time for the employment requirement. However, a change of job with the same organization, serving the same population in a hard to fill/retain position will not disqualify.

3 Direct Service is defined as: services that generate units of service, opening or closing cases, crisis intervention, assessments, individual /family/grou therapy, rehabilitation services, medication evaluation/consultation, integrated behavioral and EBP Interventions.

4 To receive credit, your will be asked clearly to identify your qualifying program, job functions and direct service hours on a later issued "Employm Verification," in the Loan Repayment section.

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B. Eligible Professions

Eligible provider roles for the program are:

• Licensed Clinical Social Worker	• Associate Professional Clinical Counselor
• Associate Clinical Social Worker	• Licensed Psychiatrist
• Licensed Marriage and Family Therapist	• Psychiatric Mental Health Nurse Practitioner
• Associate Marriage and Family Therapist	• Licensed Clinical Psychiatric Pharmacist
• Licensed Professional Clinical Counselor	• Discharge and LPS services
• Electronic Health Records	• Transportation services
• Administration	• Behavioral Health Workers
• Peer Support Specialist	• Psych Tech or Licensed Vocational Nurse

C. Application to Program

The first step to applying is to submit an initial application for the program through HCAI. This section of the Program Guide will outline how and where a user can access application information and what information applicants will need before and during the application process.

There are four distinct parts to the application:

1. General Eligibility Criteria
2. Applicant Personal Statements
3. Applicant Information
4. Applicant Employment Verification (this document is issued outside of the standard application)

As part of the requirements of the Program, awarded applicants may not serve multiple service obligations concurrently and must be in service of the program during the agreed upon 12 months service obligation.

Application Dates

The open application period for the Program will be from May 1, 2022. Upon completion and initial review of the Application with HCAI, CalMHSA will receive the applicant data from HCAI.

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Application Software

All WET Retention Program applicants will be utilizing HCAI's Central Application portal to submit their applications. The application portal is web-hosted and will be utilized to collect all applicant information including loan and lender information and employment verification. The portal is located here: HCAI WET Central Application

CalMHSA will be utilizing DocuSign to facilitate the process of acquiring an employment verification form from all applicants. DocuSign is a secure and simple online tool that allows electronic transmission of documents that require review and electronic signature from recipients while maintaining the security of the information transmitted.

General Eligibility Criteria

The first section of the application will establish that applicants meet the basic necessary eligibility standards set by the Regional Partnership for this program.

Applicant Information

CalMHSA will be collecting all information provided by HCAI. Based on this data, CalMHSA will work with your county to facilitate any further information gathering needed to support your application.

Employment Verification

Once CalMHSA has received the applications from HCAI we will require applicants that meet all eligibility criteria to complete an employment verification form.

The employment verification form will be sent to the applicant's email submitted in the Applicant Information segment of the online application. This process will be facilitated through a software called "DocuSign" to ensure secure transmission of information.

D. Post Application

Initial Completeness Review

Once the application period has closed, CalMHSA will be conducting a completeness review of all the applicant and application materials submitted. This will serve as a cursory review to ensure that all requirements were met. All materials including the employment verification documents will needto be submitted no later than two calendar weeks after receipt to be considered eligible and reviewed.

If CalMHSA identifies issues with any applications, it will be at the discretion of the administrator and participating county to decide whether applicants will be given the opportunity to correct or modify their submissions. If CalMHSA extends this opportunity, they will attempt to communicate with applicants through their supplied contact information.

Evaluator Selection Process

The independent review panel is comprised of individuals with varied backgrounds, to include professional expertise, lived experience, and personal knowledge. Panelists' information will not be disclosed as a matter of confidentiality. CalMHSA is committed to ensuring the Evaluation Panel is representative of California's racial, ethnic, and cultural diversity.

Details regarding the specific process of selecting evaluators as well as the results of the evaluation process will not be shared as a matter of confidentiality.

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Application Review and Employment Verification

Once all applications have been checked for completeness and reviewer personal statement scores have been submitted, representatives of the participating counties will perform their verification of employment. During this process, the County representative may contact applicants and/or their designated supervising body to identify discrepancies encountered during the verification process. It is at the discretion of the County to determine their process for resolving discrepancies.

Establish Individual Contracts & Begin Service Obligation

Once the final review is complete and the selected applicants are identified, CalMHSA will communicate with all applicants and inform them of the decision made and any next steps.

Chosen applicants (awardees) will have until two weeks to respond to next steps. If an applicant does not confirm acceptance of their award and submit the completed contract, CalMHSA may take this as a forfeit of their interest in this program.

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E. Service Obligation

General Service Obligation Information and Requirements

The service obligation is an agreement whereby applicants maintain their position and responsibilities servicing the communities they have identified in their application. Aside from performing bi-annual service check-ins with CalMHSA, an applicant will only need to maintain their employment at their specified job site throughout the length of the service obligation period and remain in good standing on the loan.

Refer to the section on **Worksite Absences and Employment Interruption** for information on disruptions in employment.

Bi-Annual Service Verification

In addition to agreeing to the length of the service obligation, applicants must agree to bi-annual employment verifications (EVs) throughout the length of their service obligation.

Every awardee must submit employment verification documentation (EVs) during the length of their service obligation, which include the initial Employment Verification, the Bi-Annual Employment Verification, and the Final Employment Verification. These EVs serve as check-ins and are intended to ensure program eligibility requirements are being maintained and that circumstances requiring retention programs do not change. The EV form will be communicated during the establishment of contracts with the awardee and must be completed and electronically signed by the awardee. Once completed by the awardee, it will be forwarded to CalMHSA who will confirm with the applicant's practice site. By completing and electronically signing the EV form, the awardee and the practice site are certifying the awardee's compliance or noncompliance with the clinical practice requirements. The Bi-Annual and Final EVs will additionally record the time spent away from the service site during the preceding six - month period to identify personal time off, medical and/or parental leave, or other disruptions in employment.

While CalMHSA will take steps to alert both the awardee and the site to the due date for an SV submission, it is the awardee's responsibility to ensure that their approved service site completes the verification in a timely manner and that it is accurate.

Awardees who fail to ensure that their EV forms are completed and submitted on time risk not receiving service credit and being recommended for default. Awardees who do not submit EVs or who are consistently late in submitting them may not be eligible for future programs.

If an awardee works more than the minimum number of hours per week, then the awardee only needs to report absences (or time spent away from the site) that will impede them from meeting the minimum weekly service requirement. This time should be deducted from the awardee's bank of allowable absences, which is 35 workdays per service year.

Worksite Absences and Employment Interruption

It will be the general policy of the program to defer to the allowable job site policies in relation to interruption in service and duties at the job site. Change of job site is cause for disqualification, as it voids the minimum length of time for the employment requirement. However, a change of job with the same organization, serving the same population in a hard to fill/retain position will not disqualify.

A detailed allowance for job site interruptions will be articulated in an awardee's service contract upon intent to award.

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Maternity/Paternity/Adoption Leave

If an applicant needs to request maternity, paternity, or adoption leave, they must contact CalMHSA. CalMHSA will defer to the preferences of the participating County to determine whether an extension will be allowed to accommodate for approved leave within the boundaries of current job site policies.

Breach Policy

CalMHSA reserves the right to recover monies for the awardee's failure to perform the obligations set forth in the program agreement

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Section II: Program Guide

F. Program Information

Program Timeline

Event	Key Dates
Close Applications	TBD
Program Winners Selected & Contacted	TBD
Applicant Contracts Generated, Lender Information Requested	TBD
Service Obligation Period Begins	TBD
Service Period Check-In 1	TBD
Service Period Check-In 4 (Final)	TBD
Service Obligation Period Ends	TBD
Funds Dispersed	TBD

Program Background

The program was developed through Mental Health Services Act (MHSA) Workforce Education and Training (WET) component funding and in collaboration with the California Mental Health Services Authority (CalMHSA).

The purpose of the program is to provide financial incentive to retain current qualified, eligible employees in"hard to fill/retain" positions in the Behavioral Health Care system. A limited numberof awards will be available for up to $5,000 in exchange for a 12-month service obligation. Eligible applicants must work in the county-operated settings in a "hard to fill/retain" position, as defined by their county.

The Retention Program is a financial incentive strategy that is included in the Statewide MHSA WET Plan. It is designed to retain mental health professionals who reflect the population's served and share the same ethnic, cultural, and linguistic backgrounds of the communities served. Through this program the County Behavioral Health Departments seek to support qualified employees who meet eligibility requirements and commit to a 12-month service obligation.

Issuing Body

The California Mental Health Services Authority (CalMHSA) is a Joint Powers Authority, an independent government agency created by California counties and cities, focused on the efficient delivery of California mental health projects for its members. CalMHSA collaborates with the Member Counties/Cities to implement mental health services, project, and educational programs across the state, regionally, and locally.

CalMHSA will perform contract oversight and maintenance for this program. In this role, CalMHSA will serve as point-of-contact between awardees and County Behavioral Health Departments in issues regarding the Program. CalMHSA will also maintain contact with all recipients of awards.

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Available Funding and Amounts

Individual awards will not exceed $5,000 for each applicant per service obligation. CalMHSA and participating Counties may award full, partial, or no funding to an applicant based on a combination of application eligibility criteria, strength of personal statement submission, and available funding

G. Communication Requirements

Awardees must email CalMHSA within these specified timeframes for the following reasons:

a. Immediately:
   - If you are no longer employed by the approved job site.

b. 30 calendar days if you:
   - Change to your name, mailing address, phone number, e-mail address or lendinginstitution.
   - Will be changing your position within your organization but remain within the bounds ofthe agreement
   - Begin a leave of absence for medical or personal reasons.

c. 60 calendar days if you:
   - Begin maternity/paternity/adoption leave.
   - Are requesting to switch from full-time to half-time status.

Leaving an Approved Job Site/Provider Role Prior to Completion of Service

CalMHSA expects that awardees will fulfill their obligation at the approved job site in their specified role identified in their initial application. If an awardee feels they can no longer continue working at the approved job site or in their hard-to-fill/retain role, the awardee should discuss the situation and/or concerns with their approved job site management and must contact CalMHSA immediately via phone or email.

If the awardee leaves their approved job site without prior communication with and approval from CalMHSA, they may be placed in default as of the date they stopped providing care at the approved job site and become liable for any monetary damages specified in the awardee's CalMHSA contract. Awardees who are terminated for-cause by their job site will be placed in default and will no longer be in approval of the obligations of their service period requirements.

Transfer Request to another Approved Job Site/Position

Because the Program is a retention tool, transfers from one job site or provider role into another job site or provider role may not be allowed and could break the requirements of the 12-month service obligation. If an awardee requests a job site transfer due to extenuating circumstances, the awardee must contact both their job site management and CalMHSA. This communication is not a guarantee of approval of the job transfer. Each potential transfer will be considered individually, and the approval of one transfer does not guarantee the approval of any additional transfer.

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Unemployment During Service Obligation

Awardees who voluntarily resigned from their sites without prior communications and approval with CalMHSA, were terminated for cause, or are deemed ineligible for site assistance will be in violation of the 12-month requirement of their service obligation and will no longer be eligible for participation ofthis program. This cancel of service obligation may have a future effect on the applicant's eligibility for future funding opportunities.

Cancellation of Retention Obligation

The program obligation will be cancelled in its entirety in the event of an awardee death. No liability will be transferred to the awardee's heirs.

Section III: Additional/Supplemental Information

H. Contact Information

California Mental Health Services Authority (CalMHSA)
Aileen Dizon, Training Manager
aileen.dizon@calmhsa.org

Tuolumne County Behavioral Health
Michelle Carlson, WET Coordinator
MCarlson@co.tuolumne.ca.us

I. Resource Links

www.tuolumnecounty.ca.gov