Tuolumne County Behavioral Health Advisory Board (BHAB)
(Minutes of the meeting of April 5, 2023)
FINAL

2022 BHAB Membership	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jaron Brandon - BOS	Meeting Cancelled	✓	Meeting Cancelled	✓								
Anaiah Kirk – BOS Alt		E		E								
Mary Anne Schmidt, Chairperson		✓		E								
Sherry Bradley, Vice-Chairperson		✓		✓								
Heather Farris, Secretary		E		E								
Elizabeth Marum		✓		✓								
Jenn Salazar		✓		✓								
Maureen Woods		✓		✓								
Valerie Shuemake		✓		✓								

Present = ✓ Absent = A Excused = E **8 MHAB Members, 1 BOS Alternate**

Tuolumne County Staff in Attendance
Tami Mariscal, Director – Behavioral Health Department
Brock Kolby, Clinical Deputy Director – Behavioral Health Department
Lindsey Lujan, Quality Management Deputy Director – Behavioral Health Department
Donna Villanueva, Substance Use Disorder Program Supervisor – Behavioral Health Department
Pandora Armbruster, Administrative Assistant – Behavioral Health Department
Others in Attendance
Terry Garcia, PhD – Licensed Clinical Psychologist in Private Practice
Cathie Peacock – Executive Director, Interfaith Community Services

I. CALL TO ORDER

- Behavioral Health Advisory Board Vice-Chairperson, Sherry Bradley, announced to attendees that the meeting was being recorded.

  The meeting was called to order at 4:15 pm. Six of the eight 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 Jaron Brandon, Sherry Bradley, Elizabeth Marum, Jenn Salazar, Maureen Woods, and Valerie Shuemake. Mary Anne Schmidt and Heather Farris were not in attendance.

- The Mission and Vision Statements for the Behavioral Health Advisory Board were not read into the record as they were not readily available.

II. INTRODUCTIONS

Introductions were made by Tuolumne County staff in attendance, as follows: Tami Mariscal – Director, Behavioral Health Department, Dr. Brock Kolby - Clinical Deputy

Director, Behavioral Health Department, Lindsey Lujan - Quality Management Deputy Director, Behavioral Health Department, Donna Villanueva - Substance Use Disorder Program Supervisor, Behavioral Health Department, and Pandora Armbruster – Administrative Technician, Behavioral Health Department.

Others in attendance introduced themselves as follows: Terry Garcia, PhD., Cathie Peacock, Interfaith Ministries. One other community member was in attendance but did not introduce themselves.

III. CORRESPONDENCE

Pandora Armbruster noted that an email had been received from Heather Farris announcing her resignation from the Behavioral Health Advisory Board effective April 5, 2023.

Behavioral Health Advisory Board members recommended forwarding her letter of resignation to the Board of Supervisors for acceptance and posting a notice of vacancy for the position. A letter acknowledging Heather for her time and efforts serving on the Behavioral Health Advisory Board will be requested to be sent out.

IV. AGENDA REVIEW PERIOD

There were no suggested changes to the order of agenda items**.**

V. 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.

VI. CONSENT AGENDA

A. Approving Draft Minutes of the Feb. 2, 2023, Behavioral Health Advisory Board Meeting
B. Approving Behavioral Health Advisory Board Member Assignments to Community Meetings

Jaron Brandon moved, and Valerie Shuemake seconded to approve all items on the Consent Agenda as presented. The motion to approve the Consent Agenda passed unanimously by those members present.

(Ayes: 6 – Jaron Brandon, Sherry Bradley, Elizabeth Marum, Jenn Salazar, Maureen Woods, and Valerie Shuemake. Nays: 0 Abstentions: 0 Members Absent: 2 – Mary Anne Schmidt and Heather Farris)

VII. TUOLUMNE COUNTY BEHAVIORAL HEALTH STAFF REPORTS:

A. Substance Use Disorder (SUD) Program in Tuolumne County presented by Donna Villanueva, MFT – SUD Program Supervisor

Donna Villanueva, SUD Program Supervisor delivered a PowerPoint Presentation describing services available through the SUD Program to all in attendance. A **copy of the presentation** will be included within these minutes.

The group discussed details of substance use treatment, treatment duration, insurance coverage, treatment of minors, and the danger of detoxing from alcohol.

B. Tuolumne County Suicide Data Report presented by Lindsey Lujan - Quality Management Deputy Director

Lindsey Lujan, Quality Management Deputy Director, shared detailed information on the Tuolumne County Suicide Data Report 2005-2022 published by Tuolumne County Public Health. A **copy of that publication** will be incorporated into the minutes.

The group discussed details of the statistics provided and the potential serious impacts to the community from the rising incidence of suicide.

VIII. BOARD OF SUPERVISOR'S REPORT

Jaron Brandon, Supervisor District 5, updated attendees on the Board of Supervisors recent work and activities. Jaron shared that he traveled to meet Marie Alvarado-Gil, the new State Senator District 4, representing Tuolumne County. She is also the Chair of the Human Services Committee.

Supervisor Brandon conveyed his appreciation of the Behavioral Health Department and Behavioral Health Advisory Committee's participation in this year's Volunteer Fair. He felt that this was a positive fun event with a very healthy turn out.

The Board of Supervisors are currently looking at purchasing property which had previously been a 24 Unit, Long Term Memory Care Facility in Soulsbyville. This property would be used as housing and a navigation center.

There was a kerfuffle at the Board of Supervisors level regarding a recent "Queens and Vaccines" event. Jaron relayed his opinion and support of Public Health and other County staff to put on these types of presentations to reach out to those that may not otherwise participate in these outreach and engagement events, especially surrounding health concerns within the community.

Jaron spoke about Columbia College's recent grant award in the amount of $18M to improve their workforce training program for healthcare workers.

Jaron shared California Behavioral Health Boards and Commissions (CALBHBC) recent support of an amendment to the language in SB551. More information can be found on the CALBHBC website. See following link: https://www.calbhbc.org/legislative-advocacy.html He responded to their request suggesting additional language surrounding youth serving on mental health boards.

Several CA counties are now collaborating on the "AT HOME" Plan to address homelessness. This plan outlines clear responsibilities and accountability for all levels of government and assures more consistent funding.

Supervisor Brandon relayed that he currently sits on the Technology Telecommunications Committee at the National Association of Counties. One of the topics under discussion is the lack of a national resolution for 988. He requests that those interested reach out to him to provide input in preparing a draft.

IX. BEHAVIORAL HEALTH DIRECTOR'S REPORT

Tami Mariscal provided an update on Behavioral Health staffing. Lindsey Lujan was recently promoted to Deputy Director over MHSA and Quality Improvement. Roxy Lemus was recently promoted to Program Supervisor for Children's Outpatient Services. These promotions help fill some longstanding vacancies on the leadership team. The department has had two recent resignations (a Behavioral Health Worker and a Substance Use Recovery Counselor), and one full time Staff Analyst that has moved into relief employee status. These resignations are the result of employees following their passion and moving forward in their careers. None of these vacancies are the result of unhappy staff. The clinical side of the department is still 6 positions down, for a total of 53 of 66 position filled within the department.

Sonora Area Foundation's "Not My Kid" event is fast approaching. The Behavioral Health Department has recently partnered with them on this great event which will complement the Superintendent of Schools "True Hope" program which focuses on suicide prevention as well. A flyer for this event will be shared with Advisory Board members and is posted on our website.

Governor Newsom recently announced his plan for the Modernization of the California Behavioral Health System and More Mental Health Housing. **A flyer detailing this ballot initiative** was shared with the group and will be incorporated into these minutes. The group discussed potential concerns about this change and Tami will provide a more detailed fiscal analysis and strategies as things move forward.

Valerie Shuemake left the meeting at 5:35 pm.

X. BEHAVIORAL HEALTH ADVISORY BOARD MEMBER REPORTS

- Maureen Woods thanked Pandora Armbruster for her assistance in getting the booth and information together for the Volunteer Fair. She shared her appreciation of this fun event and both Mary Anne and Jenn who put in their time to make this successful for the BHAB.
- Jenn Salazar shared concerns over social media posts that appeared to place Tuolumne County Behavioral Health in a bad light. The group discussed the county's inability to regulate these type of posts. Tami stated that she would investigate further and contact county support if it was determined to be necessary.
- Elizabeth Marum shared information on her recent attendance at the National Alliance for the Mentally Ill. They had a guest speaker which she felt was very informative.

XI. SUGGESTIONS FOR NEXT MONTH'S AGENDA

Several suggestions were received from those in attendance.

- Jaron Brandon requested that 988 Draft Resolution be moved to the next month's agenda so that he has time to start drafting language and gain feedback from the group.

- County Counsel has requested time at the next meeting to provide a presentation on CARE Court.
- Sherry Bradley expressed the need for the Behavioral Health Advisory Board to review the Mental Health Services Act 3 Yr. Plan for FY 23-26 prior to the Public Hearing set for the June Meeting. She has asked for a calendar of departmental obligations/deadlines, allowing the Behavioral Health Advisory Board to prepare in advance of these important presentations.
- Supervisor Brandon also requested a presentation covering the housing element from the Behavioral Health aspect by the Planning Commission.

XII. ADJOURNMENT

The April 5, 2023, Behavioral Health Advisory Board meeting was adjourned at 6:12 pm.

The next Tuolumne County Behavioral Health Advisory Board meeting is scheduled for May 3, 2023, at 4:00 pm at the Tuolumne County Behavioral Health Enrichment Center, 105 Hospital Road, Sonora, CA 95370. Detailed meeting information will be posted on the May 2023 Agenda.

TUOLUMNE COUNTY BEHAVIORAL HEALTH

SUBSTANCE USE DISORDER PROGRAM

DONNA VILLANUEVA, MFT

MEET OUR STAFF

- Carol Nicholson, CADC-CAS
  Recovery Counselor II
- Paul Castonguay, CADC I
  Recovery Counselor I
- Liz Victor, CCAP RADT
  Recovery Counselor I
- Donna Villanueva SUD Clinical
  Supervisor

REFERRALS COME FROM

- Self Referred
- Probation
- Court Order Programs
- Deferred Entry of Judgement
- Child Welfare Services (Dependency Drug Court)
- Community Based Organizations
- Schools

ELIGIBILITY

- ASAM (American Society of Addiction Medicine) Assessment tool is completed with the client at time of initial assessment. The ASAM is completed to determine criteria for eligibility and level of care
  - The ASAM gathers history of past and current of substance use and how their substance use effects their life
  - There are eleven questions that determine whether their symptoms are mild, moderate or severe
- A Yes for 2-3 of the ASAM questions is mild
- A Yes for 4-5 of the ASAM questions is moderate
- A YES for 6 or more is severe

SUD PROGRAM SPECIALTY SERVICES

- The six main programs within SUD
  - Perinatal
  - AYT (Adolescent Youth Treatment)
  - Brief Intervention
  - Judicial Programs
  - Self Referred
  - Prevention

PERINATAL SERVICES

What is offered in Perinatal:

- Gender-specific groups
  - Helping Women Recovery
  - Seeking Safety
- Nurturing Parenting skills
- Recovery Skills
- Case management
- Outreach and engagement
- Residential treatment
- Transportation
  - To both SUD and Medical appointment
- Childcare

WHAT IS INCLUDED IN ADOLESCENT YOUTH TREATMENT SERVICES:

- Family and Individual Counseling
- Recovery Skills
- Independent Living skills
- Health issues
- Work Readiness/career planning/job training
- Case management-coordination with community agencies

BRIEF INTERVENTION

- Referred from the Schools
  - Schools will refer if a youth is caught vaping, smoking cannibals, caught under the influence, etc. while on campus
- 2-4 Sessions that focus on:
  - Learning to take an active and reflective role in the decision about their behavior
  - Receive personalized assistance in weighing the personal cost associate with their use
  - Will receive support in developing a plan to make any change they see as beneficial
- For youth with have relatively low levels of use, low levels of dependency or short history of use.

JUDICIAL PROGRAM

- Triggers to Relapse
- Relapse Prevention
- Recovery Planning
- Social Skills
- Relationship Building
- Mindfulness Skills
- Communication Skills
- Life Skills
- Helping Women and Men Recover
- Discharge Planning

PREVENTION EFFORTS

Tuolumne County Behavioral Health Partners with ATCAA to Fund:

1. Friday Night live
2. Club Live
3. Mentoring

Recently a new grant through our SABG Supplemental was awarded to expand the mentoring program.

SUD Counselors visit the JDF to facilitate prevention groups and in the community.

QUESTIONS

Tuolumne County Suicide Data Report 2005-2022

MARCH 2023

TUOLUMNE COUNTY PUBLIC HEALTH
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EPIDEMIOLOGY UNIT

CONTENT WARNING This report includes data about suicide and self-harm. We invite everyone to read with caution. Trauma informed tips and techniques for self-care can be found at: http://ph.lacounty.gov/ovp/TIC_LearningResources.htm

Suicide is a leading cause of death in the United States, presenting a major, multi-faceted public health issue. In 2020, over 45,000 people died by suicide in the United States and over 12 million adults seriously thought about suicide. An estimated 27 attempted suicides occur per every suicide death, and those who survive suicide may have serious injuries, in addition to having depression and other mental health problems. Suicides and suicide attempts cost the nation almost $70 billion per year in lifetime medical and work-loss costs in addition to the emotional toll on family and friends. *(Source: Centers for Disease Control)*

Tuolumne County Overview

Data is from 2005 to 2022 unless otherwise noted and accounts only for deaths classified as suicides on the death certificates available in the Cal-IVRS system.

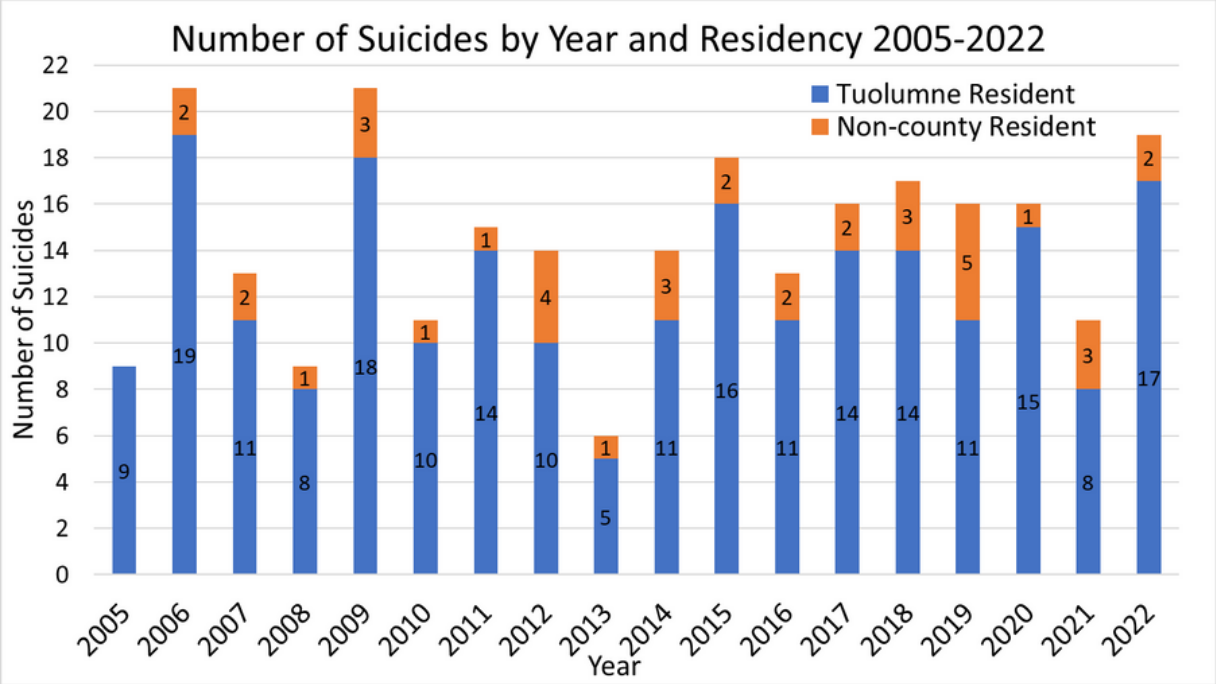

Figure 1: Number of Tuolumne County suicides 2005-2022

25.4
suicides per 100,000
Tuolumne County 2018-2020

10.5
suicides per 100,000
California 2018-2020

- **From 2005-2022, there has been an average of 14.3 suicide deaths per year in Tuolumne County.**
- **The average suicide deaths of Tuolumne County residents is 12.3 per year.**
  - The recent 5-year average is 13 suicide deaths per year.
- **15% of suicides between 2005-2022 have been non-county residents who died in Tuolumne County.**
- **Year-to-year variability in suicide incidents makes identifying short term trends challenging in Tuolumne County due to our small sample size.**

Methodology and About California Integrated Vital Records System (Cal-IVRS)

Cal-IVRS contains death certificate information for all deaths that occur in Tuolumne County as well as all Tuolumne County residents who died in other California counties. Death certificates were manually coded to identify suicides and method of suicide. The Tuolumne County Coroner, Health Officer, and California Department of Public Health (CDPH) data branches provided input on this project.

Tuolumne County Suicide Data Report 2005-2022

MARCH 2023

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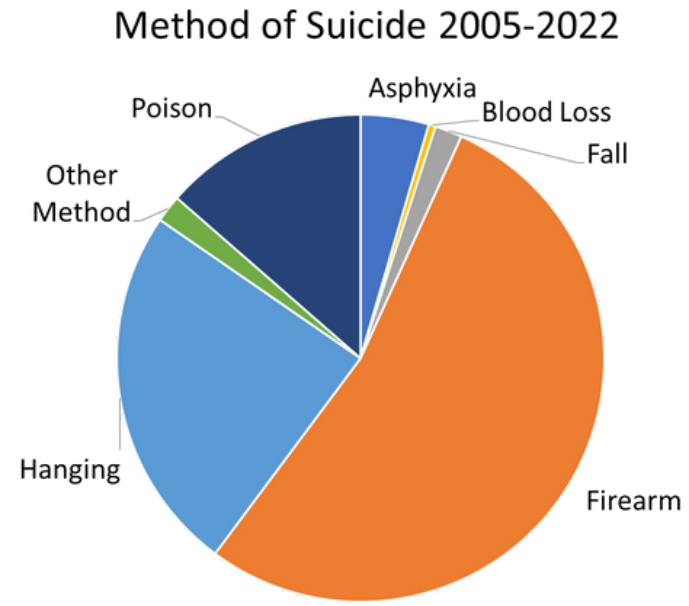


Figure 2: Method of suicide amongst Tuolumne County residents, 2005-2022

- **The use of firearms is the most common mechanism of suicide followed by hanging and poisoning.**
- **Firearms are used in 54% of suicides which is significantly higher than the state average of 35%.**
  - Firearms are the mechanism used for 58% of male suicides and 32% of female suicides.
  - Hanging is the mechanism used in 22% of male suicides and 30% of female suicides.
  - Poisoning is the mechanism used in 10% of male suicides and 28% of female suicides.
- **Men account for more than 81% of suicide deaths among Tuolumne residents.**
  - This is slightly higher than the state average of 78%

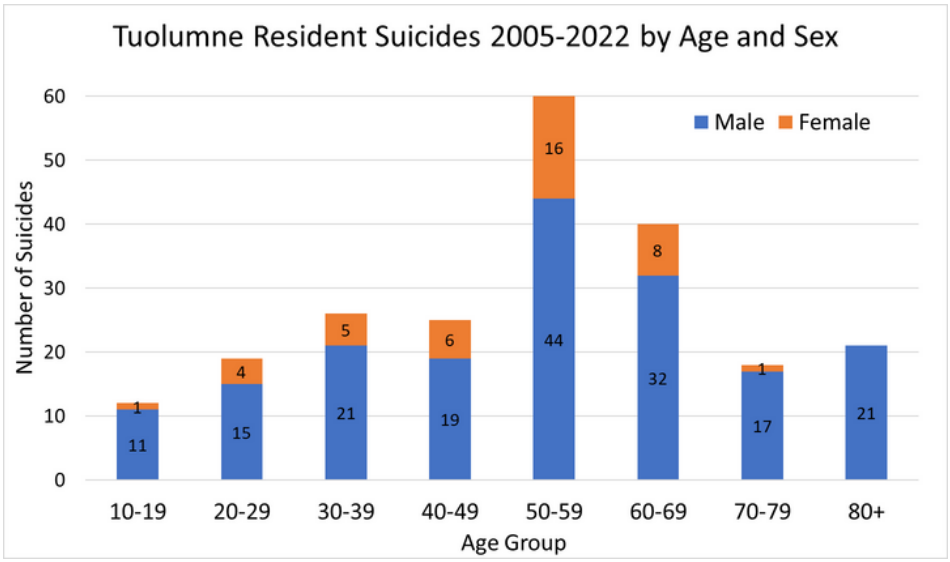
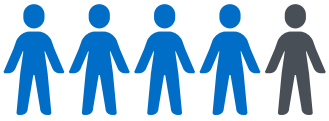


Figure 3: Tuolumne County by sex and age group, 2005-2022



4 out of 5 suicide deaths among Tuolumne residents were male

- **Similar to state trends, 25-65 year olds account for 65% of suicide deaths in Tuolumne County.**
- **43% of suicide deaths were in the 45-64 year old range which was much higher than the state rate of 35% for that age range in 2019.**
- **The average age among suicides was 52 for men and 50 for women.**

Suicidal Ideation

- **Local data to quantify suicidal ideation and attempts is limited. The Tuolumne County Public Health (TCPH) Department is currently reviewing available data sources, including qualitative, to identify self-harm and ideation rates.**
- **CDPH data on self-harm suggests that the burden is much higher in youth. The rate of self-harm is also double in women compared to men.**

Youth & Suicide

- **Suicide is the leading cause of death for youth ages 10-19 years old in the county.**
- **29% of Tuolumne County resident deaths ages 15-19 years are by suicide.**

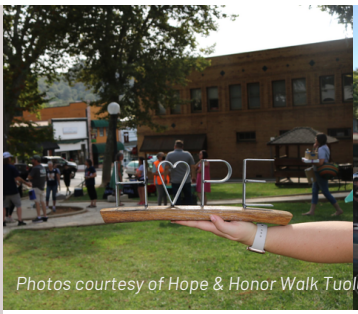
Over 50% of Tuolumne County high school juniors experience chronic sadness or hopelessness

2021 California Healthy Kids Survey

TUOLUMNE COUNTY
RESOURCES & SUPPORT

While there is a strong association between suicide and mental illness such as mood and anxiety disorders, suicide is most often related to a combination of individual, environmental, and relational factors. Preventing suicide begins with addressing the social determinants of health for all Tuolumne County residents and supporting protective factors. We encourage efforts to sustain and expand local programs and groups that work to support health and well-being of community members.

- **Prioritize protective factors**
  - Pay attention to peers, neighbors, and others who may be isolated - social connections help give our lives purpose and meaning
  - Employ trauma-informed practices across all sectors (school, health, law enforcement, etc.)
  - Support and sustain violence free environments
- **Build and enhance emotional well-being**
  - Educate on how to manage emotions and healthy communication and conflict resolution
  - Recognize and address trauma
  - Support cultures of self-care
- **Reduce stigma and incorporate mental health into overall health**
  - Promote safe storage of firearms, medications, and other potentially dangerous household products to reduce risk of suicide by separating at-risk individuals from easy access to lethal means
  - Increase access to well-being/mental health services across the lifespan such as referral networks, employee assistance programs, older adult programs, etc.




Photos courtesy of Hope & Honor Walk Tuolumne County

> ***Suicide has affected me in ways that are hard to explain. It's a feeling that is left on my heart. A sad feeling. Just remember suicide is not the answer. There are so many people in this world that believe in you and want you to be successful. Just ask for help."***
>
> *-Tuolumne County resident*

Hotlines & Support Groups

Tuolumne County Suicide Prevention 24/7 Hotline
209-533-7000 or (800) 630-1130
Tuolumne County Crisis Intervention Program
105 Hospital Rd. Sonora, CA Walk-in 8 a.m. - 7 p.m.
Website: https://www.tuolumnecounty.ca.gov/220/Behavioral-Health

Support Group for Survivors of Suicide Loss
2nd Tuesday of each month
209-559-0332 or 209-532-1328

Survivors of Suicide Loss Bereavement Counseling
209-559-0840 or 209-247-7406 or 209-559-0332

Center for a Non Violent Community 24/7 Violence Hotline
(209) 533-3401
Website: https://nonviolentcommunity.org/

Community Trainings and Coalitions

Hope and Honor Walk
Website: https://www.facebook.com/suicidepreventionandawareness4all/

YES Partnership Coalition
Community-wide coalition dedicated to support Tuolumne County youth and families by preventing suicide, substance use and child abuse.
Website: https://www.yespartnership.net/

Lantern of Light
Faith-based suicide prevention
Website: https://lanternoflight.org/trainings/

safeTALK & ASIST Trainings
Applied Suicide Intervention Skills Training & alertness skills for community members
209-533-1397 X226

For questions or more information:

TUOLUMNE COUNTY PUBLIC HEALTH
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Call: 209-533-7401

Website: https://www.tuolumnecounty.ca.gov/250/Public-Health#

https://www.facebook.com/tuolumnecountypublichealth/

@tchealth

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ADDITIONAL RESOURCES
FOR SUICIDE & CRISIS SUPPORT

800-852-8336
Teen Line

800-843-5200
CA Youth Crisis Line

Text 838255 Veterans Crisis Line

877-565-8860
Trans Lifeline

1-866-488-7386
Trevor Project

1-800-944-4773
Postpartum Support International

1-800-656-HOPE
RAINN National Sexual Assault Hotline

1-800-950-6264
NAMI Helpline

If you or someone you know is having thoughts of suicide, call the National Suicide Prevention Lifeline. Dial 9-8-8

988 SUICIDE & CRISIS LIFELINE

Veterans Crisis Line
DIAL 988 then PRESS 1

For emergencies call 9-1-1

Governor Newsom Proposes Modernization of California's Behavioral Health System and More Mental Health Housing

Published: Mar 19, 2023

WHAT TO KNOW: *Governor 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 to require at least $1 billion every year for behavioral health housing and care*

SAN DIEGO – Governor Gavin Newsom, in partnership with Senator Susan Talamantes Eggman (D-Stockton), has proposed the next step to modernize how California treats mental illness, substance use disorders, and homelessness.

An initiative would go on the 2024 ballot that would:

1. Authorize a general obligation bond to:
    1. Build **thousands of new community behavioral health beds in state-of-the-art residential settings to house Californians with mental illness and substance use disorders**, which could serve over 10,000 people every year in residential-style settings that have on-site services – not in institutions of the past, but locations where people can truly heal.
    2. Provide more funding specifically for **housing for homeless veterans**.
2. Amend 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.
3. Include new accountability and oversight measures for counties to improve performance.

The **MHSA was originally passed 20 years ago; it is now time to refresh it** so it can better meet the challenges we face. Key changes that the Governor is proposing include: Creating a permanent source of housing funding of $1 billion a year in local assistance funds to serve people with acute behavioral health issues, focusing on Full Service Partnerships for the most seriously ill; and allowing MHSA to be used for people with substance use disorders alone.

WHAT GOVERNOR NEWSOM SAID: "This is the next step in our transformation of how California addresses mental illness, substance use disorders, and homelessness – creating thousands of new beds, building more housing, expanding services, and more. People who are struggling with these issues, especially those who are on the streets or in other vulnerable conditions, will have more resources to get the help they need."

WHAT COMES NEXT: The Administration plans to work in close partnership with legislative leaders in this space including Senator Eggman and Assemblymember Jacqui Irwin (D-Thousand Oaks), as well as with the California State Association of Counties, other critical local government stakeholders, community-based service organizations, advocates, and people with lived experience as bill language is developed.

FACT SHEET

WHAT ELSE GOV. NEWSOM HAS DONE:

- $2.2 billion for the Behavioral Health Continuum Infrastructure Program.
- $1.5 billion for Behavioral Health Bridge Housing.
- $1.4 billion to expand and diversify the behavioral health workforce.
- $4.7 billion Master Plan for Kids’ Mental Health, of which the Children and Youth Behavioral Health Initiative is the central component.
- $1.4 billion to build out a Medi-Cal benefit for mobile crisis response, as well as $38 million to expand 9-8-8 and CalHOPE crisis call center.
- Over $600 million to support community-based alternatives to state hospitalization for those who commit felonies who are incompetent to stand trial.
- Over $1 billion to address the opioid epidemic.
- $7 billion to reform CalAIM – enhanced care management for people with serious mental illness, a no wrong door approach to care, and more.
- $1.6 billion proposed to implement the California Behavioral Health Community-Based Continuum Demonstration to strengthen services and supports for those who are at risk of homelessness, incarceration and foster care placements.
- $50 million for the California Veterans Health Initiative (CVHI) for veteran suicide prevention and mental health.

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