TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
REGULAR MEETING AGENDA

Time: Wednesday, October 5, 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/88035381635?pwd=dVVNNVZrUGw2VndqQTNWOHh5Z0w2QT09
Meeting ID: 880 3538 1635 Passcode: 934991
Telephone (one tap mobile) +16694449171,,88035381635#,,,,*934991# US
Or Dial by your location +1 669 444 9171 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

BOARD OF SUPERVISOR'S REPRESENTATIVE
Jaron Brandon

ALTERNATE REPRESENTATIVE
Daniel Anaiah Kirk

CHAIRPERSON
Mary Anne Schmidt

VICE CHAIRPERSON
Sherry Bradley

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 - 10 minutes**

- 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 **(ATTACHMENT #1)**
- Discussion and Action to determine whether the November 2, 2022, Behavioral Health Advisory Board Meeting will be either in-person or virtual. If virtual, make Findings for the November 2022 Meeting.

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:** September 7, 2022, Regular Meeting Minutes and September 19, 2022, Special 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 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.

VII. **NEW BUSINESS AND ACTIONS:**

A. UPDATE ON BYLAWS - 5 minutes: Jaron Brandon
B. DEVELOP PLAN FOR SITE VISITS – 3 minutes: Mary Anne Schmidt
C. ANNUAL REPORT – 3 minutes: Mary Anne Schmidt

D. CALL A MEETING OF THE EXECUTIVE BOARD (Date and time to be announced) to review goals suggested at the Behavioral Health Advisory Board Retreat – 3 minutes: Mary Anne Schmidt

VIII. **AD HOC COMMITTEE REPORTS & ACTION:**

A. DATA NOTEBOOK **(ATTACHMENTS #2, #3, & #4)** – 15 minutes: Sherry Bradley
B. BOARD MEMBERSHIP, RECRUITMENT, ORIENTATION & TRAINING – 10 minutes: Heather Farris
    1. Update
    2. Review of Jenn Salazar's Application **(ATTACHMENT #5)**
C. INTERVIEW NEW CANDIDATES FOR THE BEHAVIORAL HEALTH ADVISORY BOARD – 3 minutes: Jaron Brandon

IX. **REPORTS:**

A. SUPERVISOR' S REPORT – 5 minutes: Jaron Brandon, Tuolumne County Board of Supervisors Representative
B. DIRECTOR'S REPORT – 8 minutes: Tami Mariscal, Behavioral Health Director
    - Care Court - SB1338
C. BEHAVIORAL HEALTH ADVISORY BOARD CHAIR REPORT – 2 minutes: Mary Anne Schmidt, Chair
D. BOARD MEMBER REPORTS/ANNOUNCEMENTS -3 minutes per Board member: Members of the Advisory Board may share announcements and/or comment on matters, not on the agenda.

Next Advisory Board Meeting is currently scheduled for November 2, 2022 @ 4 pm

X. **SUGGESTIONS FOR NEXT MONTH'S AGENDA** - 2 minutes: Board Members, Behavioral Health Staff, Members of the Public

XI. **PUBLIC SPEAKER** – 30 minutes: Dr. Brock Kolby, Deputy Director – Tuolumne County Behavioral Health

TOPIC: Mental Health Treatment Facilities

XII. **ADJOURNMENT**

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.

ATTACHMENT #1

Behavioral Health Advisory Board

County of Tuolumne

FINDINGS OF THE BEHAVIORAL HEALTH ADVISORY BOARD
AUTHORIZING REMOTE TELECONFERENCE MEETINGS
OF THE BEHAVIORAL HEALTH ADVISORY BOARD
FOR THE PERIOD SEPTEMBER 7, 2022 THROUGH OCTOBER 7, 2022
PURSUANT TO THE RALPH M. BROWN ACT.

WHEREAS, all meetings of BEHAVIORAL HEALTH ADVISORY BOARD and its legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code §§ 54950 – 54963), so that any member of the public may attend, participate, and view the legislative bodies conduct their business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions and requirements; and

WHEREAS, a required condition of Government Code section 54953(e) is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558(b); and

WHEREAS, a further required condition of Government Code section 54953(e) is that state or local officials have imposed or recommended measures to promote social distancing, or, the legislative body holds a meeting to determine or has determined by a majority vote that meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, on March 4, 2020, Governor Newsom issued a Proclamation of a State of Emergency declaring a state of emergency exists in California due to the threat of COVID-19, pursuant to the California Emergency Services Act (Government Code section 8625); and,

WHEREAS, on June 11, 2021, Governor Newsom issued Executive Order N-07-21, which formally

rescinded the Stay-at-Home Order (Executive Order N-33-20), as well as the framework for a gradual, risk-based reopening of the economy (Executive Order N-60-20, issued on May 4, 2020) but did not rescind the proclaimed state of emergency; and,

WHEREAS, on June 11, 2021, Governor Newsom also issued Executive Order N-08-21, which set expiration dates for certain paragraphs of the State of Emergency Proclamation dated March 4, 2020 and other Executive Orders but did not rescind the proclaimed state of emergency; and,

WHEREAS, as of the date of this Findings, neither the Governor nor the state Legislature have exercised their respective powers pursuant to Government Code section 8629 to lift the state of emergency either by proclamation or by concurrent Findings the state Legislature; and,

WHEREAS, the California Department of Industrial Relations has issued regulations related to COVID-19 Prevention for employees and places of employment. Title 8 of the California Code of Regulations, Section 3205(5)(D) specifically recommends physical (social) distancing as one of the measures to decrease the spread of COVID-19 based on the fact that particles containing the virus can travel more than six feet, especially indoors; and,

WHEREAS, the Behavioral Health Advisory Board finds that state or local officials have imposed or recommended measures to promote social distancing, based on the California Department of Industrial Relations' issuance of regulations related to COVID-19 Prevention through Title 8 of the California Code of Regulations, Section 3205(5)(D); and,

WHEREAS, as a consequence, the Behavioral Health Advisory Board does hereby find that it shall conduct its meetings by teleconferencing without compliance with Government Code section 54953 (b)(3), pursuant to Section 54953(e), and that such legislative bodies shall comply with the requirements to provide the public with access to the meetings as prescribed by Government Code section 54953(e)(2).

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NOW, THEREFORE, BE IT RESOLVED, FOUND AND ORDERED by the Behavioral Health Advisory Board, County of Tuolumne, State of California, in regular session assembled on September 7, 2022 does hereby resolve as follows:

Section 1. Recitals. All of the above recitals are true and correct and are incorporated into this Findings by this reference.

Section 2. State or Local Officials Have Imposed or Recommended Measures to Promote Social Distancing. The Behavioral Health Advisory Board hereby proclaims that state officials have imposed or recommended measures to promote social (physical) distancing based on the California Department of Industrial Relations' issuance of regulations related to COVID-19 Prevention through Title 8 of the California Code of Regulations, Section 3205(5)(D).

Section 3. Remote Teleconference Meetings. The Behavioral Health Advisory Board is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of these Findings including, conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

Section 4. Effective Date. These Findings shall take effect immediately upon its adoption and shall be effective until the earlier of (i) October 7, 2022, or (ii) such time the Behavioral Health Advisory Board adopts a subsequent Findings in accordance with Government Code section 54953(e)(3) to extend the time during which its legislative bodies may continue to teleconference without compliance with Section 54953(b)(3).

ADOPTED this 7th day of September , 2022 by the Tuolumne County Behavioral Health Advisory Board, by the following vote:

YES: 7 – Jaron Brandon, Mary Anne Schmidt, Sherry Bradley, Heather Farris, Cynthia Halman, Maureen Woods, Susie DeMassey.

NO: 0

ABSENT: 3 – Emily Valentine, Jenn Salazar, M. Elizabeth Marum, Marjorie Langdon, and Valerie Shuemake

ABSTAIN: 0

CBHPC 2022 Data Notebook for California Behavioral Health Boards and Commissions

Prepared by the Performance Outcomes Committee of the California Behavioral Health Planning Council

The California Behavioral Health Planning Council (Council) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family-member driven, recovery oriented, culturally and linguistically responsive, and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness.

For information, you may contact the following email address or telephone number:
DataNotebook@cbhpc.dhcs.ca.gov
(916) 701-8211

Or, you may contact us by postal mail at:

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California Behavioral Health Planning Council
1501 Capitol Avenue, MS 2706
P.O. Box 997413
Sacramento, CA 95899-7413

California Behavioral Health Planning Council
Advocacy • Evaluation • Inclusion

CBHPC 2022 Data Notebook for California Behavioral Health Boards and Commissions

Introduction: Purpose and Goals: What is the Data Notebook?

The Data Notebook is a structured format to review information and report on each county's behavioral health services. A different part of the public behavioral health system is focused on each year, because the overall system is very large and complex. This system includes both mental health and substance use treatment services designed for individuals across the lifespan.

Local behavioral health boards/commissions are required to review performance outcomes data for their county and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and to make the reporting easier, each year a Data Notebook is created for local behavioral health boards to complete and submit to the CBHPC. The discussion questions seek input from the local boards and their departments. These responses are analyzed by Council staff to create an annual report to inform policy makers, stakeholders and the public.

The Data Notebook structure and questions are designed to meet important goals:

- To help local boards meet their legal mandates[1] to review and comment on the county's performance outcome data, and communicate its findings to the CA Behavioral Health Planning Council;
- To serve as an educational resource on behavioral health data;
- To obtain opinion and thoughts of local board members on specific topics;
- To identify unmet needs and make recommendations.

In 2019, we developed a section (Part I) with standard questions that are addressed each year to help us detect any trends in critical areas affecting our most vulnerable populations. These include foster youth, homeless individuals, and those with serious mental illness (SMI) who need housing in adult residential facilities (ARFs) and some other settings. These questions assist in the identification of unmet needs or gaps in services that may occur due to changes in population, resources, or public policy.

[1]W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

How the Data Notebook Project Helps You

Understanding data empowers individuals and groups in their advocacy. The Planning Council encourages all members of local behavioral health boards/commissions to participate in developing the responses for the Data Notebook. This is an opportunity for local boards and their county behavioral health departments to work together to identify important issues in their community. This work informs county and state leadership about local behavioral health (BH) programs, needs, and services. Some local boards use their Data Notebook in their annual report to the County Board of Supervisors.

In addition, the Planning Council will provide our annual 'Overview Report', which is a compilation of information from all of the local behavioral health boards/commissions who completed their Data Notebooks. These reports feature prominently on the website[2] of the California Association of Local Mental Health Boards and Commissions. The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to SAMHSA[3].

[2]See the annual Overview Reports on the Data Notebook posted at the California Association of Local Mental Health Boards and Commissions, https://www.CALBHBC.org.
[3]SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For reports, see www.SAMHSA.gov.

CBHPC 2022 Data Notebook for California Behavioral Health Boards and Commissions

Part I: Standard Yearly Data and Questions for Counties and Local Boards

In recent years, changes in data availability permit local boards and other stakeholders to consult some Medi-Cal data online that is provided by the Department of Health Care Services (DHCS). These data include populations that receive Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) treatment. Standard data are analyzed each year to evaluate the quality of county programs and those reports can be found at www.CalEQRO.com. Additionally, Mental Health Services Act (MHSA) data are found in the 'MHSA Transparency Tool' presented on the Mental Health Services Oversight and Accountability Commission (MHSOAC) website.[4]

The Planning Council would like to examine some county-level data that are not readily available online and for which there is no other public source. Please answer these questions using information for fiscal year (FY) 2021-2022 or the most recent fiscal year for which you have data. Not all counties will have readily available data for some of the questions asked below. In that case, please enter N/A for 'data not available.' We acknowledge and appreciate the necessary time and effort provided by local boards and their behavioral health departments to collect and discuss these data.

Adult Residential Care

There is little public data available about who is residing in licensed facilities listed on the website of the Community Care Licensing Division[5] at the CA Department of Social Services. This lack of data makes it difficult to know how many of the licensed Adult Residential Facilities (ARFs) operate with services to meet the needs of adults with chronic and/or serious mental illness (SMI), compared to other adults who have physical or developmental disabilities. In 2020, legislation was signed that requires collection of data from licensed operators about how many residents have SMI and whether these facilities have services to support client recovery or transition to other housing. The response rate from facility operators does not provide an accurate picture for our work.

The Planning Council wants to understand what types of data are currently available at the county level regarding ARFs and Institutions for Mental Diseases (IMDs)[6] available to serve individuals with SMI, and how many of these individuals (for whom the county has financial responsibility) are served in facilities such as ARFs or IMDs. 'Bed day' is defined as an occupancy or treatment slot for one person for one day. One major difference is that IMDs offer mental health treatment services in a psychiatric hospital or certain types of skilled nursing home facilities. In contrast, a non-psychiatric facility such as an ARF is a residential facility that may provide social support services like case management but not psychiatric treatment.

[4]www.mhsoac.ca.gov, see MHSA Transparency Tool, under 'Data and Reports'
[5]Search for Adult Residential Facilities using the following Department of Social Services link: https://www.ccld.dss.ca.gov/carefacilitysearch/
[6]Institution for Mental Diseases (IMD) List: https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-IMD_List.aspx.

* 1. Please identify your County / Local Board or Commission.

Tuolumne County Behavioral Health

2. For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Facility (ARF) during the last fiscal year?

20

3. What is the total number of ARF bed-days paid for these individuals, during the last fiscal year?

6,988

4. Unmet needs: How many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF?

None, there is no wait list for placement

5. Does your county have any "Institutions for Mental Disease" (IMDs)?

- [X] No
- [ ] Yes (If Yes, how many IMDs?)

6. For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year?

In-County	0
Out-of-County	100

7. What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period?

1,000

Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Homelessness: Programs and Services in California Counties

The Planning Council has a long history of advocacy for individuals with SMI who are homeless, or who are at-risk of becoming homeless. California's recent natural disasters and public health emergency have exacerbated the affordable housing crisis and homelessness. Federal funding was provided to states that could be used for temporary housing for individuals living on the streets as a method to stop the spread of the COVID-19 virus. Additional policy changes were made to mitigate the rate of evictions for persons who became unemployed as a result of the public health crisis.

Studies indicate that only one in three individuals who are homeless also have serious mental illness and/or a substance use disorder. The Planning Council does not endorse the idea that homelessness is caused by mental illness, nor that the public BH system is responsible to fix homelessness, financially or otherwise. However, we do know that recovery happens best when an individual has a safe, stable place to live.

The issue of homelessness is very complex and involves multiple systems and layers of interaction. Therefore, the Council will continue to track and report on the programs and supports offered by counties to assist homeless individuals who have SMI and/or SUD. Causes and contributory factors are complex, and thus our solutions will need to address numerous multidimensional and multi-systemic challenges.

Every year, the states, counties, and many cities perform a "Point-in-Time" count[7] of the homeless individuals in their counties, usually on a specific date in January. Such data are key to state and federal policy and funding decisions. The pandemic disrupted both the methods and the regular schedule for the count in 2021.

Preliminary data for January, 2021 had been posted in early February 2022, but those only contained data for the individuals in shelters or other temporary housing. There was no data collected for California's unsheltered population due to Covid-19 protocols. Those preliminary data were taken down subsequently for further review before re-posting. The count for 2022 took place in many communities during the last week in February. The federal analysis and publication of that data will not be available for at least six to twelve months. Therefore, we are presenting the previous year's data for January 2020 in Table 3 as a baseline reference for comparison to the most recent year's data for 2021 and/or 2022, whenever that data becomes available. (Please refer to your 2022 Data Notebook pdf document for Table 3.)

[7]Link to data for yearly Point-in-Time Count:
https://www.hudexchange.info/programs/coccoc-homeless-populations-and-subpopulations-reports/?filter_Year=2018&filter_Scope=CoC&filter_State=CA&filter_CoC=&program+Coc&group=PopSub

8. During the most recent fiscal year (2020-2021), what new programs were implemented, or existing programs were expanded, in your county behavioral health department to serve persons who are both homeless and have severe mental illness? (Mark all that apply)

- [ ] Emergency Shelter
- [ ] Temporary Housing
- [ ] Transitional Housing
- [X] Housing/Motel Vouchers Project Room Key
- [ ] Supportive Housing
- [ ] Safe Parking Lots
- [X] Rapid re-housing ATCAA
- [ ] Adult Residential Care Patch/Subsidy
- [X] Other (please specify)

Resiliency Village, GSAC Shower Bus, Tuolumne County Commission on Homelessness, Expanded Meal Programs through Interfaith

Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Child Welfare Services: Foster Children in Certain Types of Congregate Care

In California, about 60,000 children under the age of 18 are in foster care. They were removed from their homes because county child welfare departments, in conjunction with juvenile dependency courts, determined that these children could not live safely with their caregiver(s). Most children are placed with a family who receive foster children, but a small number of the children need a higher level of care and are placed in a setting with more sophisticated services.

California is striving to move away from facilities formerly known as long-term group homes, and prefers to place all youth in family settings, if possible. Regulations have revised the treatment facilities for children whose needs cannot be met safely in a family setting. The new facility type is called a Short-Term Residential Treatment Program (STRTP). STRTPs are designed to provide short-term placement that includes intensive behavioral health services.

All of California's counties are working toward closing long-term group homes and are establishing licensed STRTPs. This transition will take time and it is important for your board to talk with your county director about what is happening in your county for children in foster care who are not yet able to be placed in a family setting, or who are in a family setting and experience a crisis that requires short-term intensive treatment.

Some counties do not yet have STRTPs and may place children/youth in another county or even out-of-state. Recent legislation (AB 1299) directs that the Medi-Cal eligibility of the child be transferred to the receiving county. This means, the county receiving the child now becomes financially responsible for his/her Medi-Cal costs.

Examples of the foster care CDSS data for Q4, 2020, in CA:

- **Total foster youth and children: 53,180**
- **Total placed in an STRTP: 2,444 (or 4.6% of foster youth)**
- **Total STRTP placed out-of-county: 1174 (or 2.2% of foster youth)**
- **Total STRTP placed out-of-state: 66 (or 0.12 % of foster youth)**

9. Do you think your county is doing enough to serve the children/youth in group care?

(X) Yes

( ) No (If No, what is your recommendation? Please list or describe briefly)

Tuolumne County has fewer than 5 children/youth in group care.

Many counties do not yet have STRTPs and may place children/youth in another county. Recent legislation (AB 1299) directs that the Medi-Cal eligibility of the child be transferred to the receiving county. This means, the county receiving the child now becomes financially responsible for his/her Medi-Cal costs.

10. Has your county received any children needing "group home" level of care from another county?

- (X) No
- ( ) Yes (If Yes, how many?)

11. Has your county placed any children needing "group home" level of care into another county?

- ( ) No
- (X) Yes (If Yes, how many?)

Less than 5

Part II: Impact of the Covid-19 Public Health Emergency on Behavioral Health Needs and Services

Background and Context

The Planning Council selected this year's special topic for the Data Notebook to focus on questions regarding the impact of the Covid-19 public health emergency on the behavioral health system during 2020 through 2021. Our goal for the choice of this topic is to evaluate effects of the pandemic on (1) the behavioral health of vulnerable populations in California, and (2) the impact on county behavioral health departments' ability to provide mental health and substance use disorder (SUD) treatment services in 2020 and 2021.

The major themes are as follows:

1. **The major effects on behavioral health in the vulnerable populations of adults, children and youth served by California's public mental health system. We will present some national data that describes some of the major effects.**
2. **The effects of the Covid-19 pandemic on the ability of county behavioral health departments to provide mental health and substance use treatment services.**
3. **The lessons learned and successes achieved during a time when everyone was challenged to be flexible and to devise new ways to support mental health while implementing Covid-19 public health protocols.**

This 2022 Data Notebook includes questions about effects of the pandemic on BH needs and services for children and youth, adults, and finally, some questions about potential county staffing challenges. To provide background and context for this part, we will discuss some of the limited public health data available thus far. The national data show that reports of serious behavioral health challenges were already trending upward in the two years prior to 2020. Further, the numbers of children, youth, and adults who need BH services appear to have increased further during both 2020 and 2021. Newer reports from California agencies that address similar issues have evaluated data collected in 2020 and 2021. Reports containing analyses of the most recent data are expected sometime in the second half of 2022.

In the strictest sense, we may not be able to establish that any of the changes in 2020-2021 were due to effects of the pandemic itself. Nonetheless, the continuing trends in 2020 and 2021 are cause for concern and attention, regardless of the difficulty of distinguishing cause from correlation and mere chance. Note that in our questions and discussion we often use the shorthand of speaking about the effects of Covid-19 on clients' mental health or on a county system's ability to respond to the larger challenges of the pandemic. We are not speaking in the biologic sense of what this virus does to a person's body, but rather the totality of the pandemic experience as we face this ongoing public health emergency.

We may find from the data we plan to collect through this Data Notebook that the pandemic had significant effects on system capacity to provide quantity, quality, or timeliness in the provision of many types of services, especially during the transition to online and telehealth services. Efforts to maintain Covid-19 protocols, (including social distancing), and limited access to technology may have increased barriers to access and impaired service delivery to our most vulnerable populations and to historically disadvantaged communities.

What were the Behavioral Health Impacts of the Covid-19 Pandemic on Children and Youth?

Behavioral health challenges faced by children and youth have been presented in news stories and medical, pediatric, or psychology journal reports. Most recently, this urgency led the U.S. Surgeon General to issue a special health advisory[8]:

"Mental health challenges in children, adolescents, and young adults are real and widespread. Even before the pandemic, an alarming number of young people struggled with feelings of helplessness, depression, and thoughts of suicide — and rates have increased over the past decade." said Surgeon General Vivek Murthy. "The COVID-19 pandemic further altered their experiences at home, school, and in the community, and the effect on their mental health has been devastating. The future wellbeing of our country depends on how we support and invest in the next generation. Especially in this moment, as we work to protect the health of Americans in the face of a new variant, we also need to focus on how we can emerge stronger on the other side. This advisory shows us how we can all work together to step up for our children during this dual crisis."

Before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the U.S. having a mental, emotional, developmental, or behavioral disorder. Additionally, from 2009 to 2019, the share of high school students who reported persistent feelings of sadness or hopelessness increased by 40%, to more than 1 in 3 students. Suicidal behaviors among high school students also increased during the decade preceding COVID, with 19% seriously considering attempting suicide, a 36% increase from 2009 to 2019, and about 16% having made a suicide plan in the prior year, a 44% increase from 2009 to 2019. Between 2007 and 2018, suicide rates among youth ages 10-24 in the U.S. increased by 57%, - PDF and early estimates show more than 6,600 suicide deaths - PDF among this age group in 2020.

The pandemic added to the pre-existing challenges that America's youth faced. It disrupted the lives of children and adolescents, such as in-person schooling, in-person social opportunities with peers and mentors, access to health care and social services, food, housing, and the health of their caregivers. The pandemic's negative impacts most heavily affected those who were vulnerable to begin with, such as youth with disabilities, racial and ethnic minorities, LGBTQ+ youth, low-income youth, youth in rural areas, youth in immigrant households, youth involved with the child welfare or juvenile justice systems, and homeless youth. This Fall, a coalition of the nation's leading experts in pediatric health declared a national emergency in child and adolescent mental health.

The Surgeon General's Advisory on Protecting Youth Mental Health outlines a series of recommendations to improve youth mental health across eleven sectors, including young people and their families, educators and schools, and media and technology companies.

[8]"Protecting Youth Mental Health: The Surgeon General's Advisory", by Dr. Vivek Murthy, M.D., U.S. Public Health Service, pages 1-53. December 7, 2021. https://www

Challenges, Resilience, and Possible Lessons Learned while Addressing Behavioral Health Impacts during the Covid-19 Pandemic

Many agencies of the state have held discussions regarding the challenges and lessons learned from our collective experiences of continuing to provide services or a variety of administrative supports for those involved in provision of direct services. These discussions or assessments are an ongoing process at multiple levels.

In the 2020 Data Notebook, the Planning Council asked questions about the use of telehealth for mental health therapy to adults during early stages of the pandemic. Some service providers and clients encountered problems of access, such as technology issues, lack of home internet, or lack of adequate bandwidth, especially in rural areas. Other issues included the challenges of learning to work with the virtual therapy platform for both providers and clients. Some individuals had disabilities with impaired hearing and/or impaired vision (hard to see keys to type), which led to difficulties in access or to being completely unable to access telehealth. Also, there were language challenges for some individuals.

However, as we saw in the analyses of the responses collected from the 2020 Data Notebook, for clients who were able to overcome any technology barriers to access, they reported a fair degree of success in being able to improve their handling of mental health issues. Some clients were also able to get tele-health appointments for medication evaluation and prescriptions. Tele-health is an example of a rapid system-wide adaptation enabled by rapid policy changes for Medicaid/Medi-Cal at the federal and state levels, and rapid adaptation by local government and care providers.

The Planning Council advocates for a behavioral health system that can meet the needs of vulnerable populations and historically disadvantaged groups. Systemic, economic, or other societal factors that can reduce access to behavioral health services likely overlap with those factors that reduce access to medical care and preventative public health measures.

For example, during the pandemic, the hardest-hit communities for Covid-19 cases, hospitalizations, and deaths were Hispanic/Latino, African-American, and Native-American people.[9] Some of these individuals were also the most difficult to reach by the public health Covid-19 teams. And due to the prevalence of misinformation, significant numbers were hesitant to get vaccinations, even though many work in 'front-line' positions exposed to the public, and many live in multi-generational households. Thus, any exposure to Covid-19 put entire families at risk of Covid-19. There are those who distrust governmental agencies for health and social services. Data reported in early 2022 also found problems in access to specialized treatment for "long Covid"[10] symptoms for some African Americans and other persons of color when compared to white people. Numerous cross-cultural challenges affect access to services for both physical and mental health, including better adapting our outreach and messaging.

Next we turn to the discussion questions for Part II regarding the provision of behavioral health services in your community during the Covid-19 pandemic. Two questions ask for optional comments about either services for Children and Youth, or those for Adults. These 'open comment' questions could address unique county successes, continuing challenges, or lessons learned to aid future resilience, or any other com

12. Please identify the points of stress on your county's system for children and youth behavioral health services during the pandemic (mark all that apply)

- [ ] Increased numbers of youth presenting for services who report thoughts of suicide or other thoughts of self-harm.
- [ ] Increased numbers of youth receiving services who reported significant levels of anxiety, with or without severe impairment.
- [x] Increased numbers of youth receiving services who reported significant levels of major depression, with or without severe impairment.
- [x] Increased Emergency Department admissions of youth for episodes of self-harm and/or suicide attempts.
- [ ] Increased Emergency Department visits related to misuse of alcohol and drugs among youth.
- [ ] Increased need for youth crisis interventions by Behavioral Health crisis teams (and/or use of psychiatric emergency setting or crisis stabilization unit).
- [x] Decreased access/utilization of mental health services for youth.
- [ ] None of the above
- [x] Other (please specify)

Growing use of alcohol and drugs for youth in Tuolumne County and a growing incidence of youth considering suicide.

13. Of the previously identified stressors, which are the top three concerns for your county for children and youth services? (Please select your county's top three points of impact in descending order)

	Top concerns for children and youth services
1st	
2nd	
3rd	

14. Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, mental health services for children and youth in your county during the Covid-19 pandemic?

The source of referrals during the pandemic dropped (from Schools). Initially, youth were accepting of the telehealth modality. According to staff, youth enjoyed it. However, a drop in interest occurred due to youth becoming tired of it (telehealth).

15. Please identify the points of stress on your county's system for all adult behavioral health services during the pandemic (mark all that apply)

- [ ] Increased numbers of adults presenting for services who report thoughts of suicide or other thoughts of self-harm.
- [ ] Increased numbers of adults receiving services who reported significant levels of anxiety, with or without severe impairment.
- [ ] Increased numbers of adults receiving services who reported significant levels of major depression, with or without severe impairment.
- [ ] Increased Emergency Department admissions for episodes of self-harm and suicide attempts among adults.
- [ ] Increased Emergency Department visits related to misuse of alcohol and drugs among adults.
- [ ] Increased need for crisis interventions by BH crisis teams (and/or use of psychiatric emergency rooms).
- [x] Decreased access/utilization of mental health services for adults.
- [ ] None of the above
- [ ] Other (please specify)

16. Of the previously identified stressors, which are the top three concerns for your county for all adults services? (Please select your county's top three points of impact in descending order) N/A - not applicable

	Top concerns for all adults
1st	
2nd	
3rd	

17. Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, behavioral health programs for all adults in your county during the Covid-19 pandemic?

During the COVID-19 Pandemic, it was necessary to close the department's Enrichment Center (for clients), Lambert Center (for the Homeless), and there was a loss of volunteers to work with the adult programs. It was helpful to staff to become familiar with other organizations and partners to assist adult behavioral health clients. During the pandemic, State and Federal funding were "thrown" at various programs/services. What was needed was a master plan, a needs assessment process, and determination of what of those areas had the highest need.

18. Since 2020, has your county increased the use of telehealth for all adult behavioral health therapy and supportive services?

- (X) Yes
- ( ) No

19. Since 2020, has your county increased the use of telehealth for psychiatric medication management for all adults?

- (X) Yes
- ( ) No

20. Does your county have tele-health appointments for evaluation and prescription of medication-assisted treatment (MAT) for substance use disorders?

- ( ) Yes
- ( ) No
- (X) Not applicable (if your board does not oversee SUD along with mental health)

21. Many or most MAT programs rely on in-person visits by necessity in order to get certified to provide these services. [Some of these medications include buprenorphine, methadone, suboxone, emergency use Narcan]. As part of SUD treatment services, are you able to coordinate routine drug testing with clinics near the client?

- ( ) Yes
- ( ) No
- (X) Not Applicable (if your board does not oversee SUD along with mental health)

If Yes, how has this been useful in promoting successful outcomes?
If No, do you have alternatives to help clients succeed?

22. Have any of the following factors impacted your county's ability to provide crisis intervention services? (Check all that apply)

- [X] Increase in funding for crisis services
- [ ] Decrease in funding for crisis services
- [X] Issues with staffing and/or scheduling
- [ ] Difficulty providing services via telehealth
- [ ] Difficulty implementing Covid safety protocols
- [ ] None of the above
- [X] Other (please specify)

Hospital Covid protocols/safety measures

23. Did your county experience negative impacts on staffing as a result of the pandemic? (Please select your county's top points of impact from the dropdown menus, all in descending order of importance)

negative impacts on staffing as a result of the pandemic

1st	
2nd	
3rd	
4th	

Drop Down menus for question #23 are:

- Staff quit (part of mass resignation/social trend, etc.)
- Staff re-directed or re-assigned to support Covid-19 Teams
- Staff out to quarantine for self
- Staff out to care/quarantine due to family member's contracting of Covid-19
- Staff out due to disagreement to comply with safety protocols
- Staff out due to decision to not get vaccinated for Covid-19
- Staff out due to burnout
- Staff out due to inability to manage telework environment
- Staff unable to obtain daycare or childcare
- Other
- None of the above

24. Has your county used any of the following methods to meet staffing needs during the pandemic? (please mark all that apply)

- [x] Utilizing telework practices
- [x] Allowing flexible work hours
- [ ] Bringing back retired staff
- [x] Facilitating access to childcare or daycare for worker
- [x] Hiring new staff
- [ ] Increased use of various types of peer support staff and/or volunteers
- [ ] None of the above
- [ ] Other (please specify)

Covid restrictions reduced the use of peer run/volunteer support. Staff implemented supportive phone calls to those users impacted by the reduced availability of community centers .

25. Consider how the pandemic may have affected your county's ability to reach and serve the behavioral health needs of clients from diverse backgrounds. Has the pandemic adversely affected your county's ability to reach and serve clients and families from the following racial/ethnic communities? (Check all that apply.)

PowerPoint Presentation and 19/20 Data may assist in answering these questions.

- [ ] Asian American / Pacific Islander
- [ ] Black / African American
- [ ] Latino/ Hispanic
- [ ] Middle Eastern & North African
- [ ] Native American/Alaska Native
- [ ] Two or more races
- [x] None of the above
- [ ] Other (please specify)

26. Based on your experience in your county, has the pandemic adversely impacted your county's ability to reach and serve behavioral health clients and families from the following communities and backgrounds? (Check all that apply.)

- [ ] Children & Youth
- [ ] Foster Youth
- [ ] Immigrants & Refugees
- [ ] LGBTQ+ people
- [ ] Homeless individuals
- [ ] Persons with disabilities
- [ ] Seniors (65+)
- [ ] Veterans
- [ ] None of the above
- [ ] Other (please specify)

27. Which of the following pandemic-related challenges have presented significant barriers to accessing behavioral health services in your county? (Please check all that apply.)

- [ ] Difficulty with or inability to utilize telehealth services
- [x] Concerns over Covid-19 safety for in-person services
- [x] Inadequate staffing to provide services for all clients
- [ ] Lack of transportation to and from services
- [x] Client or family member illness due to Covid-19
- [ ] Client disability impairs or prevents access
- [ ] Mistrust of medical and/or government services
- [ ] Language barriers (including ASL for hard-of-hearing)
- [ ] None of the above
- [ ] Other (please specify)

CBHPC 2022 Data Notebook for California Behavioral Health Boards and Commissions

Post-Survey Questionnaire

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. Questions below ask about operations of mental health boards, and behavioral health boards or commissions, etc.

28. What process was used to complete this Data Notebook? (please select all that apply)

- [ ] MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions
- [ ] MH Board completed majority of the Data Notebook
- [X] Data Notebook placed on Agenda and discussed at Board meeting
- [ ] Other (please specify)
- [X] MH board work group or temporary ad hoc committee worked on it
- [X] MH board partnered with county staff or director
- [ ] MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function

29. Does your board have designated staff to support your activities?

- ( ) No
- (X) Yes (if Yes, please provide their job classification)

Administrative Assistant

30. Please provide contact information for this staff member or board liaison.

Name	Pandora Armbruster
County	Tuolumne County Behavioral Health
Email Address	PArmbruster@co.tuolumne.ca.us
Phone Number	(209)533-6256

31. Please provide contact information for your Board's presiding officer (Chair, etc.)

Name	Mary Anne Schmidt
County	County of Tuolumne
Email Address	
Phone Number	

32. Do you have any feedback or recommendations to improve the Data Notebook for next year?

Tuolumne County Behavioral Health Advisory Board

September 21, 2022

Memorandum to:	Mary Anne Schmidt, Chair, Tuolumne County Behavioral Health Advisory Board
From:	Elizabeth Marum and Sherry Bradley, Ad Hoc 2022 Data Notebook Committee
cc:	Pandora Armbruster, Staff Support to Advisory Board
Subject:	**For the October 5, 2022, Advisory Board Meeting - Additional Advisory Board Member Input Required for 2022 Data Notebook**

Dear Mary Anne:

Based on input received at the September 7, 2022, meeting, the Advisory Board has partially completed the required 2022 Data Notebook. At that meeting the Board completed questions numbered: 9, 12, 14, 15, 16, and 17. These responses are being added to the Draft 2022 Data Notebook, which is planned to be included in the Agenda Packet for the October 5th meeting.

Questions number 13, 23, 26, 27, and 32 still require the Advisory Board's input to complete the 2022 Data Notebook.

Please see the attached document which gives explanation(s) for each of the questions. Once these questions have been responded to, the answers can be ADDED to the Draft 2022 Data Notebook, which could then be finalized at our meeting on October 5, 2022.

We request, therefore, that the following items be placed on the October 5, 2022, Advisory Board Meeting Agenda:

- Discuss/complete Questions 13, 23, 26, 7 and 32 for the 2022 Draft Data Notebook, and record those questions to the 2022 Draft Data Notebook (see attachment)
- Approve the 2022 Draft Data Notebook to include the responses (above)
- Approve the 2022 Draft Data Notebook to be finalized, reflecting the Advisory Board's input.

Thank you for your consideration. Please let me know if you have any questions or need clarification regarding the Ad Hoc Committee's report.

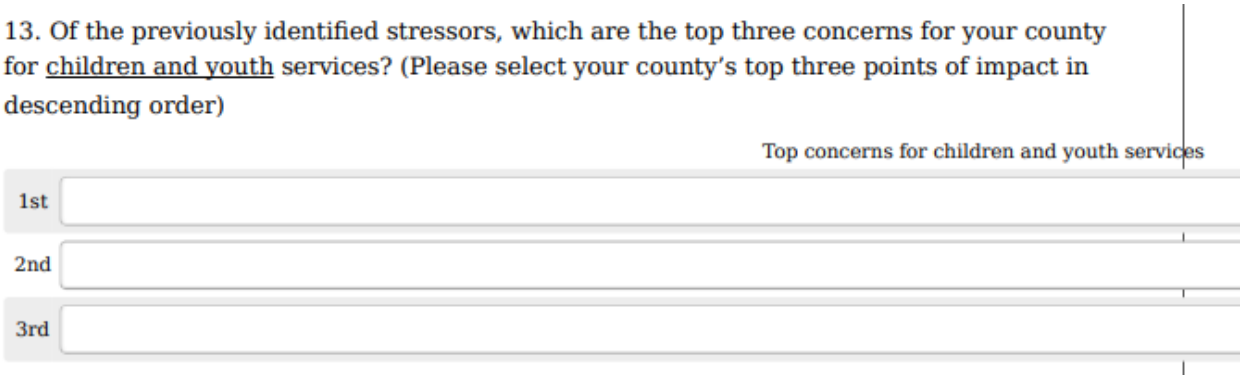
2022 DRAFT DATA NOTEBOOK

Questions Still Requiring Input from BH Advisory Board
Meeting of October 5, 2022

Dear Behavioral Health Advisory Board Members:

The following questions still require our Board's input to complete all answers in the Draft 2022 Data Notebook. Please review these questions and think about possible questions and/or input for discussion at the October 5, 2022, meeting. Once these questions are answered, we will have completed all the required questions. Thank you! - Ad Hoc Data Notebook Committee

Question 13:



The following were our responses to Question 12, which is the question prior to this one. Based upon our responses (below), we need to identify our top three points of impact, in descending order:

Yes – Increased numbers of youth receiving services who reported significant levels of major depression, with or without severe impairment

Yes – Increased Emergency Department admissions of youth for episodes of self-harm and/or suicide attempts.

Yes - Decreased access/utilization of mental health services for youth

Yes – Other: Growing use of alcohol and drugs for youth in Tuolumne County.

Yes – Other: growing incidence of youth considering suicide

Question 23:

23. Did your county experience negative impacts on staffing as a result of the pandemic? (Please select your county's top points of impact from the dropdown menus, all in descending order of importance)

negative impacts on staffing as a result of the pandemic

1st	
2nd	
3rd	
4th	

For Question #23, ABOVE, recommended response/s:

Board will need to add to "other" after viewing the responses based upon input from county staff. The options for responses to #23 are shown, below.

From Question #23, here are the drop-down choices:

Drop Down menus for question #23 are:

- Staff quit (part of mass resignation/social trend, etc.)
- Staff re-directed or re-assigned to support Covid-19 Teams
- Staff out to quarantine for self
- Staff out to care/quarantine due to family member's contracting of Covid-19
- Staff out due to disagreement to comply with safety protocols
- Staff out due to decision to not get vaccinated for Covid-19
- Staff out due to burnout
- Staff out due to inability to manage telework environment
- Staff unable to obtain daycare or childcare
- Other
- None of the above

Question 26:

26. Based on your experience in your county, has the pandemic adversely impacted your county's ability to reach and serve behavioral health clients and families from the following communities and backgrounds? (Check all that apply.)

- [ ] Children & Youth
- [ ] Foster Youth
- [ ] Immigrants & Refugees
- [ ] LGBTQ+ people
- [ ] Homeless individuals
- [ ] Persons with disabilities
- [ ] Seniors (65+)
- [ ] Veterans
- [ ] None of the above
- [ ] Other (please specify)

Response For Question #26 still pending data input:

- Ask Jen Salazar to comment on her experience working with the unsheltered to see if there was an impact on unsheltered individuals or immigrants & refugees, or any impact with the LGBTQ community.
- Asked DSS/Foster Youth staff for impact
- For Seniors (65+), many felt isolated (from Senior Network)
- Ask Non-profit(s) working with persons with disabilities if there was an impact
- Veterans were NOT impacted (***(Deb Esque responded to my email as follows: "****No not really. We continued to go out to homes and meet with our clients during the pandemic. What we changed was how we did our day-to-day business, which was to do all encounters by appointment only. We're continuing this practice. Again, we have never closed our doors to meet with clients either in their homes our at the county office.")*

Question 27:

27. Which of the following pandemic-related challenges have presented significant barriers to accessing behavioral health services in your county? (Please check all that apply.)

- [ ] Difficulty with or inability to utilize telehealth services
- [x] Concerns over Covid-19 safety for in-person services
- [x] Inadequate staffing to provide services for all clients
- [ ] Lack of transportation to and from services
- [x] Client or family member illness due to Covid-19
- [ ] Client disability impairs or prevents access
- [ ] Mistrust of medical and/or government services
- [ ] Language barriers (including ASL for hard-of-hearing)
- [ ] None of the above
- [ ] Other (please specify)

For Question #27, Recommend the following:

Staff has checked the boxes for which they have data. We are asking Advisory Board members to weigh in on "Mistrust of medical and/or government services" and the "other" category.

Question 32:

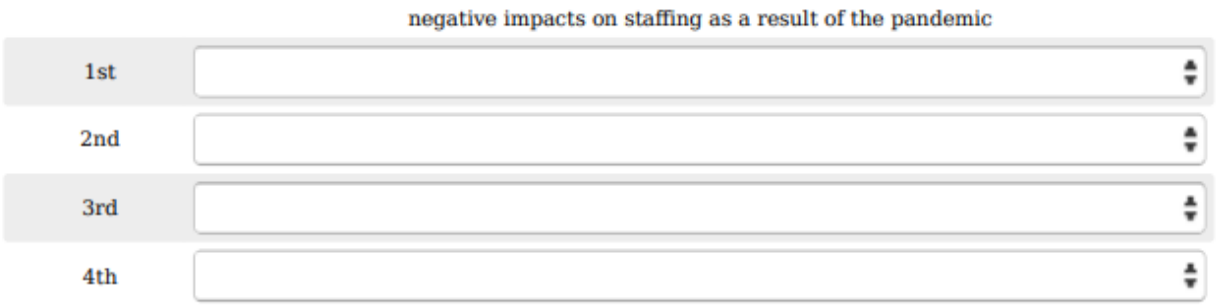
32. Do you have any feedback or recommendations to improve the Data Notebook for next year?

For Question #32:

Board Members will need to provide feedback and/or recommendations to improve the Data Notebook.

Question #23 is as follows and the drop down choices are adjacent:

23. Did your county experience negative impacts on staffing as a result of the pandemic? (Please select your county's top points of impact from the dropdown menus, all in descending order of importance)



Drop Down menus for question #23 are:

- Staff quit (part of mass resignation/social trend, etc.)
- Staff re-directed or re-assigned to support Covid-19 Teams
- Staff out to quarantine for self
- Staff out to care/quarantine due to family member's contracting of Covid-19
- Staff out due to disagreement to comply with safety protocols
- Staff out due to decision to not get vaccinated for Covid-19
- Staff out due to burnout
- Staff out due to inability to manage telework environment
- Staff unable to obtain daycare or childcare
- Other
- None of the above

Tami's Answers in order of importance

1. Staff out on quarantine for self
2. Staff out to care/ quarantine due to family members contracting…
3. Staff out due to burn out
4. Staff unable to obtain daycare/childcare

Committee and Commission Application

BOS-22-36

Applicant

Jenn Salazar
[redacted]
[redacted]

Application Information

Vacancy Applied For

Behavioral Health Advisory Board

Applying for Reappointment

true

City

Tuolumne

Residential Phone

[redacted]

Cell Phone

[redacted]

How long have you lived in Tuolumne County? (months)

11

For Supervisorial Districts, refer here (https://tuolumne.maps.arcgis.com/apps/webappviewer/index.html?id=fe14d4f71bf849e29e2afdaa42ca056c&extent=-13471589.097%2C4519241.3068%2C-13233869.939%2C4649490.003%2C102100).

BHAB Member Role

Consumer

Mailing Address

[redacted]

Zip Code

[redacted]

Business Phone

--

How long have you lived in Tuolumne County? (years)

36

Which Supervisorial District do you reside?

3

Name of present employer

--

Employer Address

--

Employer City

--

Employer Zip Code

--

Employer State

--

Occupation

Community volunteer

Briefly describe the qualifications you possess which you feel would be an asset to the Commission/Committee/ Group for which you are applying.

I have been a consumer of BH services for 28 years. I spent 1.5 years in residential treatment during my youth. Currently, I volunteer in the community and work with the unsheltered. I was also recently appointed to the Tuolumne County Commission on Homelessness. I was disabled and suffered from severe mental illness most of my life, but I have recovered and am no longer disabled. I previously served one term on BHAB and can speak on anecdotal and empirical issues. I am also a few courses away from a bachelor's degree in psychology from the University of California Santa Cruz.

List the community organization(s) and describe participation in which you have been involved.

1pileatatime- I am a volunteer and spend a lot of time working with the unsheltered and picking up trash in homeless encampments.
Tuolumne County Enrichment Center- I also volunteered and ran support groups at the Tuolumne County Enrichment Center.
BHAB- I have served one term on the board and advocated for youth, adults, and unsheltered individuals with mental health issues.
Tuolumne County Commission on Homelessness- I am a representative with lived experience.

I confirm that I have sufficient time to devote to this responsibility and plan to attend the required meetings if I am appointed to fill a vacancy. I understand that if I am appointed to a commission where a Disclosure of Assets Statement is required by State Law or Board Policy, I shall do so within ten (10) days of assuming office.

I hereby consent that this document is considered a public record and will be available to the public.

Signature

true

Applications not acted upon will expire after two years from the date submitted unless renewed by applicant.