TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
REGULAR MEETING AGENDA

Time: Wednesday, July 12, 2023 @ 4:00 p.m. to 6:00 p.m.
Place: Tuolumne County Behavioral Health, Enrichment Center – 105 Hospital Road, Sonora, CA

In order to assure public participation for Tuolumne County citizens, this Behavioral Health Advisory Board meeting will be available in person to the public at the address identified above. 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/82109962421?pwd=YVZKQXJQRkNHYmlmb2N6RVhHY09IQT09
Meeting ID: 821 0996 2421 Passcode: 485329
Telephone (one tap mobile) +16694449171,,82109962421#,,,,*485329# 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: Under CA Assembly Bill 2449's amendments to the Brown Act, through very limited circumstances, some 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

OTHER MEMBERS
Cathie Peacock
Elizabeth Marum
Jenn Salazar
Maureen Woods
Terry Garcia
Valerie Shuemake

Special Note: The times listed on the agenda are only approximate times. The Chair will not start the discussion of an agenda item earlier than what is listed, but it could be later.

I. **4:00 pm - CALL TO ORDER & ROLL CALL**

- Announcement to attendees that the meeting is being recorded.
- Chair calls the meeting to order and establishes a quorum with roll call and introductions of Behavioral Health Advisory Board Members.

II. **INTRODUCTIONS**

County staff, guests and any public attendees that wish to be identified

III. CORRESPONDENCE

IV. REVIEW ORDER OF AGENDA ITEMS

V. 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.

VI. 4:10 pm - CONSENT AGENDA (Attachment #1)

All matters listed on the Consent Agenda are routine or noncontroversial and can be acted upon in one motion. There will be no sperate discussion of these items before the time the Behavioral Health Advisory Board votes on the motion unless an Advisory Board member requests a specific item to be removed from the Consent Agenda for individual action. This Consent Agenda contains:

- Approving Draft Minutes of the June 7, 2023, Meeting.

VII. 4:15 pm - BEHAVIORAL HEALTH ADVISORY BOARD BYLAWS:

The Behavioral Health Advisory Board will consider approval of the draft Bylaws to be submitted to County Counsel for approval. (Attachment #2)

VIII. 4:25 pm - BEHAVIORAL HEALTH ADVISORY BOARD ANNUAL REPORT:

Discussion and suggestions for the draft Behavioral Health Advisory Board's Annual Report to the Board of Supervisors (Attachment #3)

IX. 4:45 pm – SITE VISITATIONS:

Update on the Site Visitation Schedule

X. 4:55 pm – RECOMMENDATION TO THE BOARD OF SUPERVISORS ON THE OPIOID CRISIS IN TUOLUMNE COUNTY:

The Behavioral Health Advisory Board will consider a recommendation to the Board of Supervisors on the need for support from the State of California to address the opioid crisis in Tuolumne County. (Attachment #4)

XI. 5:05 pm – INNOVATION GRANT UPDATE:

The Behavioral Health Advisory Board will receive an update on the approval and suggestions for improvement from the Mental Health Services Oversight & Accountability Commission (MHSOAC) about the Tuolumne County Innovation Grant – presented by Jenn Guhl, MHSA Agency Manager

XII. 5:15 pm - CARE COURT IN TUOLUMNE COUNTY

An update on the development of Care Court in Tuolumne County – presented by Maria Sullivan, County Counsel (Attachment #5)

XIII. 5:45 pm - TUOLUMNE COUNTY BOARD OF SUPERVISORS REPORT: Jaron Brandon, District 5 Supervisor

XIV. BEHAVIORAL HEALTH DIRECTOR'S REPORT: Tami Mariscal, Behavioral Health Director

XV. BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS

XVI. ANNOUNCEMENTS

XVII. ADJOURNMENT

Next Advisory Board Meeting is currently scheduled for August 2, 2023 @ 4 pm

This agenda can be made available in alternative formats upon request. Late agenda material can be reviewed at the Behavioral Health Department, 105 Hospital Road, Sonora, CA 95370.

In accordance with the Americans with Disabilities Act, 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

Tuolumne County Behavioral Health Advisory Board (BHAB)
(Minutes of the meeting of June 7, 2023)
DRAFT

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	E	E						
Mary Anne Schmidt, Chairperson		✓		E	✓	✓						
Sherry Bradley, Vice-Chairperson		✓		✓	✓	✓						
Elizabeth Marum		✓		✓	✓	V						
Jenn Salazar		✓		✓	✓	✓						
Maureen Woods		✓		✓	✓	✓						
Valerie Shuemake		✓		✓	✓	E						

Present = ✓ Absent = A Excused = E Virtual Attendance = V 7 MHAB Members, 1 BOS Alternate

Tuolumne County Staff in Attendance
Tami Mariscal, Director – Behavioral Health Department
Rebecca Espino, Director – Health & Human Services Agency
Cassandra Jenecke, Tuolumne County District Attorney
Terri Alford, Mental Health Coordinator – Tuolumne County Superintendent of Schools
Lindsey Lujan, Quality Management Deputy Director – Behavioral Health Department
Brock Kolby, Deputy Director – Behavioral Health Department
Jenn Guhl, MHSA Agency Manager – Behavioral Health Department
Pandora Armbruster, Administrative Assistant – Behavioral Health Department
Others in Attendance
Cathie Peacock – Executive Director, Interfaith Community Services
And Several Other Community Members

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 4:02 pm. Four members were present and accounted for at the time of roll call, completing 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, Jenn Salazar, and Maureen Woods. Jaron Brandon had not yet arrived. Elizabeth Marum was present virtually. Valerie Shuemake was excused from attending.

- The Mission and Vision Statements for the Behavioral Health Advisory Board were read into the record.

II. INTRODUCTIONS

Introductions were made by Tuolumne County staff in attendance, as follows: Rebecca Espino – Director, Health & Human Services Agency; Tami Mariscal – Director, Behavioral Health Department; Lindsey Lujan - Quality Management Deputy Director, Behavioral Health Department; Brock Kolby – Clinical Deputy Director, Behavioral Health Department; Jenn Guhl – MHSA Agency Manager, Behavioral Health Department; Cassandra Jenecke, Tuolumne County District Attorney; Terri Alford - Mental Health Coordinator, Tuolumne County Superintendent of Schools; and Pandora Armbruster – Administrative Technician, Behavioral Health Department.

Several other community members were in attendance but chose not to introduce themselves.

III. CORRESPONDENCE

None currently.

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

The Consent Agenda contained:

- Draft Minutes of the May 3, 2023, Meeting.
- Recommendation of new applicants, Terri Garcia, and Cathie Peacock, to the BOS for appointment to the Behavioral Health Advisory Board.
- Board Member Reports:
  - ✓ Chair's Report by Mary Anne Schmidt
  - ✓ Quality Improvement Council Meeting Reports by Sherry Bradley
  - ✓ YES Partnership Meeting Report by Maureen Woods

Maureen Woods moved, and Sherry Bradley seconded to approve all Consent Agenda items as presented. The motion to approve the Consent Agenda passed unanimously by all members physically present.

(Ayes: 4 – Mary Anne Schmidt, Sherry Bradley, Jenn Salazar, and Maureen Woods. Elizabeth Marum was available virtually but could not vote. Jaron Brandon and Valerie Shuemake were not present at the time of the vote. Nays: 0 Abstentions: 0 Members Absent: 2)

VII. PUBLIC HEARING & FINAL COMMENT PERIOD: Mental Health Services Act (MHSA) 3-Year Program and Expenditure Plan for FY 23-26

Jenn Guhl, MHSA Agency Manager, presented the draft MHSA 3-Year Program & Expenditure Plan for FY 23-26 utilizing a PowerPoint presentation which is included within these minutes.

Jenn Guhl's presentation started with an overview of the Mental Health Services Act, describing the core values and goals which must be followed when utilizing this funding.

Jenn elaborated on the seven components which comprise the programs and services of MHSA. Those components include Community Services and Supports (CSS), Workforce Education and Training (WET), Innovation (INN), Prevention and Early Intervention (PEI), Capital Facilities and Technology Needs (CF/TN),Prudent Reserve (PR), and Community Program Planning Process (CPPP). A description of the Tuolumne County Behavioral Health programs and services delivered within each component was provided.

Ms. Guhl provided a summary of the potential impacts and changes to MHSA which could occur through Governor Newsom's Behavioral Health and MHSA Modernization Proposal. A chart showing the changes to funding which would be required was also reviewed. The group discussed how this proposal could shift available funding from current programs and services to other priorities, potentially negatively impacting several Prevention and Early Intervention contracts.

Sherry Bradley: In reference to the described Staff Retention Program, who is CalMHSA?

Jenn Guhl: CalMHSA is a state entity, the California Mental Health Service Authority.

Sherry Bradley: In reference to the Current MHSA Funding chart, is the percentage shown for CF/TN part of CSS? Or does that reflect an additional percentage carved out of available CSS funds?

Jenn Guhl: This will be researched, and an answer provided after the presentation.

Sherry Bradley: She suggested that the CSS component be broken down into the categories it covers, i.e., Full Service Partnership (FSP), Crisis Action and Intervention Program (CAIP), Administrative positions, etc. She feels that this would be important to detail so that the public can more easily see the potential losses to programs and positions if this Modernization Proposal becomes ordered by Governor Newsom.

The group discussed the challenges and impacts to the Behavioral Health Department and especially Tuolumne, as a small county. The group felt that the public's understanding of those impacts would be critical if this proposal ends up on a future ballot.

The entire group thanked Jenn Guhl for her hard work on the MHSA 3-Year Program & Expenditure Plan for FY 23-26. They felt that the work put into this large document was impressive.

VIII. BUSINESS

Annual Report to the Board of Supervisors – Discussion and creation of Ad Hoc.

Mary Anne Schmidt reminded the Behavioral Health Advisory Board members of their obligation to submit an Annual Report to the Board of Supervisors and requested volunteers who wish to participate in preparing this year's presentation. After discussion by the group, Elizabeth Marum shared that she would assist. Mary

Anne created an Ad Hoc consisting of herself and Elizabeth Marum to start working on the Board's Annual Report.

IX. SPECIAL SPEAKER: Cassandra Jenecke, Tuolumne County District Attorney

A presentation on the benefits of collaborative courts and programs such as Drug Court, Diversion Programs and Felony First was provided by Cassandra Jenecke, Tuolumne County District Attorney. A copy of that presentation is attached to these minutes.

X. ANNOUNCEMENTS:

Sherry Bradley shared personal concerns over renewed health issues, relaying that necessary medical treatments may impact her attendance over the next few months. The group shared their wishes and prayers for a speedy recovery.

Tami Mariscal, Behavioral Health Director, relayed that the Behavioral Health Innovations Plan is now slated to be reviewed virtually by the Mental Health Services Oversight & Accountability Commission (MHSOAC) on Thursday, June 15, 2023, between 10:30 and 11:30 am. A link to that review can be found on their website. She suggests that people attend and show their support for Behavioral Health's Innovation Plan.

Jenn Salazar informed attendees about her new job working for Mathiesen and Resiliency Village conducting interviews of the unsheltered population here in Tuolumne County. She noted that, even though she is just starting the process, many she has spoken with are not homeless because of drug addiction or mental illness. Rather, many of the unsheltered population appear to be in that situation due to financial impacts and lack of affordable housing. She will share more information as her interview process continues.

A community member shared her concerns that the Blue Zones programs focus more on the affluent population, offering healthy eating and walking groups in areas that cater to those with financial means. She feels that community members at the Enrichment Center who have expressed interest in those topics should reach out to them for more information and shared a brochure which described their offerings.

Terri Alford, Mental Health Coordinator - Tuolumne County Superintendent of Schools (TCSOS), informed attendees of the updated Youth Resource Guide which can now be found on the TCSOS website as a part of the Mental Health Dashboard. https://www.tcsos.us/

Mary Anne Schmidt, Tuolumne County Behavioral Health Chairperson, spoke to attendees about the June 14th Elder Empowerment Conference at Black Oak Casino. It is a free full day of information, speakers, etc., focused on Elder Abuse in the community. Transportation can be arranged, and lunch will be provided. She has signed up to attend.

Blue Zones is sponsoring an upcoming bike ride at Indigeny Reserve this coming Saturday. Bikes can be provided if needed. Details can be found on their website. Chester and Push is putting on a fundraiser for their horse rescue program on June 10 from 10 am – 4 pm, and Habitat for Humanity is putting on a fundraiser that same day from 5 pm to 8 pm at the Sonora Inn.

Mary Anne is assisting Joan Montesano in a book drive for the Tuolumne County Jail and the Juvenile Detention Center. She is looking for paperback books. Please contact Mary Anne for more information.

XI. ADJOURNMENT

The June 7, 2023, Behavioral Health Advisory Board meeting was adjourned at 6:25 pm.

The next Tuolumne County Behavioral Health Advisory Board meeting is scheduled for July 12, 2023, at 4:00 pm at the Tuolumne County Behavioral Health Enrichment Center, 105 Hospital Road, Sonora, CA 95370. Detailed meeting information will be provided on the July 2023 Agenda.

Bylaws of the
Tuolumne County Behavioral Health Advisory Board

Article 1
Name

The name of this advisory board shall be the Tuolumne County Behavioral Health Advisory Board (hereinafter "Advisory Board").

Article 2
Purpose

To promote wellness, education, early intervention, prevention, treatment and recovery for behavioral health services. To advocate for consumers; to protect/ensure high quality services are available to all; to advise the behavioral health program and county administrators of community needs and concerns.

~~The Tuolumne County Behavioral Health Advisory Board ("Advisory Board") is appointed by the Tuolumne County Board of Supervisors to meet the requirements as defined and mandated in California Welfare and Institutions Code §§ 5604 *et seq.* All similar duties are also assumed by this Advisory Board for alcohol and other drug services.~~

Article 3
Duties

As mandated by Section 5604.2(a) of the California Welfare & Institutions Code, the Advisory Board shall:

Pandora : Please use the actual WIC for the description of Duties (Mary Anne)5604.2.

(a) The local mental health board shall do all of the following:

(1) Review and evaluate the community's public mental health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.

(2) Review any county agreements entered into pursuant to Section 5650. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.

(3) Advise the governing body and the local mental health director as to any aspect of the local mental health program. Local mental health boards may request assistance from the local

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Commented [MAS2]: The purpose of the Tuolumne County Behavioral Health Advisory Board is to review and evaluate the community's mental health and substance use disorder needs, services, programs, facilities, and procedures used to ensure citizen and professional involvement in the planning process.

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patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.

(4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.

(5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.

(6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.

(7) Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.

(8) This part does not limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.
(Amended by Stats. 2019, Ch. 460, Sec. 4. (AB 1352) Effective January 1, 2020.)

~~1. Review and evaluate the community's behavioral health needs, services, facilities, and special problems.~~

~~2. Review any county agreements entered into pursuant to Welfare and Institution Code Section 5650.~~

~~3. Advise the Board of Supervisors and the local behavioral health director as to any aspect of the local behavioral health program.~~

~~4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the community stakeholder planning processes.~~

~~5. Submit an annual report to the Board of Supervisors on the needs and performance of the~~

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~~county's behavioral health system. The annual report will be completed in the month best suited for this County's needs as determined by the Advisory Board.~~

~~6. Review and make recommendations on applicants for the appointment of a local director of behavioral health services. The Advisory Board shall be included in the selection process prior to the vote of the Board of Supervisors.~~

~~7. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.~~

~~8. Additional duties as assigned by the Board of Supervisors~~

Article 4
Membership

1. Advisory Board Composition. The Advisory Board shall be comprised of between five (5) and fifteen (15) representatives of the public interest of Tuolumne County and who represent the demographics of the county as a whole, ~~meeting the demographic and role requirements setforth in the Brown Act,~~ and who are appointed by the Board of Supervisors pursuant to Section 5604 and 5604.5 of the Welfare & Institutions Code.
   ~~1.~~a. A board in a county with a population that is less than 80,000 that elects to have the board exceed the five-member minimum permitted shall be required to comply with paragraph (2) of WIC 5604.

2. Member Categories. Members shall also be Tuolumne County residents and overall composition should reflect the ethnic diversity of the client population in the County. Members shall be placed in categories as required by Welfare & Institutions Code § 5604(a)(1). ~~Any change, personal or occupational, that alters a member's category shall immediately be reported to the Advisory Board.~~ Vacancies shall notify the Clerk of the Board of Supervisors. The required categories are as follows:

   a. At least fifty (50) percent of the Advisory Board membership shall be consumers or the parent, spouse, ~~sibling~~sibling, or adult children of consumers, who are receiving or have received behavioral health and/or substance use disorder ~~alcohol/drug~~ services.
   b. At least twenty (20) percent of the total membership shall be consumers.
   c. At least twenty (20) percent shall be families of consumers.
   d. One (1) member shall be from the Board of Supervisors.
   e. Members should include individuals who have experience with and knowledge of the behavioral health system.
   ~~d.~~f. It is encouraged that counties include members of the community that engage with individuals living with mental illness or substance abuse disorder(s) in the course of daily operations, such as representatives of county offices of education, hospitals, emergency departments personnel, city police chiefs, county

Commented [PA4]: I cannot find where the Brown Act sets demographic and/or role requirements for legislative bodies. I suggest this section be deleted.

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Commented [PA5]: Members are not allowed to change their membership designation during their appointment. Rather, if their designation changes, they should identify that change when applying for reappointment. I suggest this requirement be removed and possibly considered for adoption through the creation of Advisory Board policies.

Commented [TM6R5]: I agree, we need to honor the BA.

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sheriffs, and community and nonprofit service providers.

3. Membership Responsibilities. Members of the Advisory Board are expected to attend all regular and special meetings of the Advisory Board, to report unavoidable absences to the Chairperson or Secretary prior to the date of the meeting, to participate in deliberations and activities of the Advisory Board, and to fulfill those other responsibilities that are specifically delegated to them as Advisory Board members by the Chairperson.

   Specific responsibilities may include:

   a. Attendance at all regular meetings typically lasting two (2) hours;
   b. Spending additional time engaging in informal meetings with staff, program review, subcommittee meetings, training, interaction with other advisory boards, or general community contact as needed;
   c. To accept appointment, attend and actively participate in an existing Advisory Board committee, ad hoc committee, task force or represent the Advisory Board with a collaborating group or agency.

   No Advisory Board member may take any action or make any representation on behalf of the Advisory Board without consent of the full committee.

4. Conflicts of Interest. Appointed committee members may be required to adopt a Conflict of Interest Code for the committee and annually file a statement of economic interest with the County of Tuolumne pursuant to Chapter 7 of the California Government Code commencing with Section 87100.

   a. Advisory Board members shall abstain from voting on or participating in any matter in which the member has a financial interest as defined in Section 87103 of the Government Code.

      A member may disqualify themselves either in writing to the Advisory Board Chairperson, or when the item on the agenda is announced by (1) disclosing the interest raising the potential conflict, and (2) that they are disqualifying themselves from participating in the decision. Any questions about conflicts of interest or disqualification may be referred to the Office of County Counsel.

   b. Restrictions on Membership. No member of the Advisory Board, or his or her spouse, shall be a full-time or part-time employee of the County, Department of Behavioral Health, or State Departments or entities receiving funding from TCBH, the reorganized authorities and services previously held by the "State Department of Mental Health," such as the "State Department of Health Services," or any employee or paid member of the governing body of a Short-Doyle contract agency or facility. Any such employment or relationship shall immediately be reported to the Advisory Board.

   ~~b.~~ A consumer of mental health services who has obtained employment with

Commented [SB7]: This portion expands the restriction to reflect ANY county department, not just the county mental health service. The WIC 5604(e) (1) states "county mental health service". This should be corrected to reflect WIC.

Commented [TM8R7]: I agree with Sherry.

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an employer described in paragraph (1) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.

Commented [SB9]: Adding this section brings the Advisory Board into compliance with WIC5604(e)(2).

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5. Terms of Appointment. Advisory Board members shall be appointed for a period of three (3) years and may be reappointed.

6. Board Vacancies. When a member resigns or declares by ceasing participation in Board activities, the Advisory Board may notify the Clerk of the Board of Supervisors in writing with the request that the Board of Supervisors declare a vacancy and proceed to fill the position.

7. Removal of a Member. A majority of the members of the Advisory Board may, upon a roll call, vote to remove a member of the Advisory Board. Reasons for removal may include:
   a. Missing three (3) or more meetings which are not excused; or
   b. Exhibiting disruptive and/or disorderly behavior; or
   c. Taking actions contrary to the Advisory Board's mission

   Upon removal, the Advisory Board will notify the Clerk of the Board of Supervisors pursuant to Article 4, Section 6 above.

Article 5
Member Training

1. Mentors. Each new member will have an Advisory Board member as a mentor appointed or volunteered at the first meeting following the new member's appointment. The mentor will sit with the new member at meetings for at least one (1) year. The mentor will be available for questions.

2. Orientation Manual~~Executive Committee~~. New members will be provided with a current copy of the Advisory Board's ~~meet with the Executive Committee within the first three (3) months of membership for orientation to the Advisory Board. The~~ Orientation Manual ~~will be provided~~.

3. State Trainings. Each year the Advisory Board will consider utilizing trainings from the California Institute for~~of~~ Behavioral Health Solutions (CIBHS~~MH~~) and California Association of Behavioral Health Boards & Commissions (CALBHBC~~MHB~~). ~~for trainings in Tuolumne County.~~

4. Behavioral Health Department Training. Each year the Advisory Board will receive trainings on the local system.

5. California Institute of Mental Health (CIMH) Training. Board members are encouraged to take part in trainings offered to Advisory Board by CIMH.

Article 6
Meetings

1. Open Meetings. Meetings shall be open to the public and conducted in accordance with the Ralph M. Brown Act. (Government Code §§ 54950 *et seq.*) The Advisory Board may conduct closed sessions to consider those matters allowed by law to be heard in this manner.

2. Regular Meetings. Regular meetings of the Advisory Board shall be held once a month. The Advisory Board may set the date and time of a regular meeting, or cancel a meeting, by a majority vote of the members of the Advisory Board. Regular meetings shall be noticed at least seventy-two (72) hours prior to the date and time set for the meeting.

    a. Agenda Preparation. Agenda items should be presented to the Chairperson or the Behavioral Health Board Clerk~~, Alcohol/Drug Services office~~ at least ~~-~~ten (10) days before the regular meeting date. The elected o~~O~~fficers ~~(meeting as the Executive Committee) will~~ may meet or confer with the Behavioral Health Director at least seven (7) days prior to the regular meeting to set agenda items.

    b. Agenda Distribution. The agenda shall be provided, via email~~ed~~ or through general mail, to Advisory Board members no later than 2 days after public posting ~~seven (7) days~~ but ~~before~~ prior to the regular meeting date. Pertinent back-up data ~~shall~~ may be emailed/ mailed with the agenda and/or shared with attendees at the scheduled meeting.

~~3.~~ Special Meetings. Special meetings may be called by the Chairperson or the majority of the members of the Advisory Board. Special meetings shall be noticed at least twenty-four (24) hours prior to the date and time set for the meeting. Because special meetings must comply with Brown Act open meeting law requirements, resources shall be established prior to scheduling a special meeting.

~~4.~~3. Quorum. A quorum shall consist of one-half of the ~~appointed~~ sitting Advisory Board members, plus one. A quorum shall be necessary at all times to conduct Advisory Board business. At any meeting at which a quorum is not achieved, or lost during a meeting, the meeting shall be adjourned or recessed as appropriate until such time a quorum is achieved or re-established.

~~5.~~4. Conduct of Meetings. The elected officers ~~Executive Committee~~ may determine the order of meeting items, such as the following suggested format:

    a. Call to Order
    b. Introductions
    c. Public Comment
    d. Correspondence

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e. Approval of Minutes
f. Action Items
g. Program Review
h. Supervisor/Director's Report
i. Member Reports
j. Committee Reports
k. Old Business
l. New Business
m. Closed Session (As Needed)
n. Adjournment
o. Behavioral Health and Recovery Upcoming Events

Article 7
Officers

1. Officers and Duties. The elected officers of the Advisory Board shall be the Chairperson, and Vice Chairperson ~~and Secretary. These officers constitute the Advisory Board's Executive Committee.~~

   a. Chairperson Duties. The Chairperson shall be in consultation with the local behavioral health director. The Chairperson shall preside at all meetings of the Advisory Board. The Chairperson shall have all the rights and duties of other members, including the right to introduce motions or proposals and to speak and vote on them while presiding. In the event of a tie vote, the matter may be either carried over for the next meeting, or the discussion may continue with an additional vote. If a consensus is not reached with further discussion or at a continued meeting, the matter will fail, or be reported as a "tie vote."

   b. Vice Chairperson Duties. In the absence of the Chairperson, the Vice Chairperson shall preside at meetings of the Advisory Board. In the event of a vacancy in the office of the Chairperson, the Vice Chairperson shall succeed to the office of the Chairperson.

      In the event that the Vice Chairperson is not able to carry out his or her duties, an election shall be held for the vacant office at the next regular meeting of the Advisory Board if appropriate. In the event both the Chairperson and Vice Chairperson are not present, the membership of the Advisory Board shall vote to appoint an acting Chairperson for a given meeting.

   c. ~~Secretary. The Advisory Board shall maintain records of all activities. The Advisory Board may fulfill those requirements by electing one of its members as Secretary. The Secretary will (1) attend all meetings of the Advisory Board, and committees as requested; (2) maintain a record of all sessions noting a quorum is present, and attendance; (3) assist with distribution of the agenda and agenda materials; and (4) assist with meeting notices in compliance with the Brown Act.~~

2. Term. The term of office for officers shall be two (2) years.

~~3. Nominating Committee. The Advisory Board shall appoint three (3) members to the Nominating Committee at the April regular meeting. The Nominating Committee shall select a slate of officers, obtain their consent to serve, and report their results back to the Advisory Board at the May regular meeting. Nominations from the floor shall be in order after the Nominating Committee has made their report.~~

Commented [TM10]: It seems to me that that discussions around the leadership should be done at the meeting not amongst a committee. and historically nomination is done in meetings.

~~4.~~3. Elections of Officers. Election of officers shall be held at the regular June meeting or as soon as practical thereafter. If more than one (1) person is nominated for any office, an open polling of each Advisory Board member in attendance will be made to decide the election. A secret ballot is not allowed by open meeting laws. The elected officers shall take office immediately after their election.

~~5.~~4. Vacancies. When a vacancy of an office occurs, the position may be filled by open Advisory Board nomination and majority vote of those members present. The officer filling a vacancy shall complete the remainder of the term.

~~6.~~5. Removal. The Chairperson or Vice Chairperson may be removed from office for sufficient cause and relieved of duties by a majority vote of the Advisory Board.

Article 8
Committees & Task Forces

1. Standing Committees. The Advisory Board may form standing committees consisting of less than a quorum of the Advisory Board. Standing Committee Chairpersons may be appointed by the Advisory Board Chairperson after consultation with the Behavioral Health Director and Advisory Board. Because s~~S~~tanding committees meetings must comply with Brown Act open meeting law requirements resources shall be established prior to moving to create a Standing Committee..

2. Ad Hoc Committees. Ad Hoc Committees of limited duration may be formed by action of the Advisory Board as needed and following the same procedures as standing committees.

3. Task Forces. Task forces may be formed by action of the Advisory Board consisting of community members and a task force chairperson. Community members are appointed by the Advisory Board, and the task force chairperson is appointed by the Advisory Board Chairperson.

Article 9
Bylaw Amendments

All proposed bylaw amendments shall be approved by majority vote of the members of the Advisory Board. Amendments shall not take effect until approved by the Board of Supervisors.

Article 10
Parliamentary Procedure

The Advisory Board shall follow the *Rosenberg's Rules of Order* to conduct its meetings.

Approved by the Tuolumne County Behavioral Health Advisory Board on this date _____,

By: _____
Chairperson, Behavioral Health Advisory Board

Approved by the Tuolumne County Board of Supervisors on this date: _____

By: _____
Chairperson, Board of Supervisors

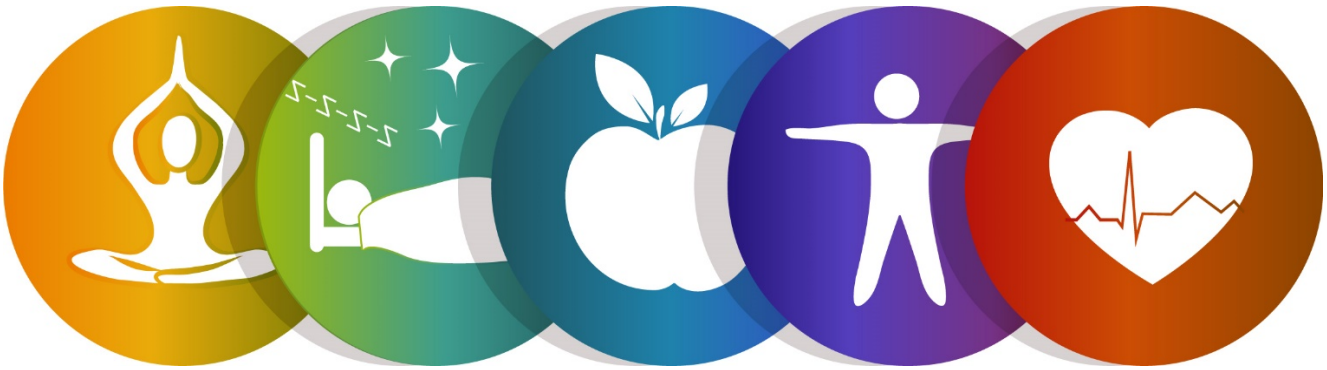
Attest:

By: _____
Alicia Jamar, Deputy
Clerk of the Board of Supervisors

Approved as to legal form:

By: _____
Christopher Schmidt
Deputy County Counsel

Updated 2008/2009, 2012/2013, 2016/2017



ANNUAL REPORT

Fiscal Year 2022-2023

Tuolumne County Behavioral Health Advisory Board

(county seal)

Compiled by

Mary Anne Schmidt, Board Chairperson

Sherry Bradley, Vice-Chairperson

Elizabeth Marum, Board Member

Executive Summary

As the State of California came out of the COVID pandemic, the Behavioral Health Advisory Board (BHAB) transitioned from virtual to in-person meetings. The new meeting place, the Behavioral Health Enrichment Center, allowed the public, the Behavioral Health Department (BH), and the BHAB to interact in a more personal way.

The BHAB did accomplish many operational tasks this year that helped to build a platform for the Board to work from: a recruitment plan, an orientation plan of board members, a public speaker series, an update of bylaws, a board effort to attend community meetings to evaluate the public mental health needs, the creation of a board evaluation tool, a site visit plan, and the development a 2-year calendar of meetings, events, and training.

This fiscal year gave the BH Department two very important mandates from the State of California: The CARE Act requiring the development of a CARE Court in Tuolumne County and the Modernization of the Mental Health Services Act, a ballot initiative to improve how California treats mental illness, substance abuse, and homelessness. Both actions have required the BH Department to take on many new tasks, using all their expertise to move forward on these projects. And they have only begun. As a community, Tuolumne County public and government need to understand what the mandates mean to the staff workload and the benefits to the community.

Where Does the Tuolumne County Behavioral Health Advisory Board Get Its Authority

WELFARE AND INSTITUTIONS CODE - WIC

DIVISION 5. COMMUNITY MENTAL HEALTH SERVICES [5000 - 5987]
(Division 5 repealed and added by Stats. 1967, Ch. 1667)

PART 2. THE BRONZAN-MCCORQUODALE ACT [5600 - 5772]
(Heading of Part 2 amended by Stats. 1992, Ch. 1374, Sec. 14)

5604.2.

(a) The local mental health board shall do all of the following:

(1) Review and evaluate the community's public mental health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.

(2) Review any county agreements entered into pursuant to Section 5650. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.

(3) Advise the governing body and the local mental health director as to any aspect of the local mental health program. Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.

(4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.

(5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.

(6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.

(7) Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.

(8) This part does not limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.
(Amended by Stats. 2019, Ch. 460, Sec. 4. (AB 1352) Effective January 1, 2020.)

5604.3.

(a) The board of supervisors may pay from any available funds the actual and necessary expenses of the members of the mental health board of a community mental health service incurred incident to the performance of their official duties and functions. The expenses may include travel, lodging, childcare, and meals for the members of an advisory board while on official business as approved by the director of the local mental health program.
(b) Governing bodies are encouraged to provide a budget for the local mental health board, using planning and administrative revenues identified in subdivision (c) of Section 5892, that is sufficient to facilitate the purpose, duties, and responsibilities of the local mental health board.
(Amended by Stats. 2019, Ch. 460, Sec. 5. (AB 1352) Effective January 1, 2020.)

5604.5.

The local mental health board shall develop bylaws to be approved by the governing body which shall do all the following:
(a) Establish the specific number of members on the mental health board, consistent with subdivision (a) of Section 5604.
(b) Ensure that the composition of the mental health board represents and reflects the diversity and demographics of the county, to the extent feasible.
(c) Establish that a quorum be one person more than one-half of the appointed members.
(d) Establish that the chairperson of the mental health board be in consultation with the local mental health director.
(e) Establish that there may be an executive committee of the mental health board.
(Amended by Stats. 2019, Ch. 460, Sec. 6. (AB 1352) Effective January 1, 2020.)

About the Board

The Tuolumne County Behavioral Health Advisory Board (BHAB) serves as an advisory board to the Board of Supervisors and the Behavioral Health Director.

Mandated by California state law, the Welfare and Institutions Code, the BHAB consists of 15 available seats. As of June 20, 2023, nine seats are filled.

Before July 2022, 2 board members resigned.

Between July 2022 and December 2022, 4 more board members resigned.

The Board received 5 new applications this year. Thank you to Cathie Peacock and Terry Garcia for stepping up to join the board in service to the community. Another applicant could not attend the 4 pm time for the meeting because of a conflict with work. It was suggested that the meeting be moved one hour later, but due to staffing resources, the board decided not to move the time. Two applicants did not return follow-up phone calls. Six vacancies remain.

Current Board Members:

Mary Anne Schmidt
Chairperson

Sherry Bradley
Vice-Chairperson

Jaron Brandon
Supervisor, District 5

Anaiah Kirk, Alternate
Supervisor, District 3

Other Members:
Cathie Peacock
Elizabeth Marum
Jenn Salazar
Maureen Woods
Terry Garcia
Valerie Shuemake

The state mandates representation on the board of 20% consumers (those who use mental health services), 20% family members of consumers, and 60% community members and leaders. The BHAB meets the state mandates.

2 board members are consumers of mental health services (22%).

2 board members are family members of consumers of mental health services (22%).

5 board members are public members and community leaders (55%).

Meetings

General monthly meetings are held on the first Wednesday of the month at 4 pm at the Behavioral Health Enrichment Center at 105 Hospital Road, Sonora, California.

There were no Executive Committee Meetings due to constraints of staffing resources

There were no other Standing Committees meetings due to constraints of staffing resources.

No Annual Retreat due to constraints of staffing resources.

The following is a list of Ad Hoc Committees Meetings:

- Development of a Site Visitation Plan
- Development of a Speaker Series Plan
- Development of an Evaluation Tool for the Advisory Board and goals
- Update Bylaws
- Development of Special Events: Volunteer Fair, Public Screening of Films
- Development of an Annual Report
- Development of an Orientation Plan for new Board Members
- Development of a Recruitment Plan for new Board Members
- Development of a Recommendation to the BOS on the Opioid Issue in Tuolumne County
- Development of Board Members' Assignments to community meetings for the purpose of evaluating the mental health issues in Tuolumne County
- Development of a 2-year calendar for general meetings, special month designations, MHSA presentations, and speaker presentations.

Data on Tuolumne County Mental Health System

The following is a summary of the information gathered through the state-mandated Data Notebook that the staff and BHAB complete each year.

Residential Care
20 individuals were placed in a licensed Adult Residential Care Facility.
6988 bed-days were paid for these individuals during the last fiscal year 2021-2022.
0 individuals had to wait for placement.
Tuolumne County does not have any Institutions for Mental Disease (IMD).
100 individual clients stayed out of the county in “Institutions for Mental Disease” during the last fiscal year 21-22.
0 individual clients stayed in the county.
1,000 “Institutions for Mental Disease” bed days were paid for by our county behavioral health department during the fiscal year 21-22.

Homelessness: Programs and Services in Tuolumne County
Programs serving people that are unsheltered with severe mental illness: • Housing/Motel Vouchers – Project Room Key • Rapid Re-Housing – ATCAA • Resiliency Village, • Give Someone a Chance Shower Bus • Tuolumne County Committee on Homelessness • Expanded Meal Programs through Interfaith

Child Welfare Services: Foster Children
Tuolumne County is serving foster children and youth in group care. Tuolumne County has less than 5 children/youth in group care.
Tuolumne County has not received any children needing a “group home” level of care from another county.
Tuolumne County has placed less than 5 children into a “group home” in another county.

The COVID-19 Pandemic Impacts
Points of Stress on our county’s system for children and youth behavioral health services: • Increased numbers of youth receiving services who reported significant levels of major depression with or without severe impairment. • Increased Emergency Department admissions of youth for episodes of self-harm and/or suicide attempts. • Decreased access/utilization of mental health services for youth.

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

Top Three Concerns for our county for children and youth services:

1. Growing incidence of youth considering suicide.
2. Increased Emergency Department admissions for episodes of self-harm and suicide attempts among youth.
3. Growing use of alcohol and drugs for youth in Tuolumne County, including a wave of overdoses and fentanyl use.

Concerns Regarding Access to, and /or performance of, mental health services for children and youth in our county during the COVID-19 Pandemic:

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

Top Point of Stress on our county's system for all adult behavioral health services during the Pandemic:

- Decreased access/utilization of mental health services for adults.

Concerns Regarding Access to and/or performance of behavioral health programs for all adults in our county during the 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 was 'thrown" at various programs/services. What was needed was a master plan, a needs assessment process, and a determination of which of those areas had the highest need.

Use of Telehealth

- Since 2020, our county has increased the use of telehealth for all adult behavioral health therapy and supportive services.
- Since 2020, our county has increased the use of telehealth for psychiatric medication management for all adults.
- Since our board did not oversee the Substance Use Disorder program during the fiscal year 2021-2022, there were no telehealth appointments for evaluation and prescription of medication-assisted treatment for substance use disorders.

Crisis Intervention Service Impacts:

- Increase in funding for crisis services
- Issues with staffing and/or scheduling
- Hospital COVID protocols and safety measures

Staffing Impacts:

- Staff was out to quarantine for themselves.
- Staff was out to care/quarantine due to family members contracting COVID-19.
- Staff was out due to burnout.

• Staff was unable to obtain daycare or childcare.
Methods to Meet Staffing Needs: • Utilizing telework practices • Allowing flexible work hours • Facilitating access to childcare or daycare for workers • Hiring new staff • 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.
Clients of Diverse Backgrounds • The pandemic did not adversely affect our county's ability to reach and serve clients and families from diverse racial/ethnic communities. • The pandemic adversely impacted our county's ability to reach and serve behavioral health clients and families that were unsheltered.
Significant Challenges presented barriers to behavioral health services: • Concerns over COVID-19 safety for in-person services • Inadequate staffing to provide services for all clients • Client or family member illness due to COVID-19 • The challenge for the clients that are unsheltered has been accessing technology, such as not being able to charge a phone.

Source: **Data Notebook 2022**

https://www.tuolumnecounty.ca.gov/DocumentCenter/View/24812/2022-Tuolumne-County-Data-Notebook-for-BH-Boards_Commissions-FINAL

Needs and Performance of County Mental Health System

(Need to expand on each of these issues. Check-in with county staff for information.)

Performance:

- Innovation Grant through MHSA
- Mobile Crisis Development
- Use of the Enrichment Center for inclement weather
- Data Notebook
- Training for Staff and Board Members on Law and Ethics
- Care Court Development
- Electronic Data System
-

Concerns:

- Housing for mental health clients
- Housing for BH workforce
- Stable MHSA funding
- Support for the Opioid Issue in Tuolumne County
- increased capacity of court-based and other diversion programs
- increased capacity of the mental health workforce

Recommendations:

- increase housing for mental health clients
- increase housing for the mental health workforce
- address the shortage in the mental health workforce
- support the stabilizing of the MHSA funding
- address the opioid use in Tuolumne County
- increase the capacity of court-based and other diversion programs

Highlights of BHAB Activities in FY 2022-2023

Public Speaker Series

To fulfill one of the BHAB's mandated duties, the Board chose to create a public speaker series to review and evaluate the mental health needs of Tuolumne County.

This year the Board and the public heard presentations from three different speakers:

Dr. Brock Kolb, Deputy Director of Clinical Services from the Behavioral Health Department presented on Inpatient and Residential Mental Health Treatment Facilities.

Terri Alford from the Superintendent of Schools office presented on the AWARE project which was an Innovation Grant that passed through MHSA funding.

Cassandra Jenecke, District Attorney, from Tuolumne County District Attorney's Office presented on Collaborative Justice Courts and Drug Courts.

Our next speaker will be announced soon.

Modernization of Mental Health Services Act

On March 19, 2023, "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.

An initiative would go on the 2024 ballot that would:

1. Authorize a general obligation bond to:
    a. 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.
    b. 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."

https://www.gov.ca.gov/2023/03/19/governor-newsom-proposes-modernization-of-californias-behavioral-health-system-and-more-mental-health-housing/

Concerns have risen about the impacts of this action on the Tuolumne County Behavioral Health Department and the services that it now provides. However, it seems there is much editing of this project going on at the state level as voices all over the state are stating concerns and challenges.

tThe Behavioral Health Department will not know exactly how this will impact the county for months. It is a wait-and-see moment, but as a county, there are actions that can be taken to let the local rural voice be heard in the Governor's office. The BHAB is considering writing a recommendation to the Board of Supervisors. The BOS then can write a resolution about the impact of the modernization of the Mental Health Services Act in Tuolumne County and the services that support the community.

Care Court

On July 12, 2023, Maria Sullivan, County Counsel, presented to the BHAB the development of the Care Court in Tuolumne County.

The Community Assistance, Recovery, and Empowerment (CARE) Act, authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. See Addenda Senate Bill 1338 - CARE Act Bill.

The Behavioral Health Department and other partners in the county have been meeting for one year to develop the Care Court in Tuolumne County. Since Tuolumne County was chosen with six other counties in the state of California to develop this CARE Court earlier than the other counties, much time and effort have been spent creating this mandated entity of the CARE Court.

Updated Webpage for BHAB

BHAB's webpage has been in development for the last two years. Please come and visit.

Board Members Assigned to Community Meetings

To learn more about the mental health issues in the community, the BHAB developed a plan for board members to volunteer to attend a variety of community meetings. By doing so, the board members became informed of the mental health needs in the county. Each board then reported back to the board. From there the board can then take direction and action. BHAB members are attending NAMI, YES Partnership, Quality Improvement Council, Mental Health Services Oversight and Accountability Commission, California Association of Local Behavioral Health Boards and Commissions, Tuolumne County Homelessness Committee, the Tuolumne Resiliency Coalition, the Tuolumne County Board of Supervisors, California Health and Human Services CARE Act, Tuolumne County Housing Coalition, and National Month of the Prevention of Child Abuse Luncheon.

Areas of Challenge:

- Membership of the Board
- Approval of Bylaws
- Budget Resources
  Section 5604.3 - Expenses of board members**(a)** The board of supervisors may pay from any available funds the actual and necessary expenses of the members of the mental health board of a community mental health service incurred incident to the performance of their official duties and functions. The expenses may include travel, lodging, childcare, and meals for the members of an advisory board while on official business as approved by the director of the local mental health program. **(b)** Governing bodies are encouraged to provide a budget for the local mental health board, using planning and administrative revenues identified in subdivision (c) of Section 5892, that is sufficient to facilitate the purpose, duties, and responsibilities of the local mental health board.
  Ca. Welfare and Inst. Code § 5604.3
  Amended by Stats 2019 ch 460 (AB 1352),s 5, eff. 1/1/2020.

What to Watch for in 2023-2024

1. Conduct small group discussions to receive consumer/family member input.
2. Be present at public events by setting up an information table about the BHAB and the Behavioral Health Department.
3. Develop a contract review plan for the BH contracts.
4. Continue to advocate for a youth voice on the BHAB.
5. Recruit a board member from the Veterans population.
6. Plan a yearly calendar of training for the BHAB.
7. Develop a better plan for publicizing the Public Speaker Series.
8.

Recognition of Service

The Behavioral Health Advisory Board recognizes the service of the staff members of the Behavioral Health Department:

To the staff that presents at board meetings providing vital information on issues, concerns, and mandates from the state of California.

To the staff that works many hours (that may not be on the schedule) to serve the clients of our community.

To the leadership team of the department that is continually training staff and BHAB and guiding them through the very complex system of mental health care.

To the support staff that manages the groundwork for the BHAB to have meetings on time, a place to have a meeting, a microphone to speak into, and all the support materials to have productive meetings.

THANK YOU!

Addenda

Senate Bill 1338 – CARE Act

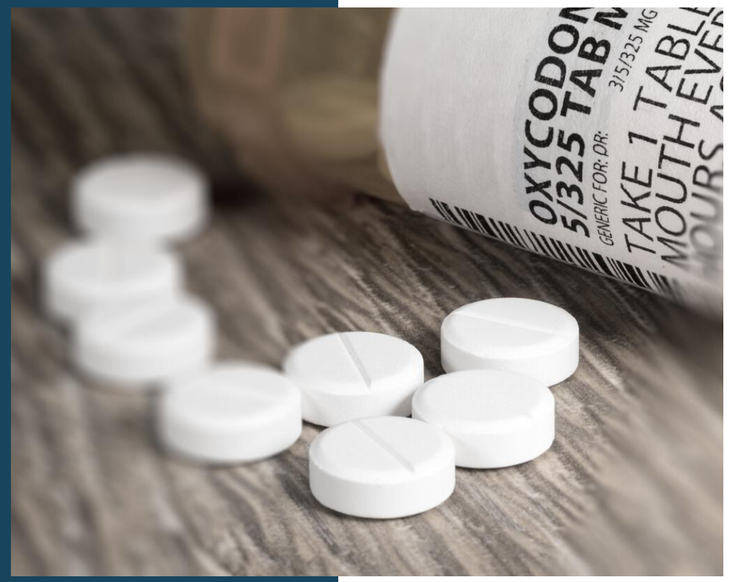
- The bill would require the Counties of Glenn, Orange, Riverside, San Diego, Stanislaus, and **Tuolumne** and the City and County of San Francisco to implement the program commencing October 1, 2023, and the remaining counties to commence no later than December 1, 2024.
- The bill would require the Judicial Council to develop a mandatory form for use in filing a CARE process petition and would specify the process by which the petition is filed and reviewed, including requiring the petition to be signed under penalty of perjury, and to contain specified information, including the facts that support the petitioner's assertion that the respondent meets the CARE criteria.
- The bill would also specify the schedule of review hearings required if the respondent is ordered to comply with an up to one-year CARE plan by the court.
- The bill would make the hearings in a CARE Act proceeding confidential and not open to the public, thereby limiting public access to a meeting of a public body.
- The bill would authorize the CARE plan to be extended once, for up to one year, and would prescribe the requirements for the graduation plan.
- By expanding the crime of perjury and imposing additional duties on the county behavioral health agencies, this bill would impose a state-mandated local program.
- This bill would require the court to appoint counsel for the respondent, unless the respondent has retained their own counsel.
- The bill would require the Legal Services Trust Fund Commission at the State Bar to provide funding to qualified legal services projects to provide legal counsel in CARE Act proceedings, as specified.
- The bill would authorize the respondent to have a supporter, as defined.
- The bill would require the State Department of Health Care Services, in consultation with specified stakeholders, to provide optional training and technical resources for volunteer supporters on the CARE process, community services and supports, supported decision-making, and other topics, as prescribed.
- This bill would require the California Health and Human Services Agency, or a designated department within that agency, to engage an independent, research-based entity to advise on the development of data-driven process and outcome measures for the CARE Act and to convene a workgroup to provide coordination and support among relevant state and local partners and other stakeholders throughout the phases of county implementation of the CARE Act.

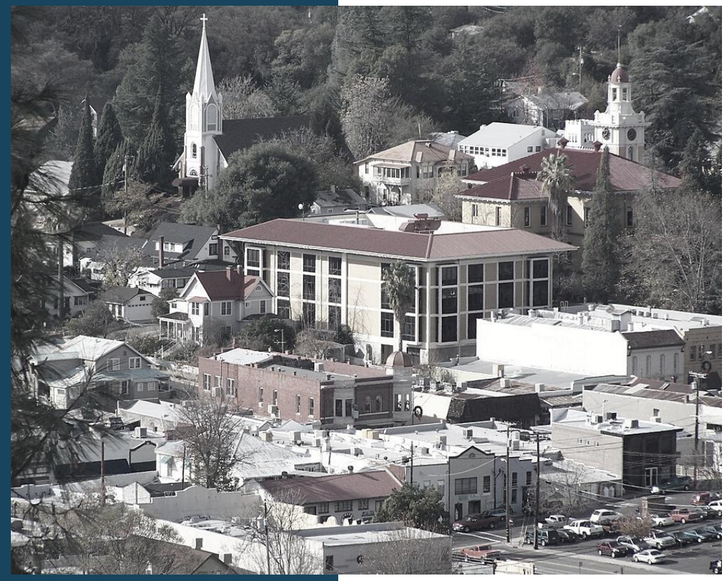
- The bill also would require the State Department of Health Care Services to provide training and technical assistance to county behavioral health agencies to implement the act and to provide training to counsel, as specified.
- The bill would require the Judicial Council, in consultation with the department and others, to provide training to judges regarding the CARE process, as specified.
- This bill would authorize the court, at any time during the CARE process, if it finds the county or other local government entity not complying with court orders, to report that finding to the presiding judge of the superior court or their designee. If the presiding judge or their designee finds, by clear and convincing evidence, that the local government has substantially failed to comply with the CARE process, the presiding judge may impose a fine of up to $1,000 per day and, if the court finds persistent noncompliance, to appoint a special master to secure court-ordered care for the respondent at the county's cost.
- The bill would establish the CARE Act Accountability Fund in the State Treasury to receive the fines collected under the Act, which would, upon appropriation, be allocated and distributed by the department to the local government entity that paid the fines to serve individuals who have schizophrenia spectrum or other psychotic disorders who are experiencing or are at risk of homelessness, criminal justice involvement, hospitalization, or conservatorship.
- This bill would require the department, in consultation with the Judicial Council, to develop an annual reporting schedule for the submission of CARE Act data from the trial courts and would require the Judicial Council to aggregate the data and submit it to the department.
- The bill would require the department, in consultation with various other entities, to develop an annual CARE Act report and would require county behavioral health agencies and other local governmental entities to provide the department with specified information for that report.
- The bill would require an independent, research-based entity retained by the department to develop an independent evaluation of the effectiveness of the CARE Act and would require the department to produce a preliminary and final report based on that evaluation.
- By increasing the duties of a local agency, this bill would impose a state-mandated local program.
- This bill would exempt a county or an employee or agent of a county from civil or criminal liability for any action by a respondent in the CARE process, except when an act or omission constitutes gross negligence, recklessness, or willful misconduct. Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Fund (MHSF), a continuously appropriated fund, to fund various county mental health programs,

including children's mental health care, adult and older adult mental health care, prevention, and early intervention programs, and innovative programs.

- This bill would clarify that MHSA funds may be used to provide services to individuals under a CARE agreement or a CARE plan. (2) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and insurers to provide coverage for medically necessary treatment of mental health and substance use disorders. Violation of the Knox-Keene Act by a health care service plan is a crime.
- This bill would require health care service plans and insurers to cover the cost of developing an evaluation for CARE process services and the provision of all health care services for an enrollee or insured when required or recommended for the person pursuant to a CARE plan, as specified, without cost sharing, except for prescription drugs, and regardless of whether the services are provided by an in-network or out-of-network provider.
- Because a violation of this requirement by a health care service plan would be a crime, this bill would impose a state-mandated local program. (3) Existing law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Existing law establishes a process by which a defendant's mental competency is evaluated and by which the defendant receives treatment, with the goal of returning the defendant to competency. Existing law suspends a criminal action pending restoration to competency.
- This bill, for a misdemeanor defendant who has been determined to be incompetent to stand trial, would authorize the court to refer the defendant to the CARE process. (4) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.
- This bill would make legislative findings to that effect. (5)
- This bill would state that its provisions are severable. (6)
- This bill would incorporate additional changes to Section 1370.01 of the Penal Code proposed by SB 1223 to be operative only if this bill and SB 1223 are enacted and this bill is enacted last. (7) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.
- This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

- With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.





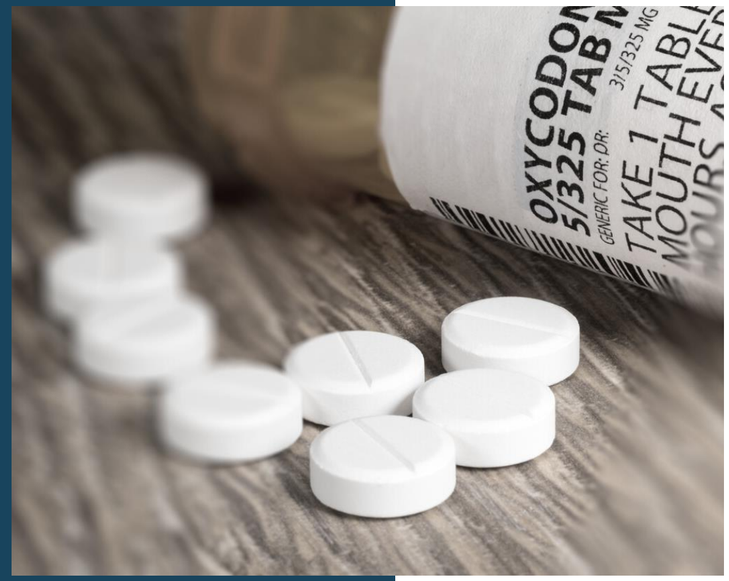
TUOLUMNE COUNTY
STATE OF THE OPIOID EPIDEMIC

Kimberly Freeman, MD, MBA, CPE, FACEP, Paramedic

Health Officer and EMS Medical Director

May 2023

TUOLUMNE COUNTY PUBLIC HEALTH
PREVENT · PROMOTE · PROTECT



What are we REALLY dealing with?

ADDICTION EPIDEMIC

https://vimeo.com/370948484

TUOLUMNE COUNTY PUBLIC HEALTH
PREVENT · PROMOTE · PROTECT

OPIOIDS IN TUOLUMNE COUNTY

2021 DATA
CALIFORNIA STATE DASHBOARD

Tuolumne County is the first in the state (meaning worst) for:

- MMEs (Morphine Milligram Equivalents) prescribed
- Number of residents Rx over 90 MMEs
- Opioid and Benzo co-prescriptions
- Prescription opioid OD hospitalizations
- Number of opioid prescriptions

Tuolumne is second in the state for:

- Any opioid-related OD hospitalization
-

HISTORY IN TUOLUMNE COUNTY

Opioid prescribing improved significantly in past 12 years

In 2010, Tuolumne County ranked:

- 3rd worst # opioid prescriptions/1000 residents
- 3rd worst for co-prescribed benzodiazepines
- 3rd worst for residents prescribed >90 MME
- 4th worst for MME
- 6th worst for opioid-related deaths

Despite our improvement, we have worsened in rank due to the greater improvement of other counties

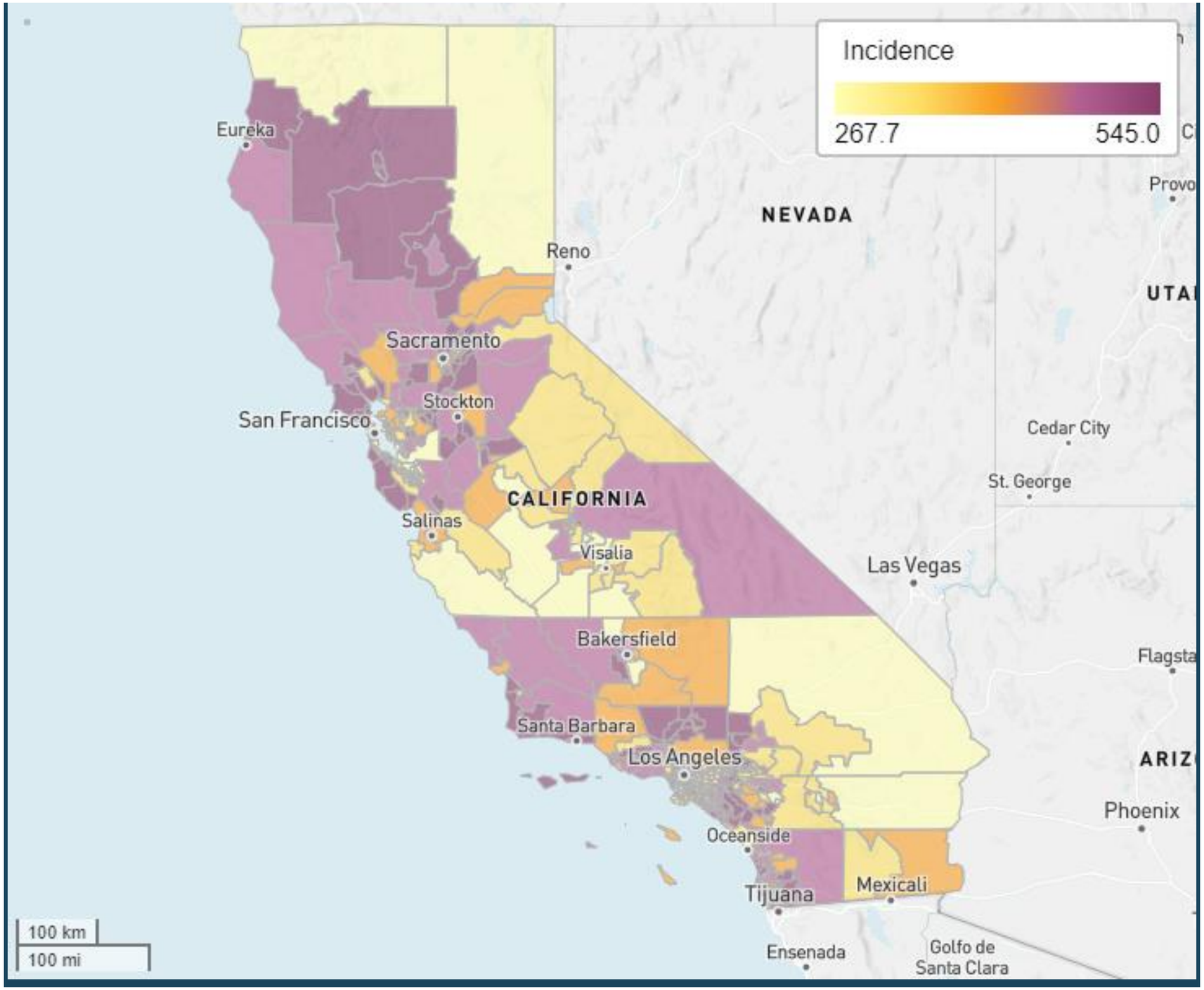
WHY ARE WE HERE?

Historical push to prescribe

- Pain was considered the “5th vital sign”
  - With blood pressure, respiratory rate, heart rate, temperature
- Drug companies falsely portrayed opioid meds as nonaddictive
- Patient satisfaction surveys contribute to provider pay rates
- Lawsuits prosecuted providers for underprescribing in the 90s
  - *Estate of Henry James v Hillhaven Corp* (1991)
  - *Bergman v Wing Chin, MD and Eden Medical Center* (1999)
- Once people are started on opioids and become dependent, it is very difficult to wean off

IS OUR POPULATION DIFFERENT?

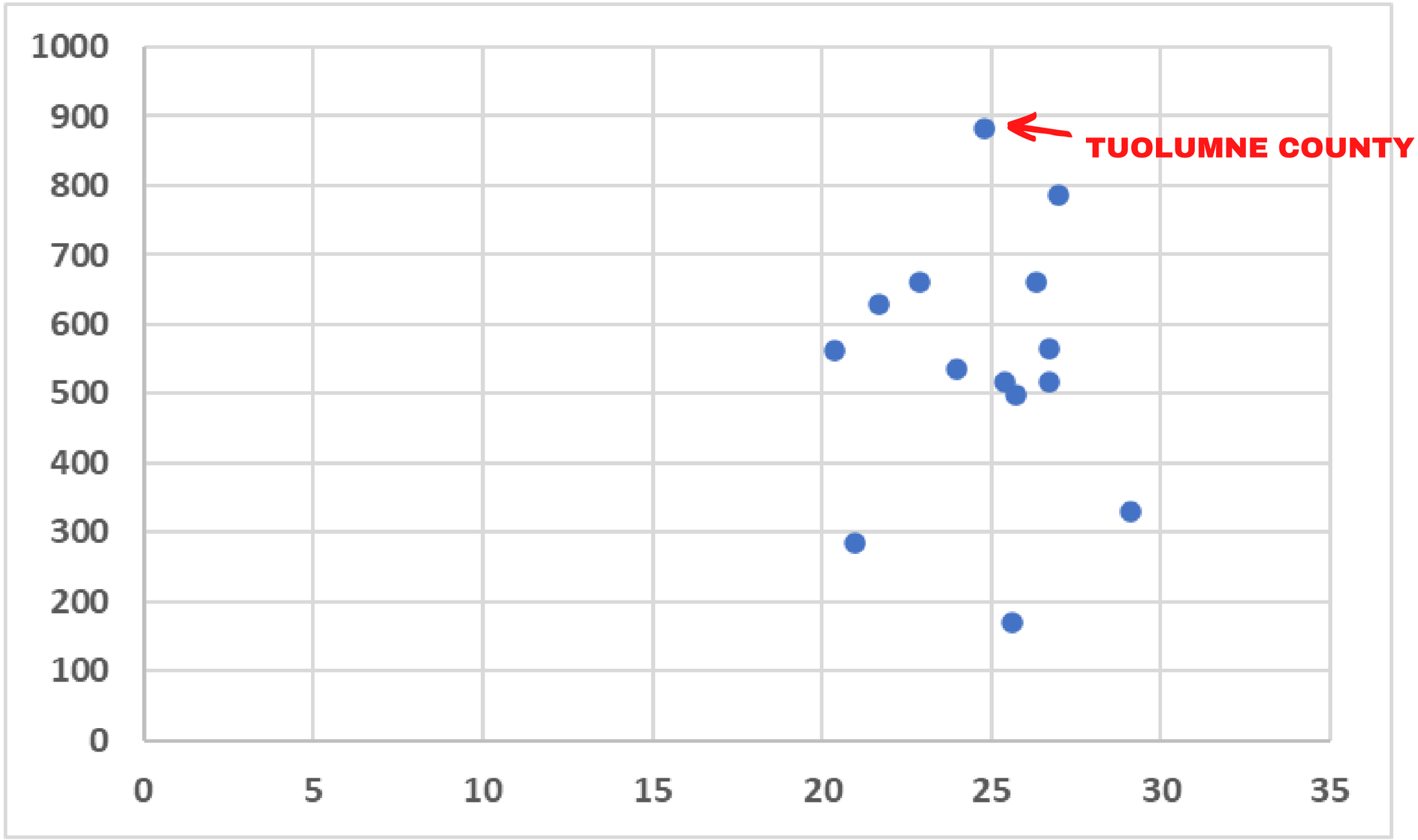
- Tuolumne County is an AMAZING place to live and fabulous people live here
- Our population is older than the California average, but age doesn’t correlate well with prescribing trends
- Cancer rate medium but other counties with higher or similar cancer rates prescribe less
- We have a higher disabled population, but our opioid rate is still disproportionately higher



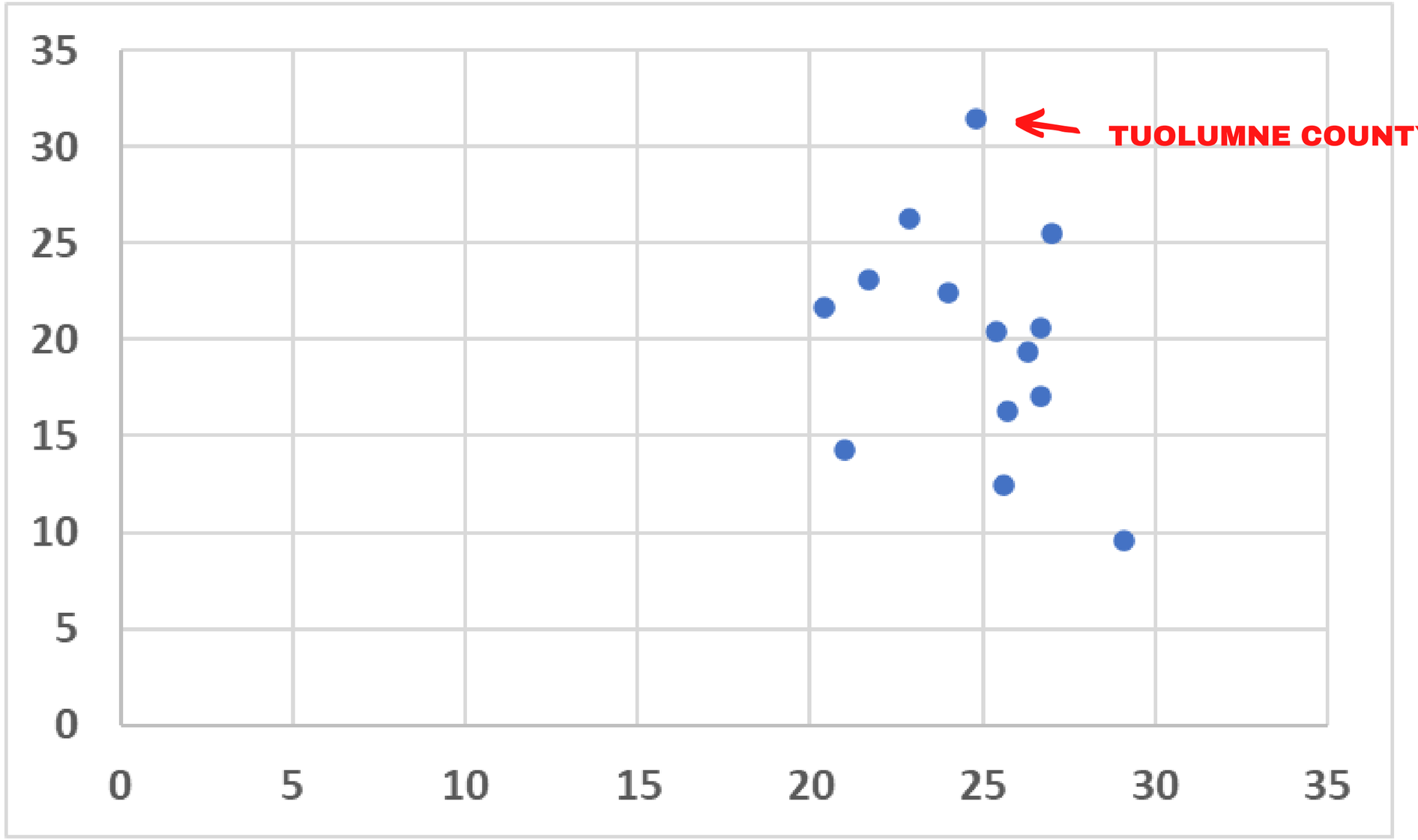
CANCER INCIDENCE

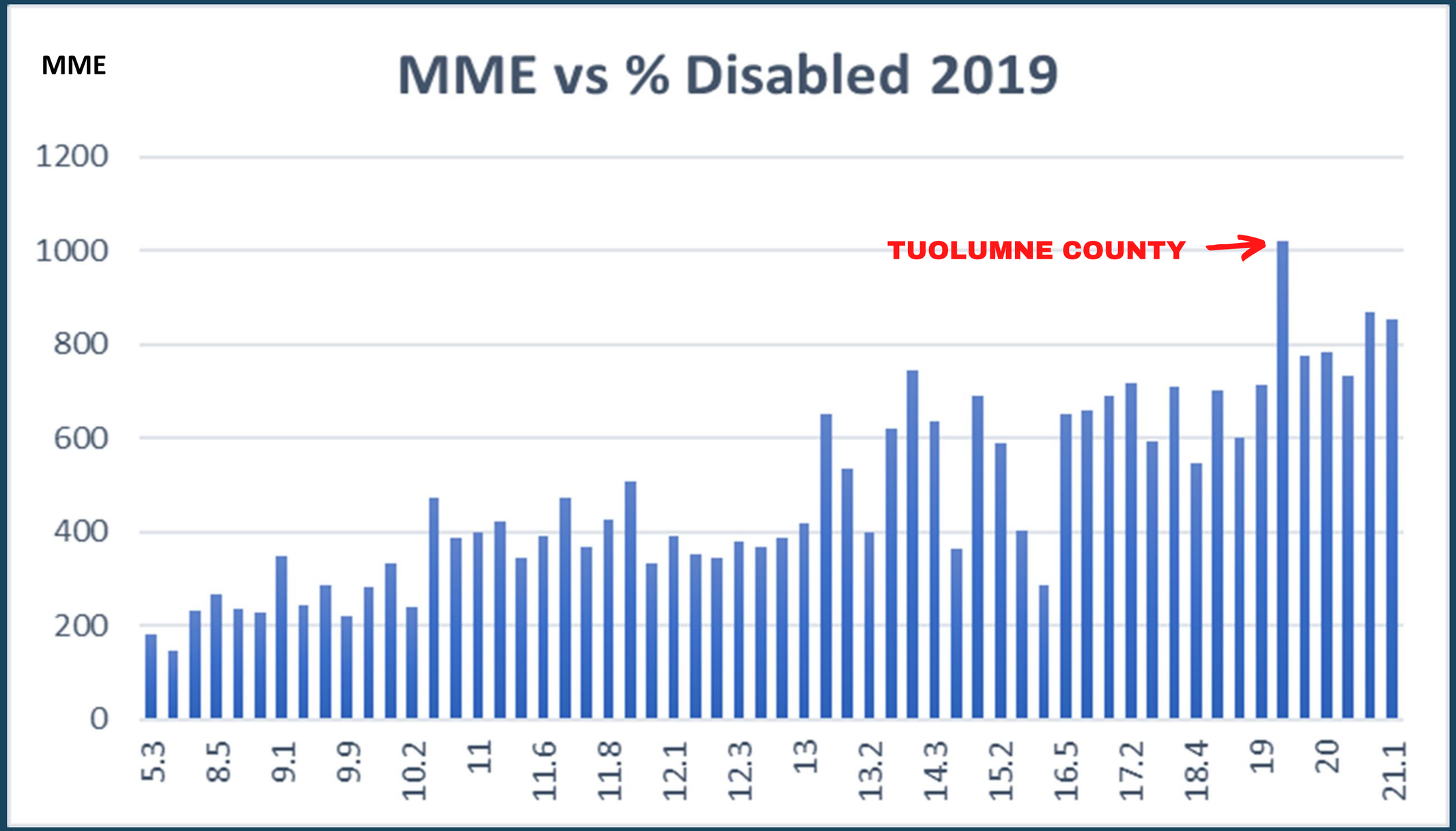
2015-2019

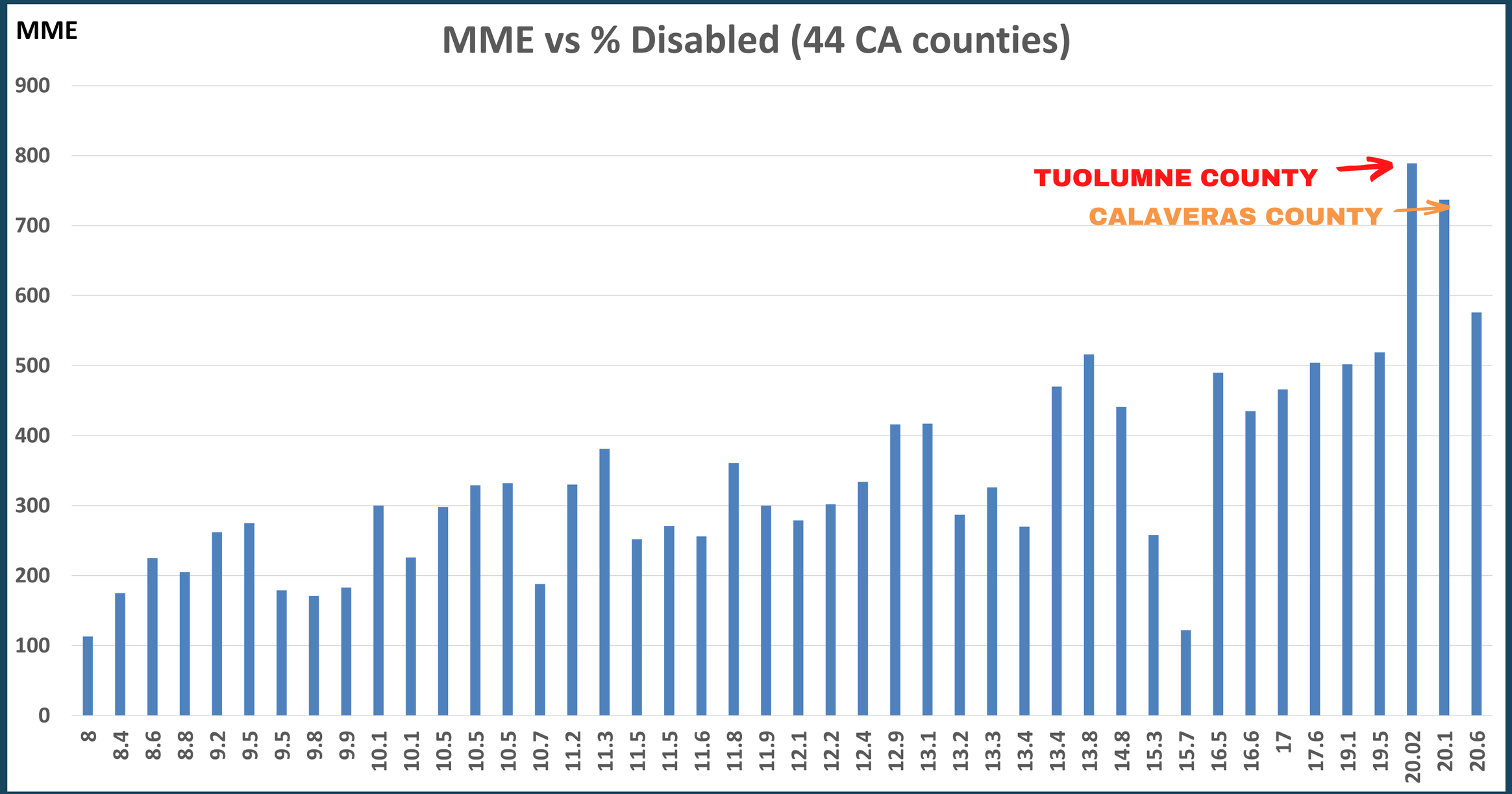
MMEs/resident (2020)

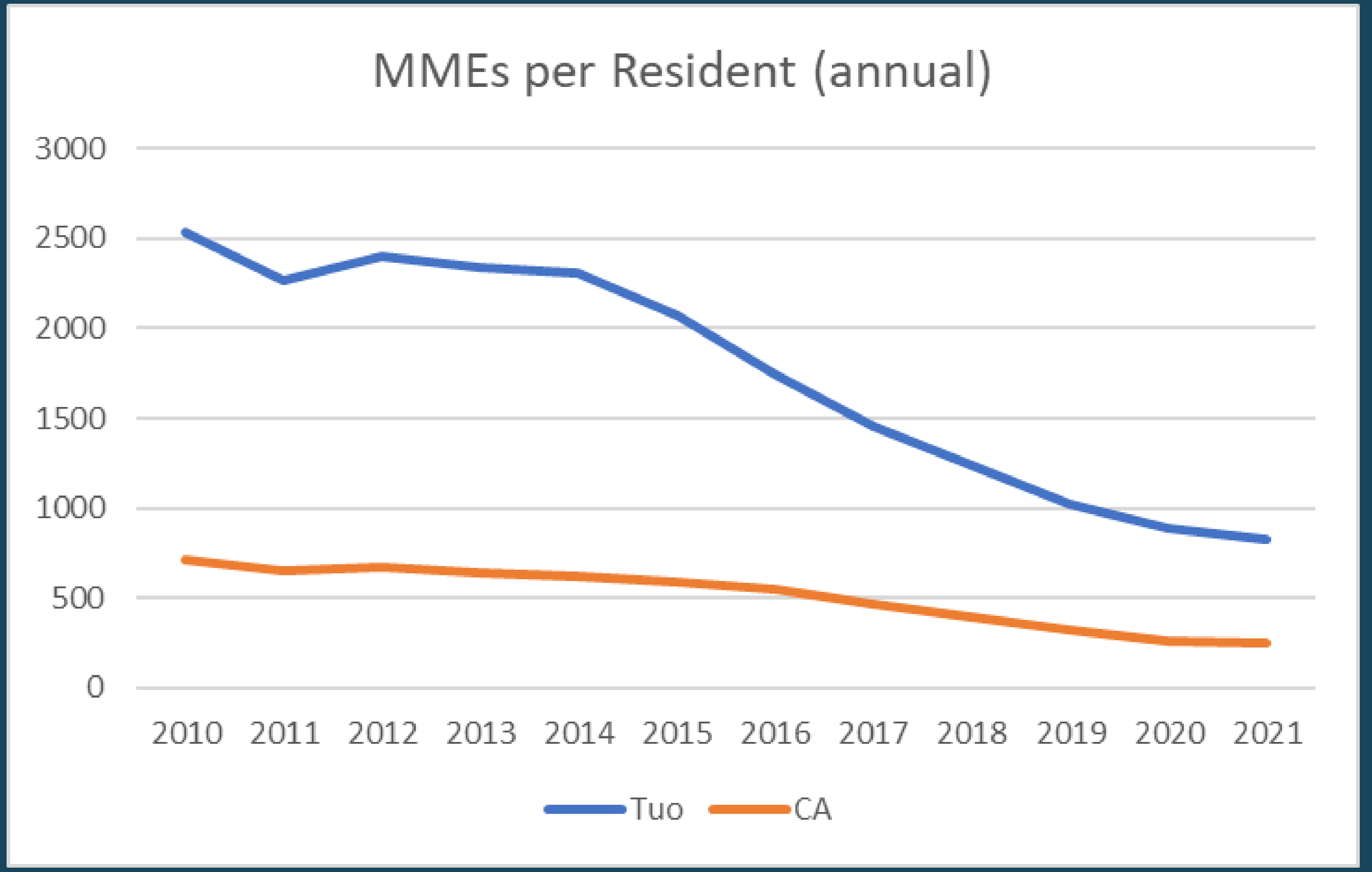


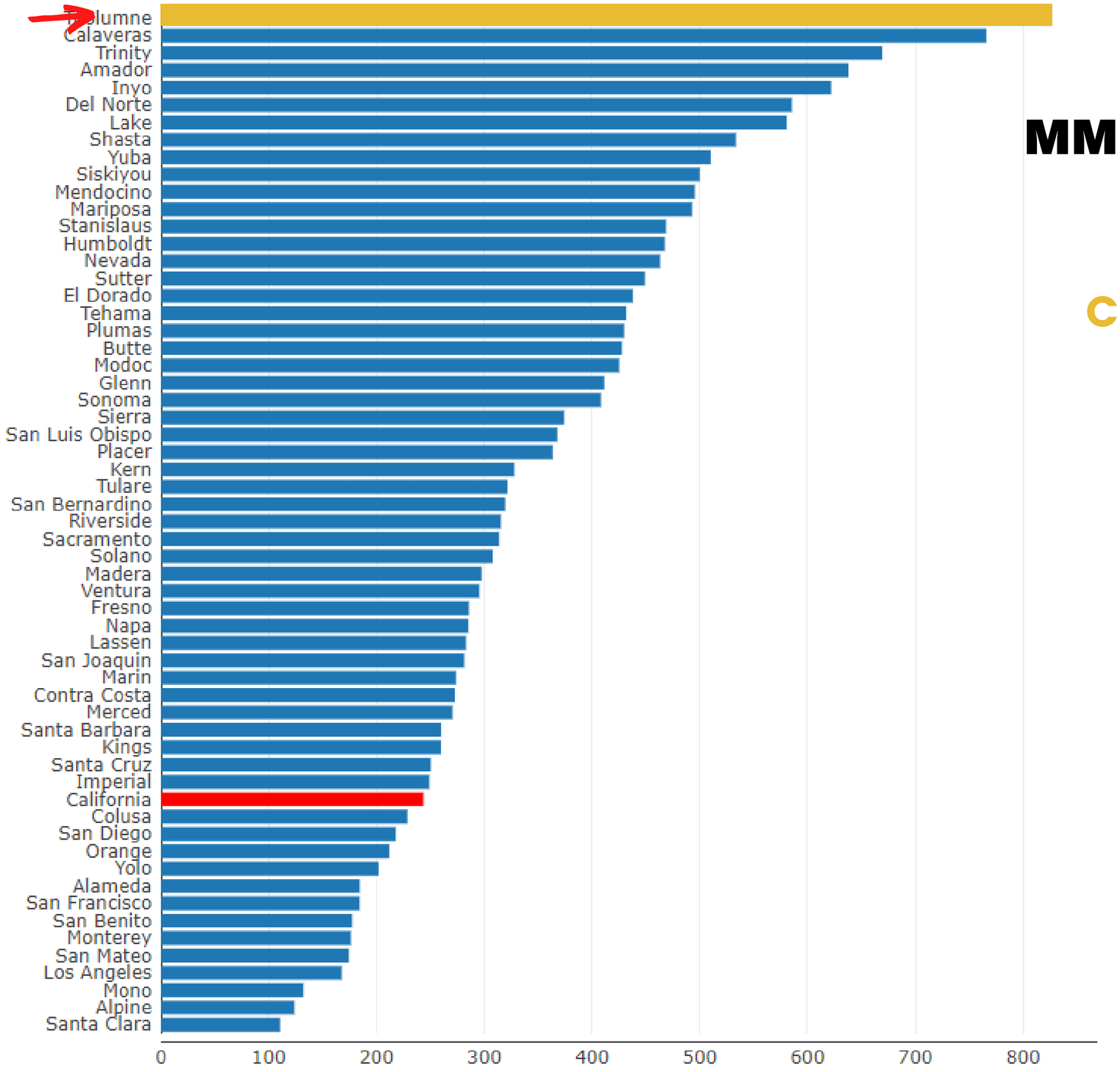
Residents on MME > 90 per 1000 (2020)




MME
MME vs % Disabled 2019
1200
1000
800
600
400
200
0
TUOLUMNE COUNTY
5.3
8.5
9.1
9.9
10.2
11
11.6
11.8
12.1
12.3
13
13.2
14.3
15.2
16.5
17.2
18.4
19
20
21.1
% Disabled


MME
MME vs % Disabled (44 CA counties)
900
800
700
600
500
400
300
200
100
0
TUOLUMNE COUNTY
CALAVERAS COUNTY
8
8.4
8.6
8.8
9.2
9.5
9.5
9.8
9.9
10.1
10.1
10.5
10.5
10.5
10.7
11.2
11.3
11.5
11.5
11.6
11.8
11.9
12.1
12.2
12.4
12.9
13.1
13.2
13.3
13.4
13.4
13.8
14.8
15.3
15.7
16.5
16.6
17
17.6
19.1
19.5
20.02
20.1
20.6
% Disabled

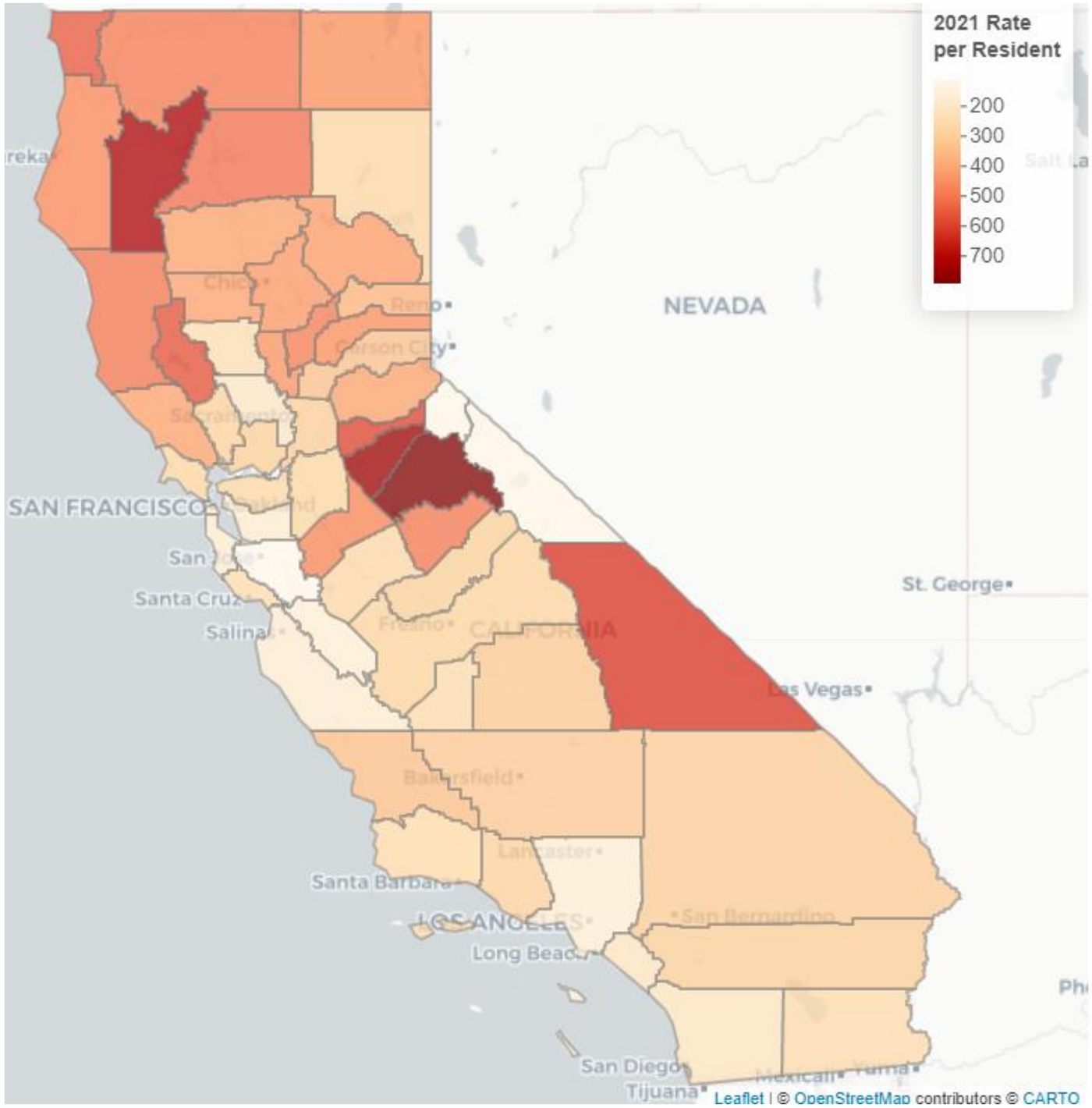

MMEs per Resident (annual)
3000
2500
2000
1500
1000
500
0
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
Tuo
CA



MMEs BY PATIENT LOCATION PRESCRIPTIONS

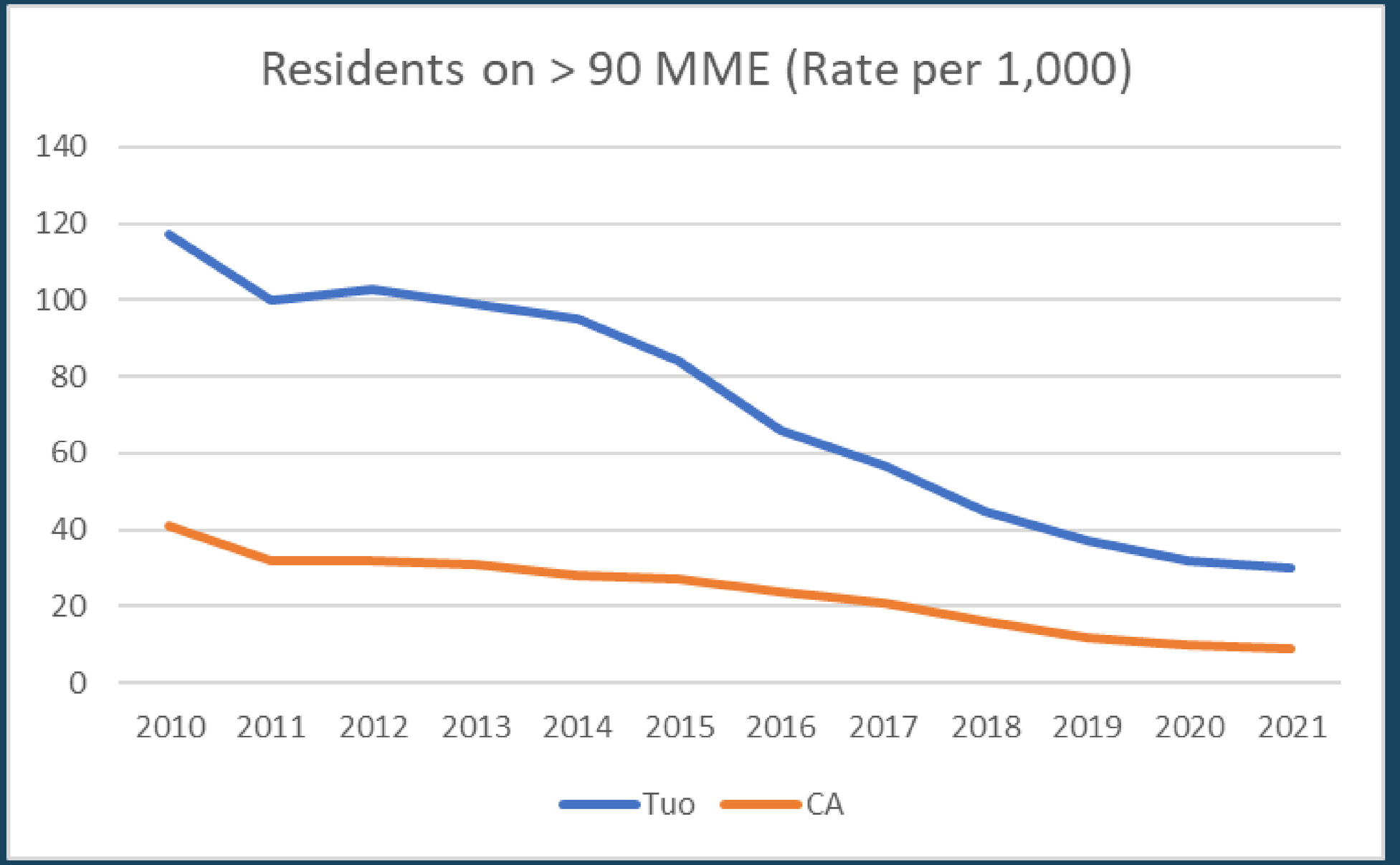
Total Population, 2021
Crude Rate per 1,000 Residents

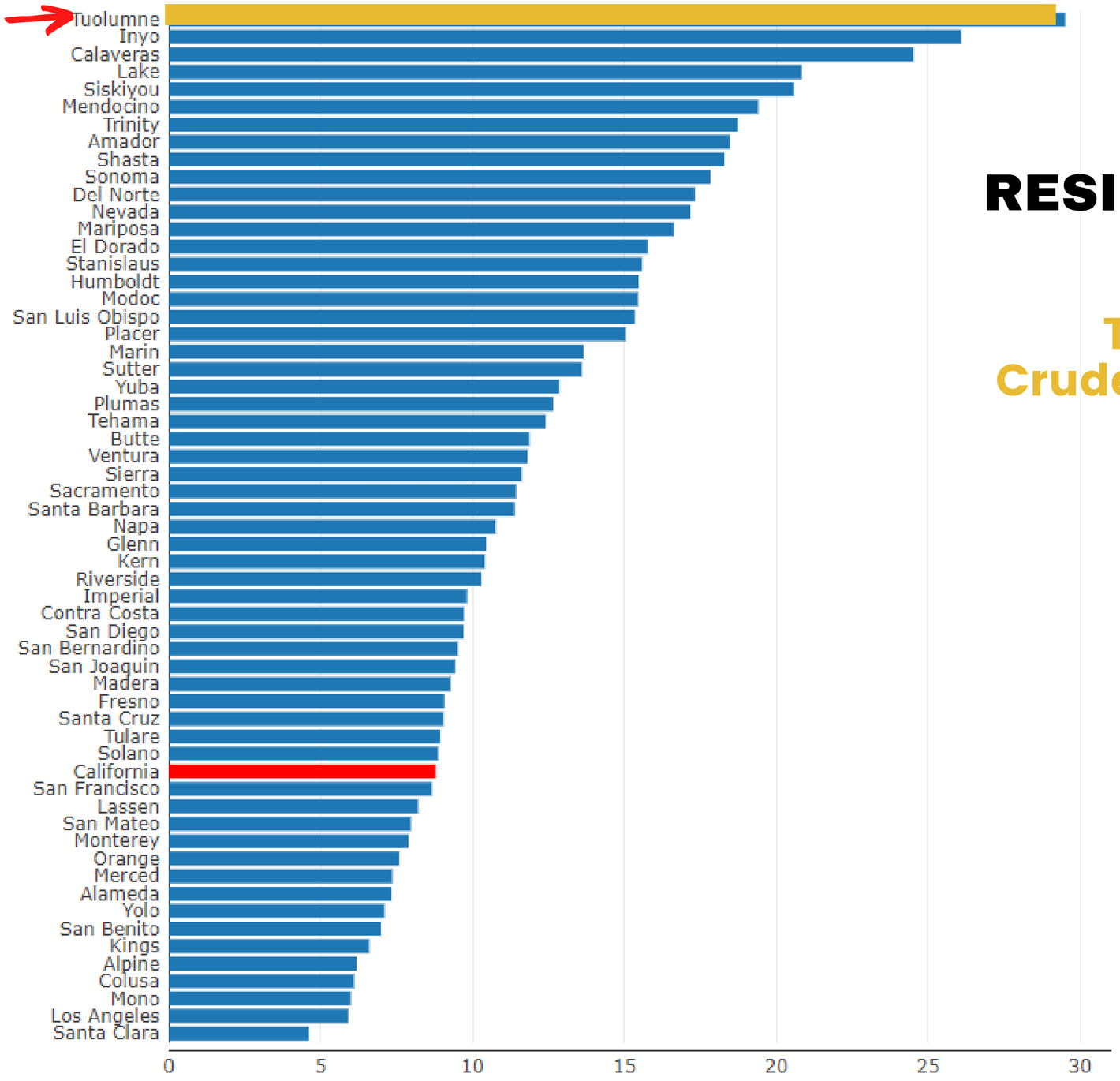
TUOLUMNE COUNTY RANKS FIRST



MMEs BY PATIENT LOCATION

Total Population, 2021
Crude Rate per 1,000 Residents

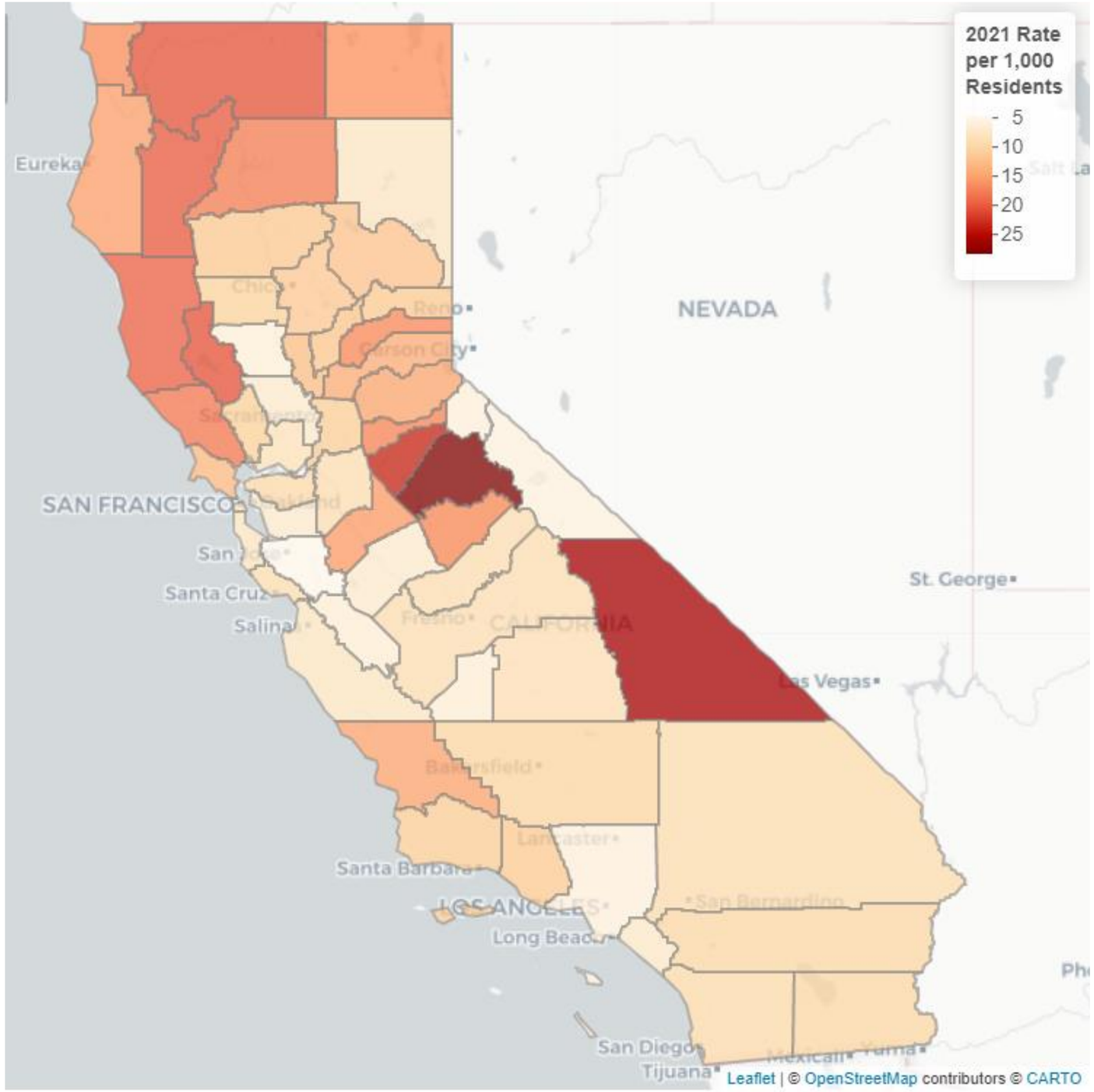

Residents on > 90 MME (Rate per 1,000)
140
120
100
80
60
40
20
0
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
Tuo
CA



RESIDENTS ON > 90 MME

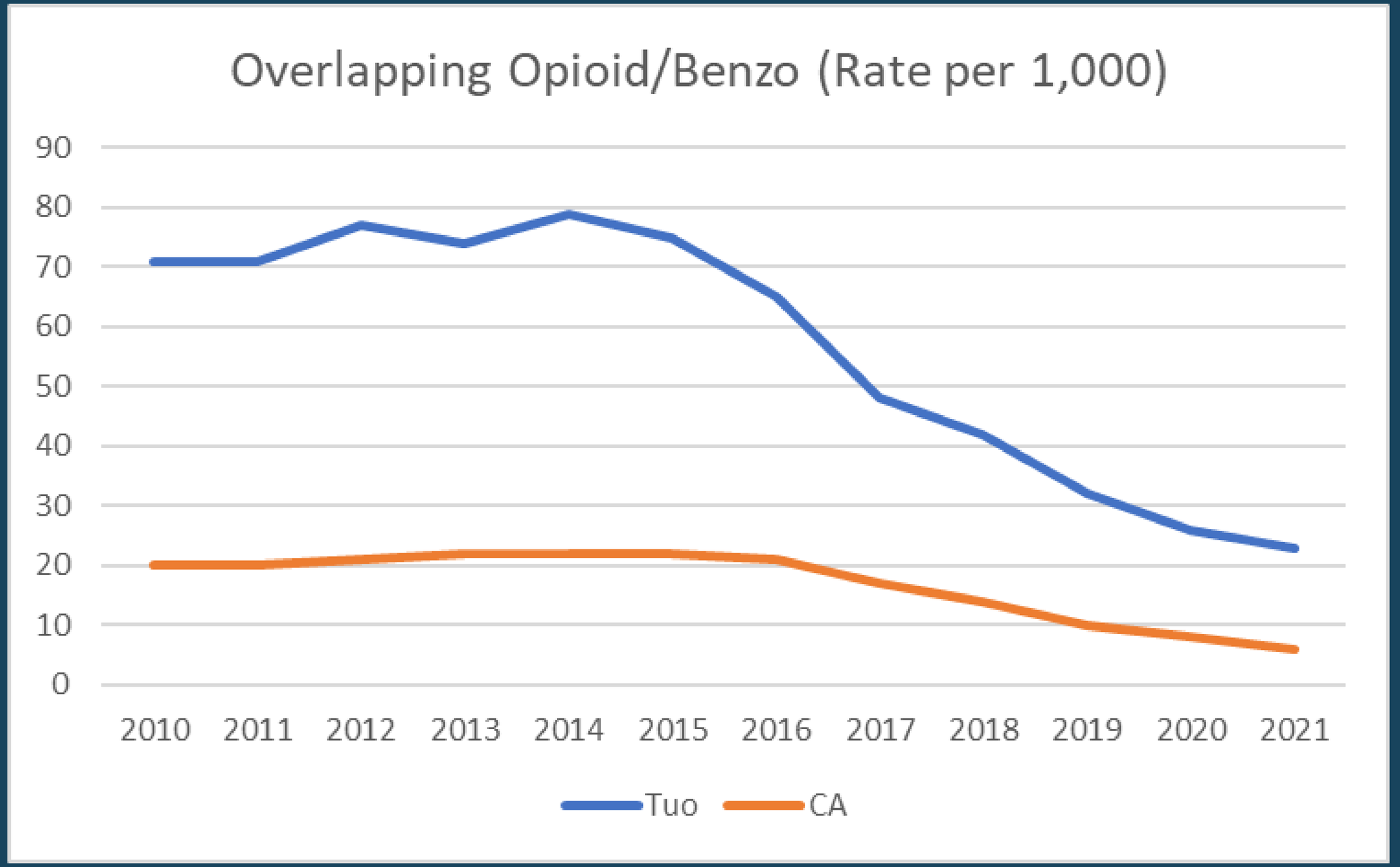
Total Population, 2021
Crude Rate per 1,000 Residents

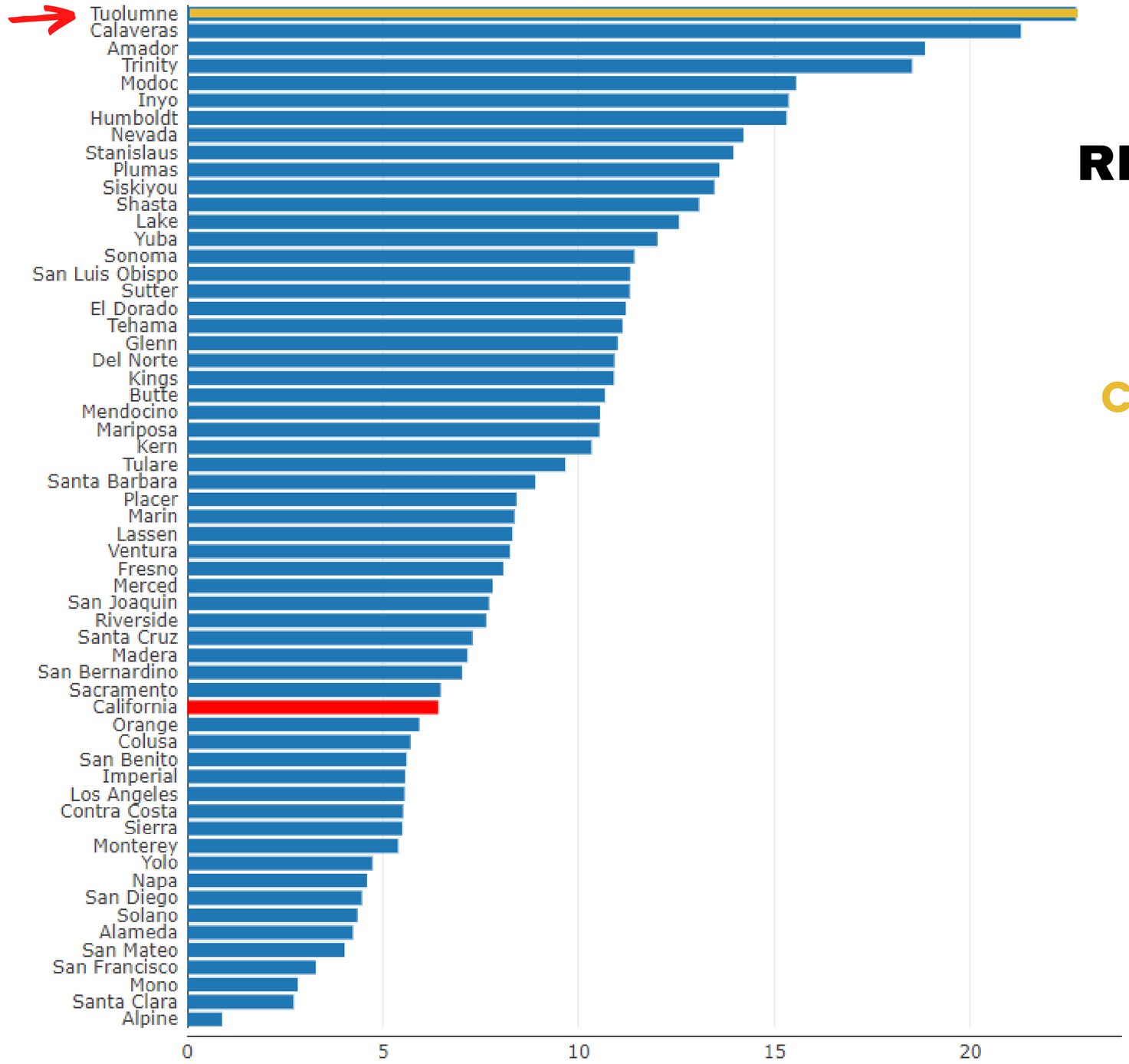
TUOLUMNE COUNTY RANKS FIRST



Residents on >90 MMES OF OPIOIDS

Total Population, 2021
Crude Rate per 1,000 Residents

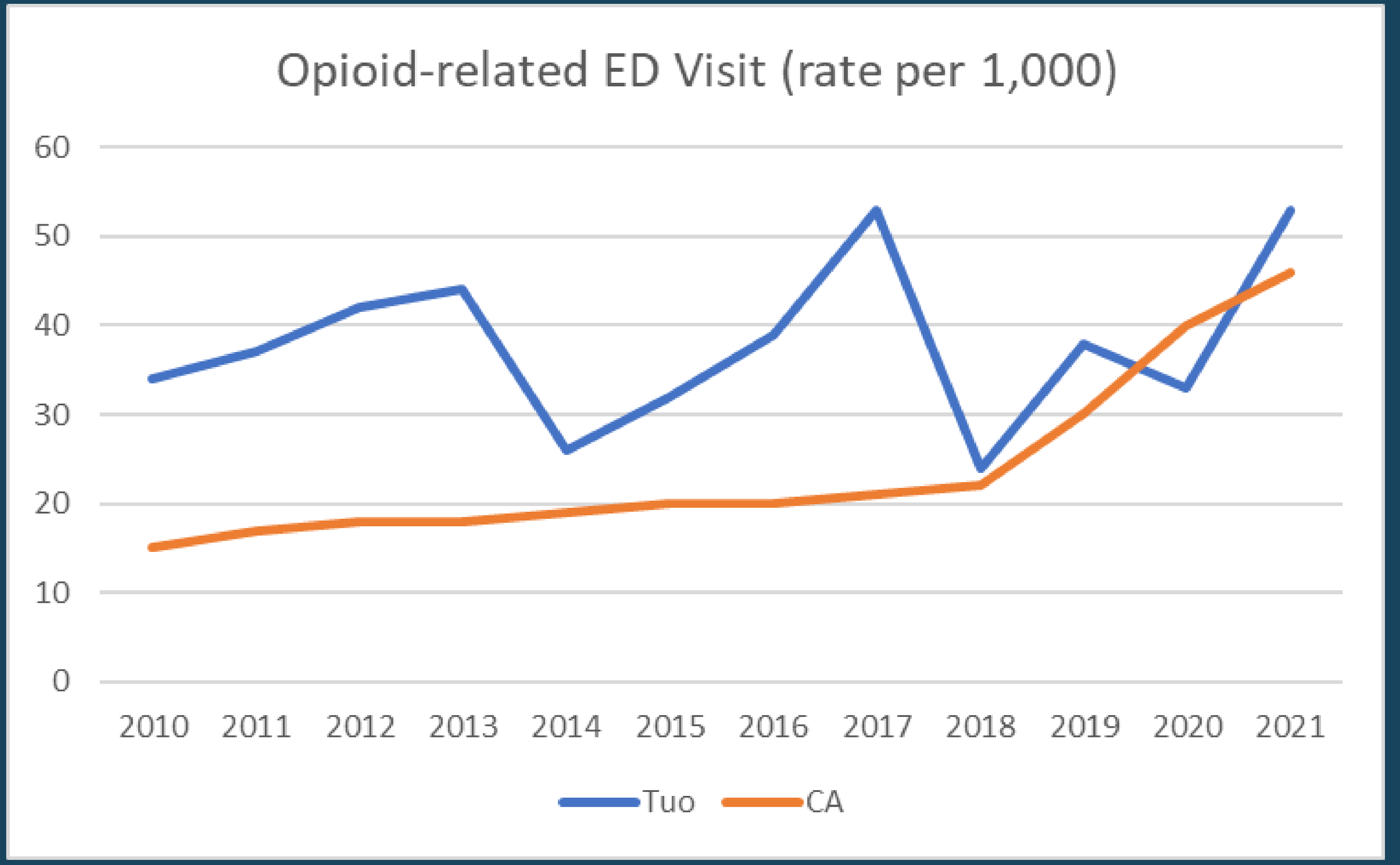

Overlapping Opioid/Benzo (Rate per 1,000)
90
80
70
60
50
40
30
20
10
0
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
Tuo
CA

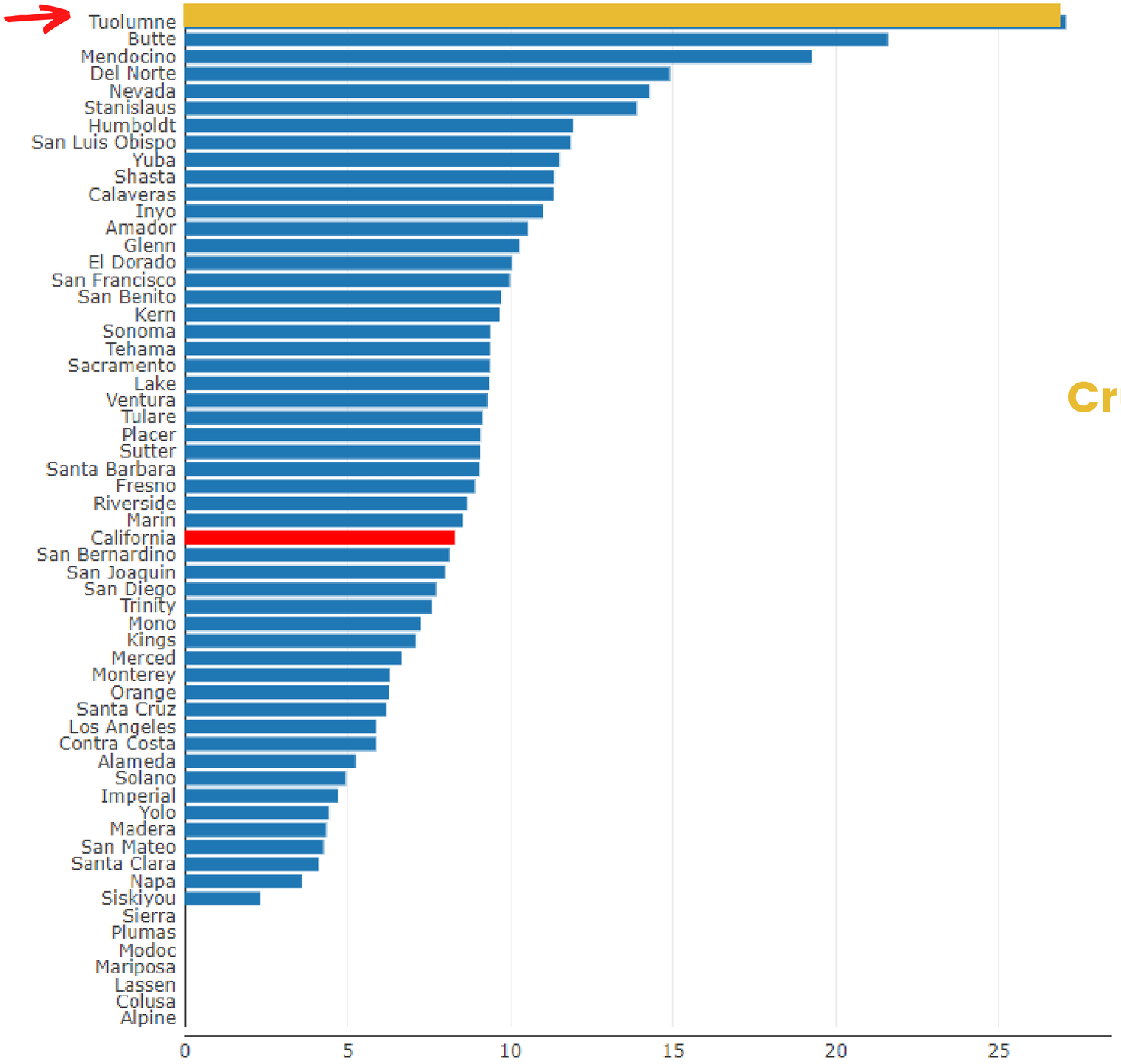


RESIDENTS W/ OVERLAPPING OPIOID/BENZOS PRESCRIPTIONS

Total Population, 2021
Crude Rate per 1,000 Residents

TUOLUMNE COUNTY RANKS FIRST

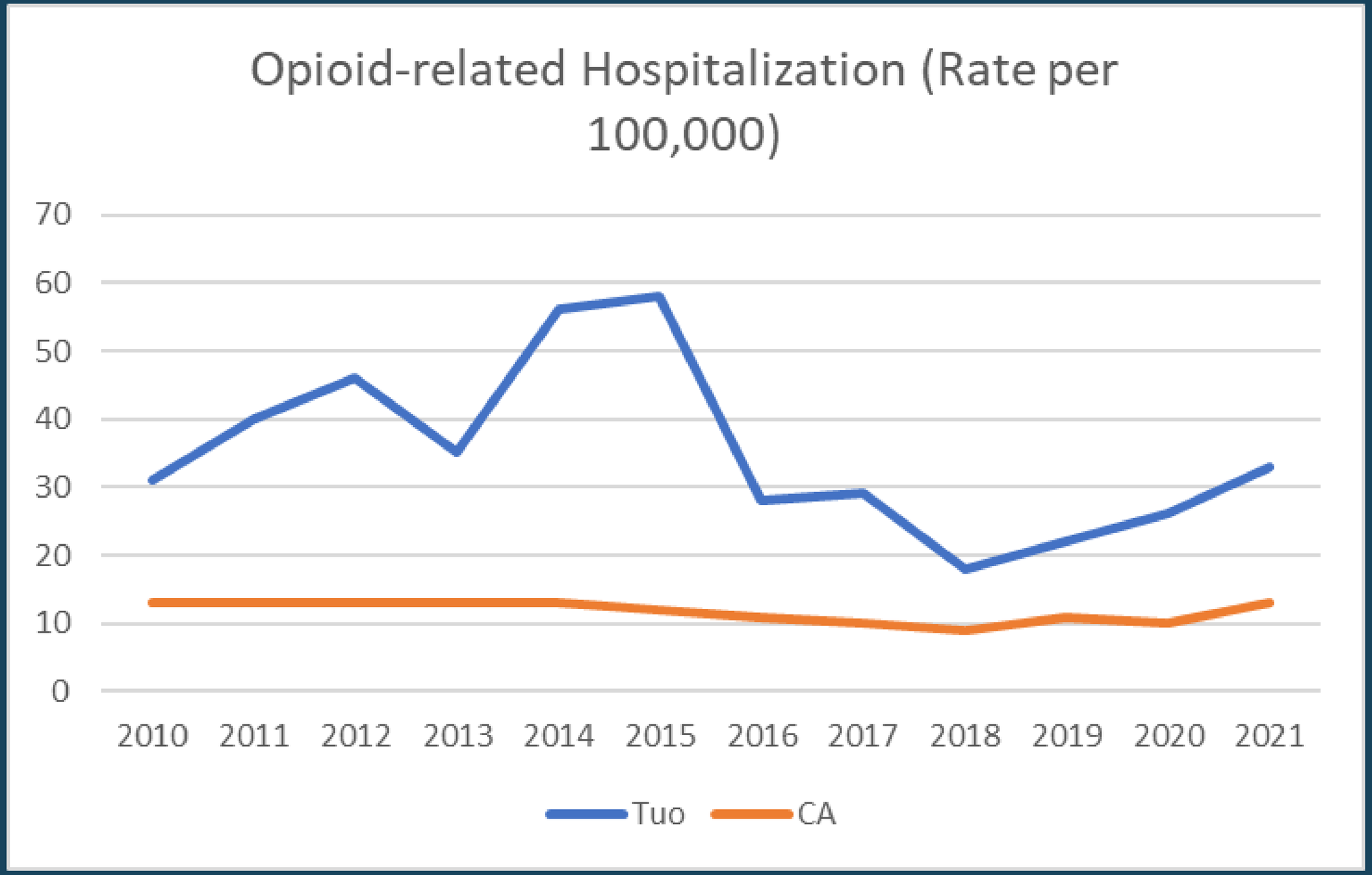

Opioid-related ED Visit (rate per 1,000)
60
50
40
30
20
10
0
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
Tuo
CA



PRESCRIPTION OD HOSPITALIZATIONS (excl Fentanyl)

Total Population, 2021
Crude Rate per 1,000 Residents

TUOLUMNE COUNTY RANKS FIRST


Opioid-related Hospitalization (Rate per 100,000)
70
60
50
40
30
20
10
0
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
Tuo
CA

DEADLY OPIOIDS INCLUDE FENTANYL

Fentanyl is extremely potent

- An amount the equivalent of 3 grains of salt can be fatal
- Past two years have seen much more fentanyl locally

Counterfeit pills and other substances can have fentanyl

- Unpredictable amounts
- Difficult to detect, even with fentanyl strips

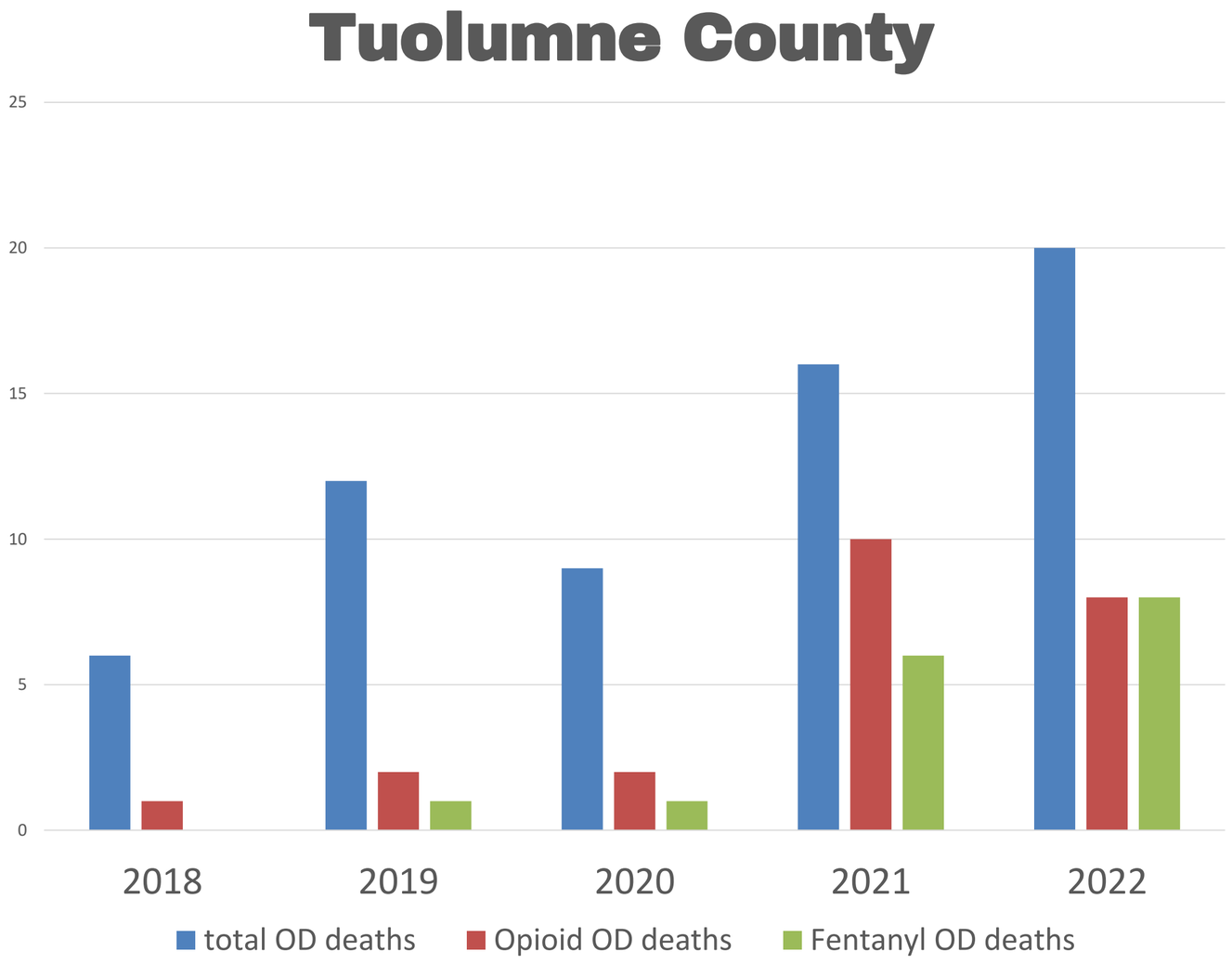
New drug: Protonitazene

- Stronger than fentanyl!!!
- Available as powder, tablets, and in syringes

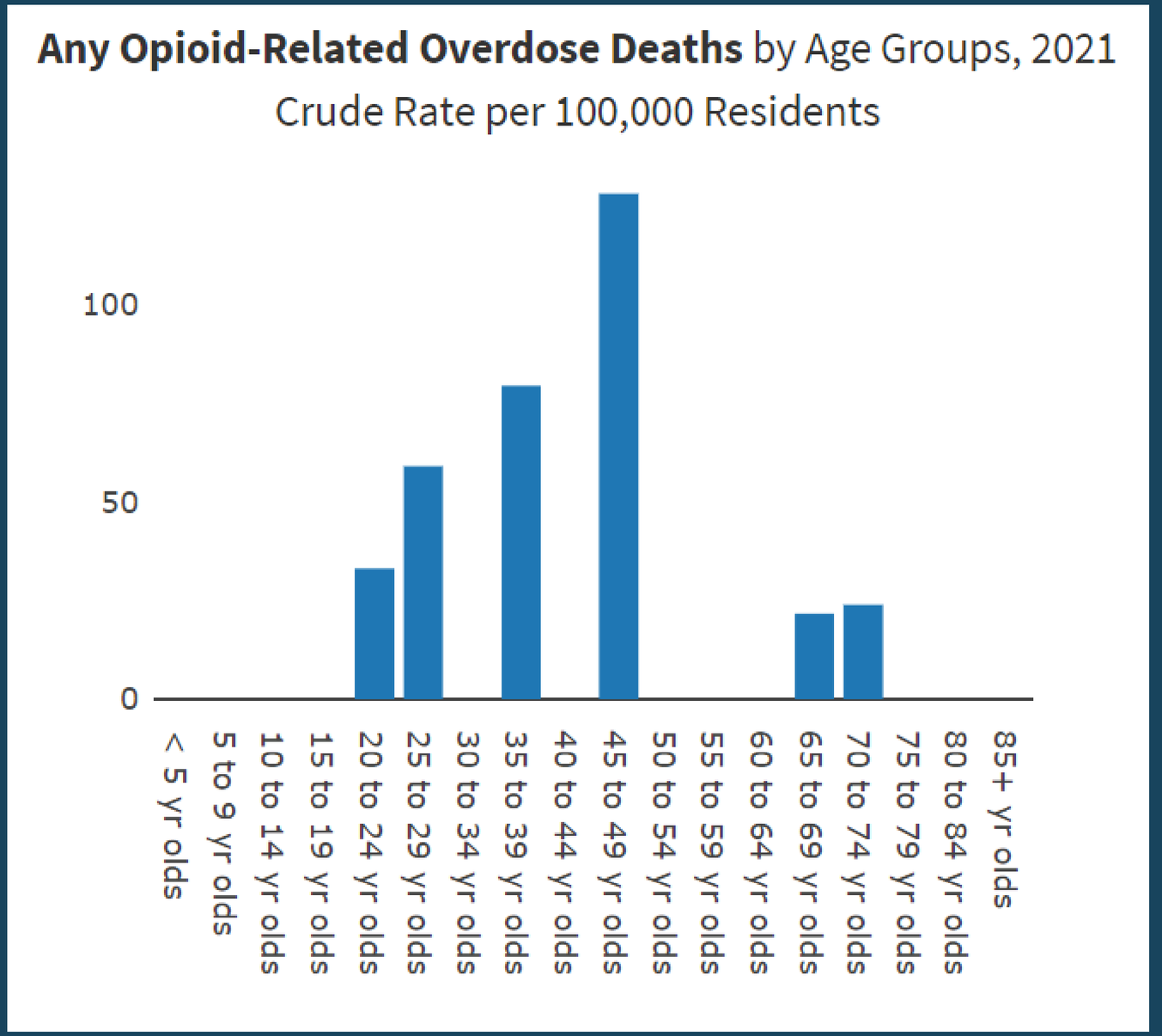
FENTANYL in CA

- Rainbow fentanyl is here
- ED visits due to non-fatal opioid ODs increased > 3x from 2018 (379 total) to 2020 (1,222 total)
- Opioid-related OD deaths increased 407% from 2018 (54 total) to 2020 (274 total)
- Fentanyl-related OD deaths increased 625% from 2018 (36 total) to 2020 (261 total)

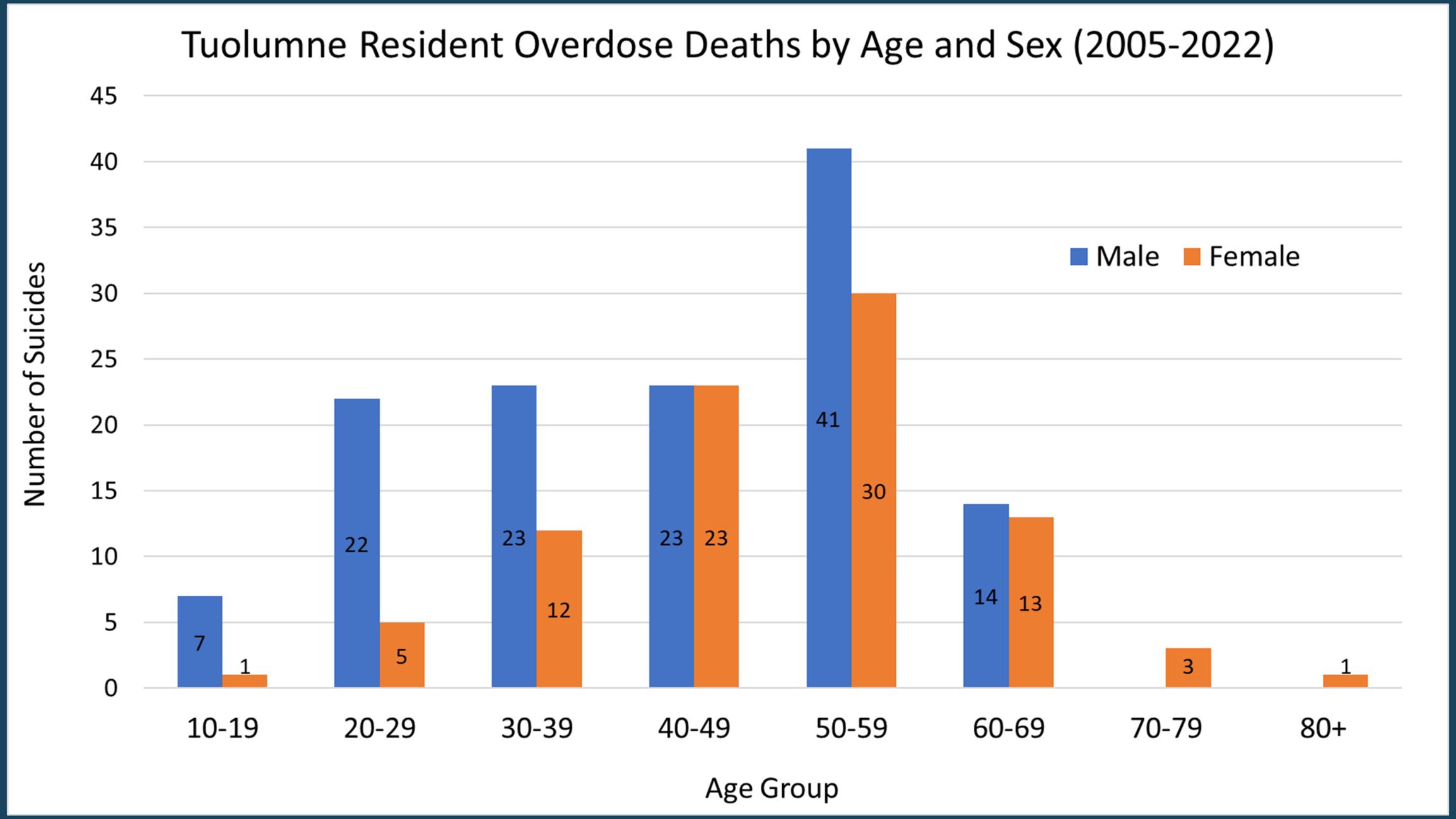
OPIOID DEATHS



Tuolumne County



** 7 of the 2021 total of 9 opioid overdoses were due to prescription opioid medication


Tuolumne Resident Overdose Deaths by Age and Sex (2005-2022)
Number of Suicides
45
40
35
30
25
20
15
10
5
0
Male
Female
7
1
22
5
23
12
23
23
41
30
14
13
3
1
10-19
20-29
30-39
40-49
50-59
60-69
70-79
80+
Age Group

XYLAZINE

- **Veterinary sedative. NO LEGAL USE FOR HUMANS.**
  - Non-opioid
  - Sedative, anesthetic, and muscle relaxant
    - chemical structure closely resembles phenothiazines, TCAs, and clonidine
  - “Tranq”
- **Clear, colorless**
- **Illicitly combined with street drugs**
  - Extends the high of opioids (synergistic)
  - Also found in stimulants

XYLAZINE

- **Between 2020 and 2021, forensic lab identifications rose throughout the USA**
  - 193% increase in the south
  - 112% increase in the west
  - found in 91% of samples seized in Philadelphia and Puerto Rico
- **In 2021 Xylazine-positive overdose deaths increased**
  - 1,127% in the south
  - 750% in the west
  - more than 500% in the Midwest
  - more than 100% in the northeast

XYLAZINE

- **Causes respiratory and CNS depression, hypotension, bradycardia, drowsiness, and lethargy**
  - User may not move for several hours
  - Prone to rhabdomyolysis
  - Prone to assault and theft
- **Associated with necrotic wounds**
  - Abscesses and necrosis as with any IVDU
  - Also may resemble ischemic wounds distant from injection sites
    - Hypothesized due to vasoconstriction and hypoxia

ACEs AWARE: DATA UPDATE

Percentage of Patients Ages 0 to 20 with ACE Score of 4 or More*

These data represent claims submitted, so they are not representative samples of a county's population. Use caution when interpreting results given that the number of Medi-Cal enrollees screened varies between counties (see county list below for details).

Percentage of Individuals Ages 0-20 with 4 or More ACEs

0 — 20 — 51.2

+ No Data (N/A)

California-Wide Average: **4.7%**

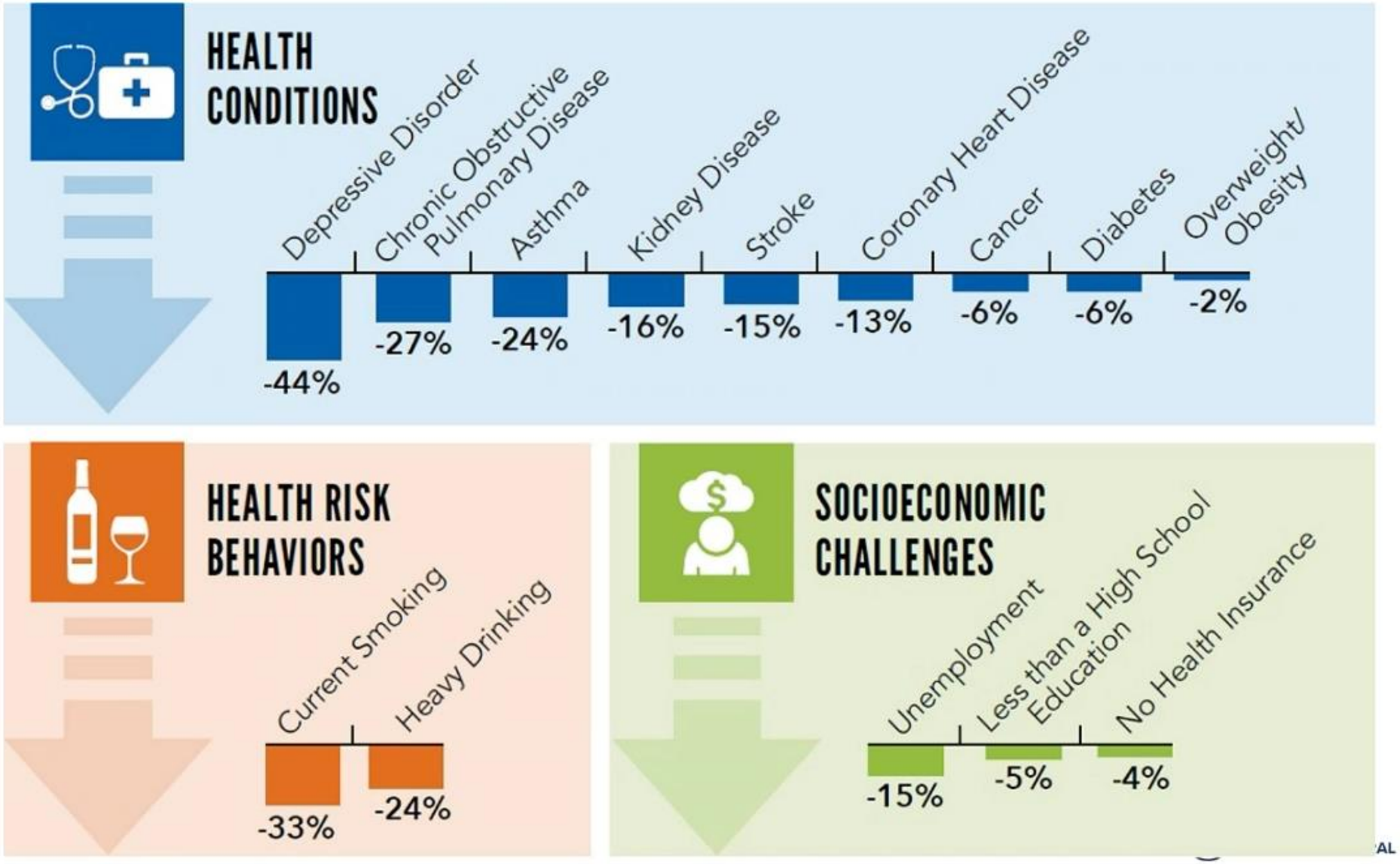
Counties with Fewer than 100 Screening Claims:

Butte	Plumas
Del Norte	San Benito
Glenn	Siskiyou
Lake	Sutter
Lassen	Trinity
Mariposa	Tuolumne
Mono	

Data for these counties may not be as reliable as in other counties.

*Based on Medi Cal Claims Data, by County

ADDRESSING ACES IN CHILDHOOD CAN POTENTIALLY DECREASE:



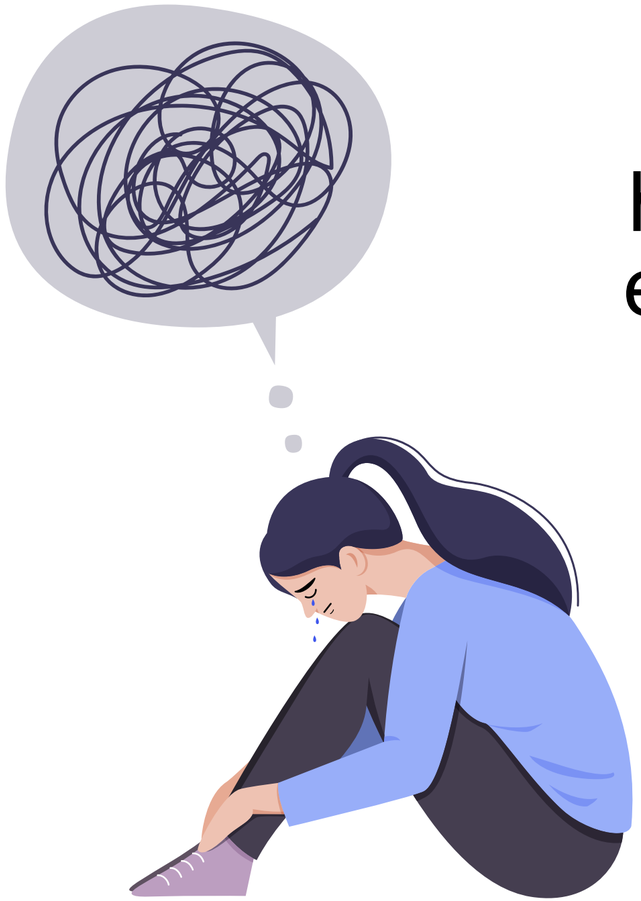

ACEs
divorce
incarcerated family member
homelessness
parental mental illness
physical and emotional neglect
alcoholism and drug abuse
bullying
domestic violence
emotional and sexual abuse
maternal depression
1
HOUSEHOLD
CLIMATE CRISIS
record heat & droughts
wildfires & smoke
record storms, flooding & mudslides
sea level rise
3
ENVIRONMENT
NATURAL DISASTERS
tornadoes & hurricanes
volcano eruptions & tsunamis
earthquakes
pandemic
discrimination
substandard schools
historical trauma
violence
lack of jobs
substandard wages
poverty
structural racism
lack of social capital and mobility
poor water and air quality
food scarcity
poor housing quality and affordability
2
COMMUNITY

California Office of Surgeon General: ACEs and Toxic Stress
Children and Youth Behavioral Health Initiative

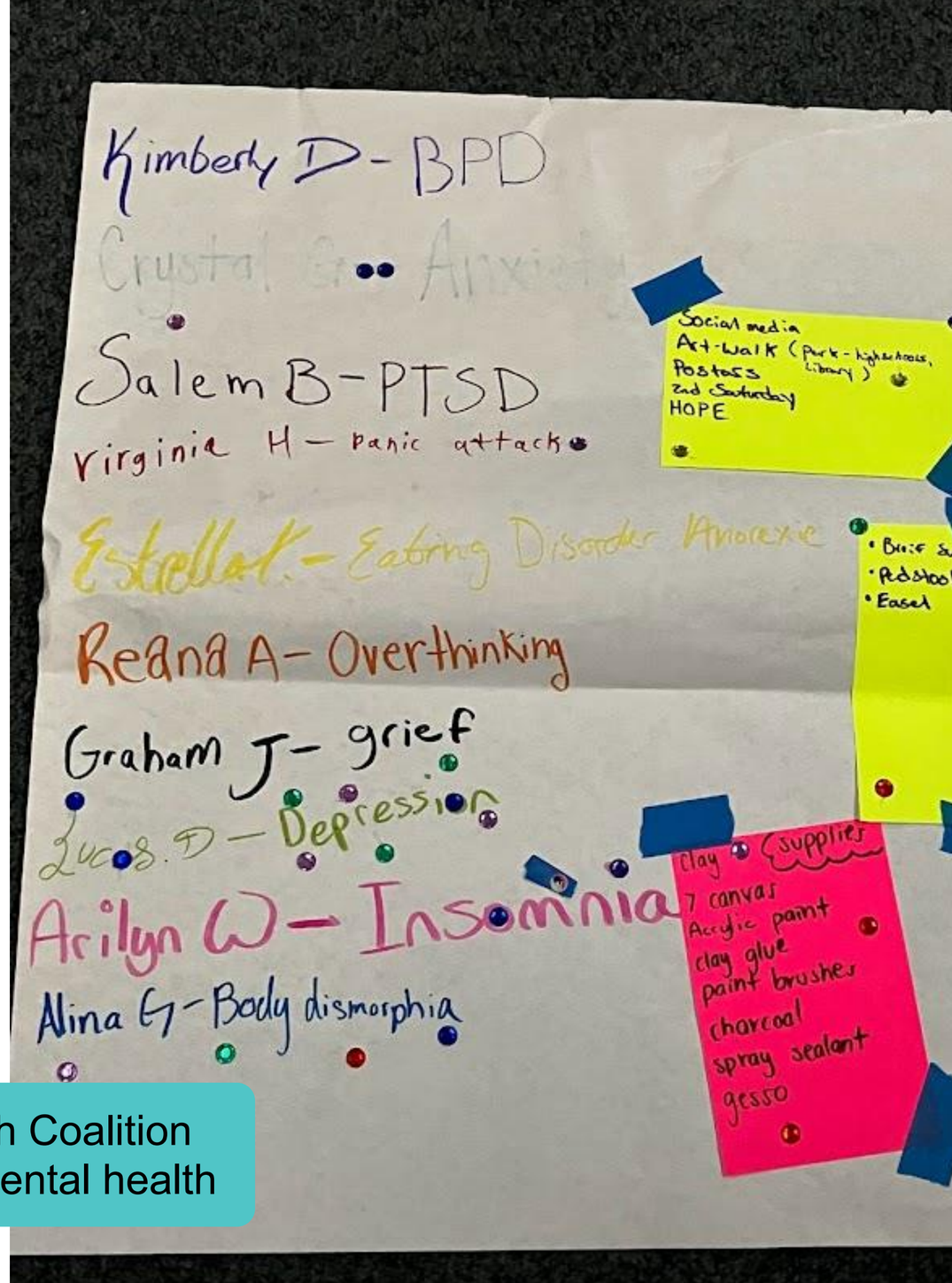
Rolling out in June 2023

OFFICE OF THE CALIFORNIA SURGEON GENERAL

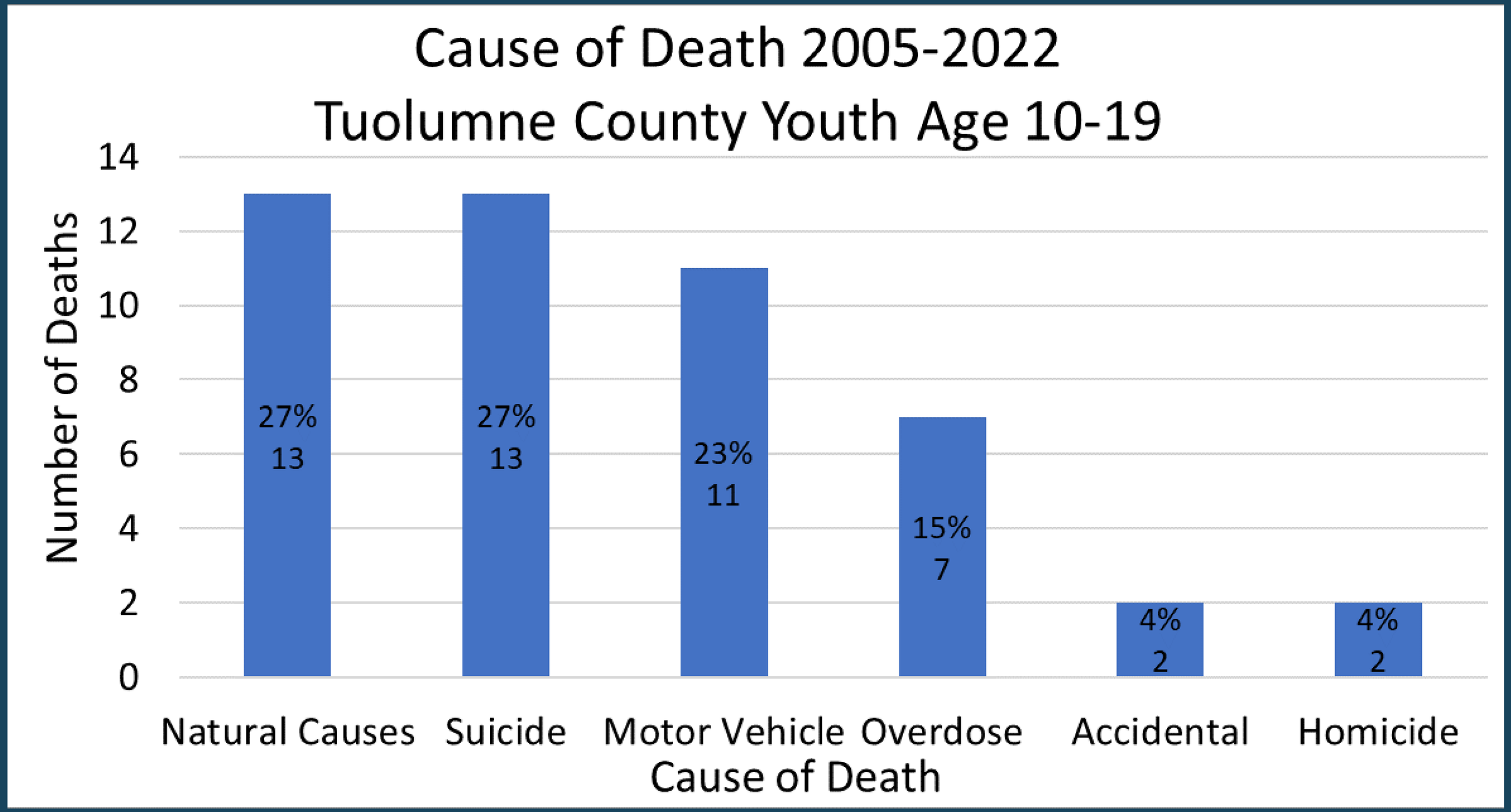
In the 2021 California Healthy Kids Survey, Tuolumne County youth reported high rates of vaping, cannabis, alcohol/drug use and high rates of experiencing chronic sadness or hopelessness.



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



Right: Image of EPIC Youth Coalition 2023 project focused on mental health


Cause of Death 2005-2022
Tuolumne County Youth Age 10-19
Number of Deaths
14
12
10
8
6
4
2
0
27%
13
27%
13
23%
11
15%
7
4%
2
4%
2
Natural Causes
Suicide
Motor Vehicle
Overdose
Accidental
Homicide
Cause of Death

RECENT CDC CHANGES

November 4, 2022, new practice guidelines

Evidence-based 12 recommendations

- **Determining whether or not to initiate opioids**
- **Deciding duration and conducting f/u**
- **Addressing risk and potential harms of opioid use**

DEA CHANGES

New:

- **No more X-waiver to prescribe buprenorphine for OUD**
- **No restrictions on number of patients treated**
- **8 hours of required opioid education before renewal**
- **Labeling of Rx including dangers of addiction**

ON THE HORIZON

Improve access to recovery resources

- Adventist Health West received a grant for all 19 hospitals
  - AHS has a Substance Use Navigator (SUN)
    - Connect patients to local resources
    - Personal follow-up with patient to ensure compliance
- Opioid settlement funds pending
  - Opioid Coalition transition
  - Sober living housing

WHAT CAN WE DO?

Get naloxone and be trained

- Pharmacies
- Red Feather Opioid Coalition

Advocacy

- Talk to government officials regarding
  - Expansion of funds for law enforcement
  - Give your loved ones and friends information about recovery
  - Learn about ACEs and use in your role as parent, educator, healer, administrator, etc.

REFERENCES

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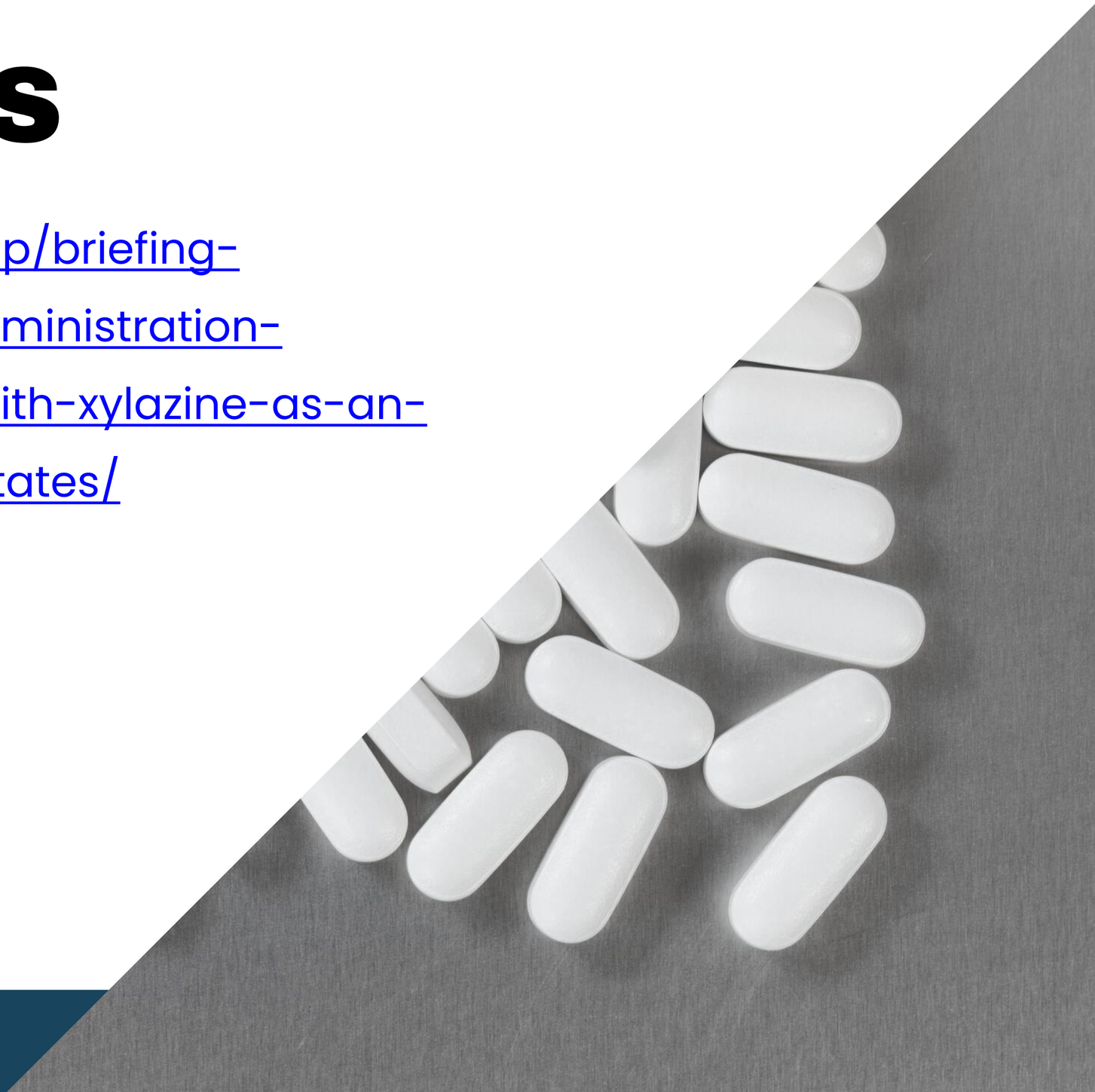
- https://www.californiahealthmaps.org
- https://skylab.cdph.ca.gov/ODdash/
- https://redfeatheropioidcoalition.org
- https://www.disabled-world.com/
- https://www.census.gov/data/datasets/2017/demo/popest/counties-total.html
- California Department of Public Health
- Center for Disease Control

REFERENCES

- https://www.whitehouse.gov/ondcp/briefing-room/2023/04/12/biden-harris-administration-designates-fentanyl-combined-with-xylazine-as-an-emerging-threat-to-the-united-states/




QUESTIONS?

Community Assistance, Recovery and Empowerment **CARE Court**

Presenter(s):

Sarah Carrillo and Maria Sullivan, County Counsel's Office

July 12, 2023

CALIFORNIA'S CARE COURT

Community Assistance, Recovery and Empowerment (CARE) Court is Governor Newsom's new plan to get Californians in crisis off the streets and into housing, treatment, and care.

ACTING EARLY TO GET PEOPLE THE SUPPORT THEY NEED

CARE Court is aimed at helping Californians who are suffering from untreated mental health and substance use disorders leading to homelessness, incarceration or worse. Each person is connected with a court-ordered Care Plan and Supporter for up to 24 months.

SETTING THEM UP WITH AN INDIVIDUALIZED CARE PLAN

CARE Court connects a person with a care team in the community and can include clinically prescribed, individualized treatment with supportive services, stabilizing medication, and a housing plan.

Planning Team

County Administration

HHSA

Courts

County Counsel

Public Defender

Cohort 1 Counties – Implementation 10/1/23

Tuolumne	Glenn	Stanislaus	Orange
Riverside	San Diego	City and County of San Francisco	Los Angeles (Dec 2023)

Purpose

Deliver behavioral health services to the most severely mentally ill who may not understand their level of impairment

Stabilize

Housing

Treatment/Care

Preserve self-determination

Overview

- New civil court process to meet CARE Court purpose and under the oversight of a judge
- Select individuals/organizations may initiate the CARE court process
- Framework to ensure counties focus efforts on certain persons with complex behavioral health care needs
- Early engagement to prevent more restrictive conservatorships or incarceration
- Seeks both participant and county accountability
- CARE Court is NOT: criminal court, for all mental health conditions, a solution for homelessness

Eligibility Criteria: All criteria must be met

18 years or older

Experiencing severe mental illness & a diagnosis of Schizophrenia Spectrum Disorder or related psychotic disorders

At least one of the following is true:

Unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating OR

Continued, Eligibility Criteria

They need services **and supports to prevent relapse that would likely result in grave disability or serious harm to self or others**

And, not clinically stable in ongoing voluntary treatment

And, CARE Court must be the least restrictive option to ensure recovery and stability

And, the individual will likely benefit from participation in CARE Court

Ineligible

Conditions other than schizophrenia or psychotic conditions due to medical conditions, or not primarily psychiatric in nature, such as:

Psychosis resulting from: traumatic brain injury, autism, dementia, substance use disorders; Or

Individuals who are already stabilized in voluntary treatment

Eligible Petitioners

- Individuals themselves, or an adult with whom the individual resides
- A spouse, parent, sibling, child, grandparent, or a person acting as a parent (loco parentis)
- Director of a hospital, or designee in which the individual is hospitalized due to 5150 or 5250
- Director of a public or charitable agency, or home who currently or in the past 30 days provided behavioral health services
- Director of Behavioral Health, Director of Adult Protective Services, Public Guardian
- Judge of a tribal court located in California
- Licensed behavioral health professional who within the last 30 days provided or supervised treatment
- First responder: peace officer, firefighter, paramedic, EMT, mobile crisis response, homeless outreach who had repeated interactions with respondent

County Departments Involved in CARE Court Process

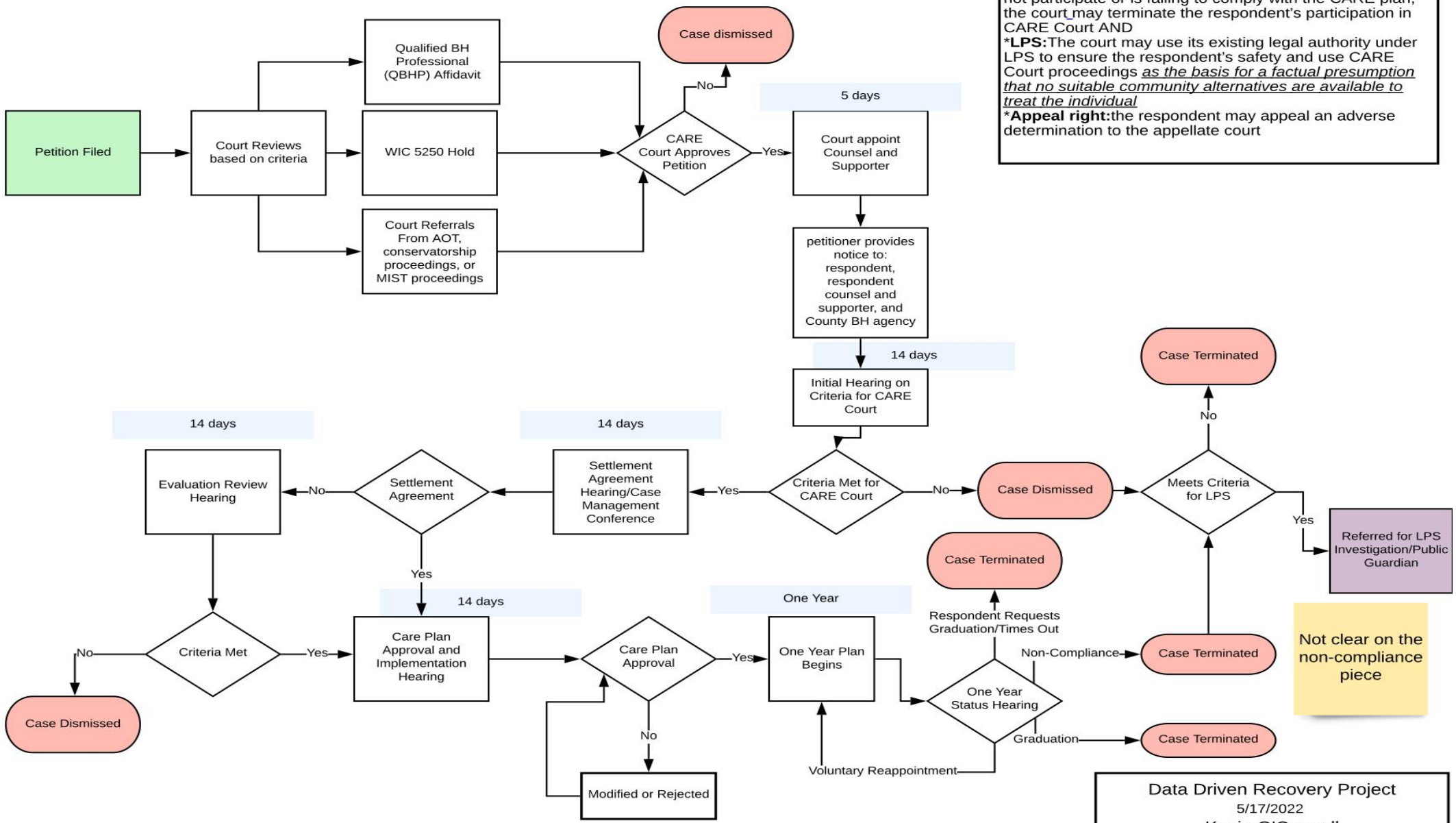
Behavioral Health: Responsible for engaging the respondent with mental health services and support

Public Defender: Responsible for representing respondent

County Counsel: Responsible for representing Behavioral Health in all legal matters

CARE Court

DRAFT DRAFT DRAFT



Respondent Noncompliance Accountability ***(any time)***
*__Termination:__ After receiving notice, if the respondent does not participate or is failing to comply with the CARE plan, the court may terminate the respondent's participation in CARE Court AND
*__LPS:__ The court may use its existing legal authority under LPS to ensure the respondent's safety and use CARE Court proceedings *as the basis for a factual presumption that no suitable community alternatives are available to treat the individual*
*__Appeal right:__ the respondent may appeal an adverse determination to the appellate court

Data Driven Recovery Project
5/17/2022
Kevin O'Connell
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RESPONDENT'S RIGHTS

CARE Court process is voluntary

Be present and testify at all hearings, unless waived

Receive notice and copies of all CARE Court proceedings and reports

Receive a copy of the court-initated evaluation

Represented by counsel at no charge

Present evidence at hearing

Call and cross-examine witnesses

Cross examine witnesses

Appeal the court's decisions and be informed of all rights

Reports and Court proceedings closed to the public

Supporter present at all hearings

CARE COURT - HEARINGS

PRIMA FACIE REVIEW

INITIAL HEARING

EVIDENTIARY HEARING (OR HEARING ON THE MERITS)

CASE MANAGEMENT HEARING

CLINICAL EVALUATION HEARING

CARE PLAN REVIEW HEARING

STATUS REVIEW HEARING

ONE-YEAR STATUS HEARING

CARE Court Petition

The Petioner files the CARE Court petition must include one of the following:

1.) Affidavit signed by a licensed behavioral health professional, OR

2.) Evidence the respondent has been detained for at least two involuntary inpatient treatment episodes, with one in the last 60 days

CARE Agreement

The CARE Agreement is used when all parties agree to services

The agreement shall include treatment, housing plan, and other needed supportive services

If agreement is reached the court approves or modifies the plan and sets a progress hearing within 60 days

CARE Plan

CARE Plan is ordered by the court when a CARE Agreement could not be reached

CARE Plan shall include **treatment, housing plan, and other needed supportive services**

Court may order medication – but cannot be forcibly administered

Court sets a status hearing at 60 day intervals

CARE Court Supporter

- Supports the respondent in a culturally responsive way to maintain autonomy and decision-making authority.
- Strengthen the respondent's capacity to engage in decision making.
- Assist the respondent with understanding, making, and communicating decisions throughout the CARE process.
- Participate in meetings and judical hearings.
- **Shall not** make decisions for or on behalf of the respondent or sign documents.
- Bound by existing Elder Abuse and dependent Adult Civil Protection Act.
- Shall not be subpoenaed or called to testify as a witness against the repondent.

Respondent Responsibility

- Termination
- Presumption in Conservatorship Proceedings
- Appear in Court
- Medication Compliance

County Accountability

County not complying with orders shall be reported to the presiding judge.

Court shall issue an order to the county to show cause for not complying

Court reviews mitigating circumstances impairing county's inability to perform

Courts may impose a fine up to $1,000 per day not to exceed $25,000 per individual.

Continued failure to comply may result in a court appointed special master to secure court ordered care for the respondent.

Annual CARE Court Report

Posted annually on the Department of Health Care Service website.

County shall report: participant demographics, court ordered services provided and not provided

And, housing placements during the program to include higher levels of care, independent living, community based housing, shelter, and no housing.

And, housing placements for at least one year following termination of CARE Plan.

Courts shall provide number of petitions submitted, number of initial appearances, number of hearing held, etc.

CHALLENGES

- Staff Capacity
- Unknown number of potential petitioners and respondents
- "No shows" impact to court calendar and staff time
- Court process is evolving
- Sustainable funding
- New court process for BH and additional workload for County Counsel and Public Defender
- Impact to Public Guardian
- Lack of housing for Severely Mentally Ill – CARE Court respondents
- Ability and time to meaningfully progress

QUESTIONS?