Tuolumne County Behavioral Health Advisory Board (BHAB)
(Minutes of the MHSA Innovations Public Hearing of September 19, 2022)

FINAL

2022 BHAB Membership	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Sep. 19, 2022 MHSA Innovations Public Hearing
Jaron Brandon - BOS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Anaiah Kirk – BOS Alt	E	E	E	E	E	E	E	E	E	E
Mary Anne Schmidt, Chairperson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sherry Bradley, Vice-Chairperson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heather Farris, Secretary	✓	✓	E	✓	✓	✓	✓	✓	✓	✓
Cynthia Halman	✓	✓	E	✓	✓	✓	E	✓	✓	✓
Elizabeth Marum	✓	✓	✓	✓	E	✓	✓	✓	E	E
Emily Valentine	E	✓	✓	✓	E	✓	E	✓	A	✓
Jenn Salazar	✓	✓	✓	✓	✓	✓	✓	✓	E	✓
Marjorie Langdon	A	✓	✓	E	✓	✓	E	✓	A	E
Maureen Woods	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Susie DeMassey	✓	E	✓	E	✓	E	✓	E	✓	E
Valerie Shuemake	E	✓	E	E	A	✓	✓	E	✓	E

Present = ✓ Absent = A Excused = E **12 MHAB Members, 1 BOS Alternate**

Tuolumne County Staff in Attendance
Lindsey Lujan, Agency Manager – Behavioral Health Department
Jenn Guhl, MHSA Agency Manager – Behavioral Health Department
Pandora Armbruster, Administrative Assistant – Behavioral Health Department
Others in Attendance
Terri Alford – Mental Health Coordinator, Tuolumne County Superintendent of Schools
Theresa Comstock - Executive Director, CALBHB/C
Myra Tahir – Intern, CALBHB/C
Chris Mackenzie, Director – Infant/Child Enrichment Services (ICES)
Raul “Rev” Vaughn – Entrepreneur, Website Design & Innovative Programs for Mental Health

I. CALL TO ORDER

- Behavioral Health Advisory Board Chairperson, Mary Anne Schmidt, announced to attendees that the meeting was being recorded.

  The meeting was called to order at 4:03 pm. Eight of the twelve members were present and accounted for at the time of roll call to complete a quorum for the Board. Behavioral Health Advisory Board members introduced themselves as

roll call was taken. Those present were Mary Anne Schmidt, Sherry Bradley, Heather Farris, Cynthia Halman, Emily Valentine, Jenn Salazar, Marjorie Langdon, and Maureen Woods. Jaron Brandon, Elizabeth Marum, Susie DeMassey, and Valerie Shuemake were not in attendance at the time of roll call.

The September 7, 2022, Findings Resolution for AB 361 indicating that the Behavioral Health Advisory Board would be meeting virtually only through October 6, 2022, was incorporated into the meeting record.

II. INTRODUCTIONS

Introductions were made by Tuolumne County staff in attendance, as follows: Lindsey Lujan – Quality Management Agency Manager, Jenn Guhl – MHSA Agency Manager, and Pandora Armbruster – Administrative Assistant. Others in attendance were Terri Alford – Mental Health Coordinator, Tuolumne County Superintendent of Schools; Theresa Comstock – Executive Director, CALBHB/C; Myra Tahir – Intern, CALBHB/C; Chris Mackenzie – Director, ICES; and Raul Vaughn, local entrepreneur.

Jaron Brandon, Tuolumne County Board of Supervisors – District 5, arrived at the meeting just as introductions were completed.

III. PUBLIC HEARING & COMMENT PERIOD

FY 2022-2027 MHSA Innovations Plan: Family Ties – Youth & Family Wellness – presented by Jenn Guhl, MHSA Agency Manager

Jenn Guhl presented the attached PowerPoint presentation and requested feedback on this proposed Innovation Project from those in attendance.

Questions posed were:

- Supervisor Brandon inquired about paying parents to attend these events to maximize attendance. Jenn Guhl replied that she would take note and follow up.
- Chris Mackenzie, ICES Director, suggested raffle prizes be used as incentives. Jenn answered that raffle prizes were something that could be utilized at events.
- Jaron also asked how this project is engaging and utilizing community partners that already run similar alternative opportunities which could benefit from a mental health component, such as movie theaters, game rooms, community halls, etc.

  Lindsey Lujan explained that first steps to this project does not include the provision of alternative mental health therapy, but instead will focus on engaging those already working with families at local events to connect them with mental health resources and to gain feedback on what therapies those families would be most interested in participating in.
- Sherry Bradley asked what is considered an alternative therapy? Lindsey replied that things such as sound therapy, yoga, and equine therapy are just a few of the alternatives being talked about.
- Terri Alford, Mental Health Coordinator – MHSSA, asked if the proposed budget allows for transportation to events? Lindsey reported that transportation costs were included in the budget.

- Raul Vaughn asked for a summary of the contractor's portion of the budget and what the department hopes to accomplish with this project.

  Lindsey replied that the department has been working with the Fiscal Department and reviewing existing PEI contracts to determine potential costs associated with providing alternative ways for families to receive therapy. The hope is to reach families in a way that has value for them.

- Theresa Comstock, Executive Director – CALBHB/C, shared her appreciation of the conversation surrounding non-traditional contractors and service providers. She is hoping that the staff and any potential contractors will go outside of normal circles to find out about other groups practices, such as tribal communities, groups that serve older adults, children's groups, etc. Theresa also shared information on rising transportation costs for the last portion of the year and noted that those costs could be a barrier for some to attend.

- Sherry Bradley inquired who would be eligible to participate in this program. Lindsey informed her that the target population and focus of this project will be those clients already being served through the Behavioral Health Department.

- Marjorie Langdon clarified that the presentation states that the department has no plans to hire new staff at this time, and without new staff, wondered what plans are in place to build out this concept? Jenn Guhl explained that roles/tasks will be reassigned for an existing vacant Program Specialist position to allow extra time for the implementation of this project. There are also costs set aside for a Staff Analyst to support the program.

  Marjorie asked what success for this program looks like? Lindsey shared that success looks like families or youth staying in services longer rather than starting and stopping, only to return to treatment again later down the road. Statistics prove that continued participation and engagement in programs result in more successful outcomes.

- Cynthia Halman shared her appreciation of this Innovation proposal. In her personal experience, finding activities and therapies that the whole family can engage in and are inviting and supporting is crucial and necessary. She also shared that at this time, Tuolumne County Transit is still free and is hopeful that this will continue into the new year.

- Heather Farris shared her excitement about this project and loves hearing that Behavioral Health will be offering enjoyable, creative, and sustainable methods for families to receive treatment together. She asks how the Request for Proposal (RFP) process will determine available therapies and what ultimate types of therapy the department is hoping to obtain? Lindsey shared that there will be an open call for proposals of all types of alternative therapies. A panel consisting of county staff, inside and outside of the department will be reviewing and rating those received.

- Raul Vaughn thanked Jenn Guhl and Lindsey Lujan for their work on putting this innovation project together. He noticed that the budget for this project shows costs increasing each year except for the contractor's base fees/expenses. These figures do not feel very appealing to those applying for this contract. Lindsey explained that these contracts are hyper-focused

to pay for individual short term events where ongoing therapy would not be provided.

- Sherry Bradley asks about clarification surrounding the implementation of a Community Project Planning Process (CPPP) to determine what people would be interested in participating in before moving forward with an RFP for alternative therapies. Both Lindsey and Jenn relayed that the CPPP will be one of the first steps in implementing this project.
- The group discussed the difficulties in completing an RFP from the contractor's standpoint.

Mary Anne Schmidt thanked Jenn Guhl and Lindsey Lujan for the informative presentation and work put into this project.

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.

No public comments were received on items not listed on this agenda.

V. ADJOURNMENT

The September 19, 2022, Behavioral Health Advisory Board Public Hearing for the FY 2022-2027MHSA Innovations Plan was adjourned at 5:15 pm.

The next regular monthly Tuolumne County Behavioral Health Advisory Board meeting is scheduled for October 5, 2022, at 4:00 pm via videoconference through Zoom and teleconference only. Meeting information will be posted on the October 2022 Agenda.

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.

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

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