TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
REGULAR MEETING AGENDA

Time: Wednesday, November 1, 2023 @ 4:00 p.m. to 6:00 p.m.
Place: Tuolumne County Behavioral Health, Enrichment Center – 101 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/85844915169?pwd=dyIOIaZNoKwX8MevLQDZxPAP5ZUqiJ.1
Meeting ID: 858 4491 5169 Passcode: 577269
Telephone (one tap mobile) +16694449171,,85844915169#,,,,*577269# 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

Next Behavioral Health Advisory Board Meeting is scheduled for December 6, 2023 @ 4 pm

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.

1. **4:00 pm Estimated Time (ET) - 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 (BHAB) Members.
2. **INTRODUCTIONS**
   - County staff, guests and any public attendees that wish to be identified
3. **CORRESPONDENCE** (Attachment #1)
   - The Chair will call for any correspondence directed to the BHAB
   - Public Comment
4. **REVIEW ORDER OF AGENDA ITEMS**
   - The Chair will call for a review of the order of agenda items.
5. **GENERAL 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.
6. **4:05 pm (ET) - CONSENT AGENDA**

   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:
   - Draft Minutes of the October 4, 2023, Meeting.
   - Draft Minutes of the October 7, 2023, Special Meeting (BHAB Retreat).
   - ACEs (Attachment #2)
   - Summary of BHAB Retreat Evaluation (Attachment #3)
   - Public Comment

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 meeting.

- Vote

7. 4:10 pm (ET) – FUTURE AGENDA ITEMS (Attachment #4)

The Behavioral Health Advisory Board will hear an update, discuss, consider for future meetings possible agenda items suggested by members, County staff, and the public. Also, agenda items can be submitted at any time to County support staff.

- Discussion of future items for BHAB agenda
- Public Comment

8. 4:20 pm (ET) – 2023 DATA NOTEBOOK REVIEW: (Attachment #5)

The Advisory Board will hear an update, discuss, and consider approval of the Data Notebook for FY 2022-2023. (Sherry will be submitting this on Monday, October 23, 2023.

- Discussion
- Public Comment

9. 4:50 pm (ET) – UPDATE ON COMMUNITY MEETING ASSIGNMENTS AND REPORTING PROCESS: (Attachment #6)

The Behavioral Health Advisory Board will hear an update on members' assignments to community meetings and discuss how to report back.

- Discuss
- Public Comment

10. 5:05 pm (ET) – AD HOC COMMITTEES FOR OPIOID CRISIS, CONTRACT REVIEW PLANS, AND UPDATE ANNUAL GOALS:

The Chair will assign ad hoc committees to 1) Develop a recommendation on the county's response to the Opioid Crisis; 2) Develop a plan on how to review contracts; and 3) Update annual goals.

- Discuss
- Public Comment

11. 5:10 pm ET) - CA STATE DEPT. OF HOSPITALS STAKEHOLDER GRANT – Presented by Tami Mariscal, Behavioral Health Director (Attachment #7)

The BHAB will review the Behavioral Health Director's written report requesting their support through the stakeholder process.

- Review, discuss and take possible action based on Director's request.

12. 5:10 pm (ET) - TUOLUMNE COUNTY BOARD OF SUPERVISORS REPORT - Presented by Jaron Brandon, District 5 Supervisor:

- Clarification Questions from the Board, Staff and Public

13. 5:15 pm (ET) - BEHAVIORAL HEALTH DIRECTOR'S REPORT - Presented by Tami Mariscal, Behavioral Health Director:

- Homeless Outreach Services Team (HOST)
- Clarification Questions from the Board, Staff and Public

14. BEHAVIORAL HEALTH DEPARTMENT STAFF REPORTS:

- Clarification Questions from the Board, Staff and Public

15. BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS & COMMUNITY MEETING REPORTS: (Attachment #8)

- Clarification Questions from the Board, Staff and Public

16. ANNOUNCEMENTS

17. 6:00 pm (ET) - ADJOURNMENT

ATTACHMENT #1

California Association of Local Behavioral Health Boards and Commissions

October 3, 2023

ATTN: Tami Mariscal or current Tuolumne County Mental/Behavioral Health Director
RE: 2023-24 CALBHB/C Dues Invoice

Dear Tami:

Attached is the dues invoice for the Tuolumne County Behavioral Health Advisory Board. (The 2023-24 Dues Schedule shows the dues amount for all 59 members: www.calbhbc.org/dues)

> **Special Note re: Allocating to MHSA Community Program Planning (CPP):** CA WIC 5604.3 allows for mental/behavioral health board/commission expenses to be paid using MHSA planning and administrative revenues. (Planning costs may be up to 5% of MHSA annual revenue.)

CALBHB/C depends on revenue from dues to help provide the following:

1. **Support, Resources & Training**: Live and recorded presentations, trainings, on-line modules, resources and prompt response to technical and issue-based questions. Notes:
   - Print-Outs: Binders and printed copies are mailed upon request.
   - Regional Meetings/Trainings: CALBHB/C reimburses travel for one board/commission member per county/jurisdiction to attend CALBHB/C meetings/trainings in their region (and all members and support staff are welcome to attend in-person events.
2. **Issue-Based Information**, including issue briefs (12), web pages (30+), newsletters, quarterly meeting presentations, and speaker panels.
3. **Organized Advocacy** to address statewide behavioral health issues.

Involvement with CALBHB/C makes our organizations better able to achieve a common objective: to provide effective mental/behavioral health resources in local communities throughout California.

Thank you for supporting the work of the Tuolumne County Behavioral Health Advisory Board.

Please do not hesitate to contact me.

Best Regards,

Theresa Comstock, Executive Director
CA Association of Local Behavioral Health Boards & Commissions
717 K Street, Suite 427 Sacramento CA 95814
Office: 916-917-5444, Cell: 707-688-5197
www.calbhbc.org

California Association of Local Behavioral Health Boards and Commissions

INVOICE

DATE: October 3, 2023

ATTN: Tami Mariscal or current Tuolumne County Mental/Behavioral Health Director

FOR: 2023-24 CALBHB/C Membership Dues for the Tuolumne County Behavioral Health Advisory Board

Special Note re: Allocating to MHSA Community Program Planning (CPP): CA WIC 5604.3 allows for mental/behavioral health board/commission expenses to be paid using MHSA planning and administrative revenues. www.calbhbc.org/legislation-mhb-wic

TOTAL DUES: **$700**

Please send remittance to**: CALBHB/C, 717 K Street, Suite 427, Sacramento, CA 95814**.

Checks can be made payable to: CALBHB/C.

Federal Taxpayer ID Number: 33-0581682
W-9 Form will be provided upon request.

Attachment #2: Adverse Childhood Experience Questionnaire for Adults and Children (ACE)

Adverse Childhood Experience Questionnaire for Adults

California Surgeon General's Clinical Advisory Committee

aces aware
SCREEN. TREAT. HEAL.

Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced prior to your 18th birthday. Then, please add up the number of categories of ACEs you experienced and put the *total number* at the bottom.	
1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	
2. Did you lose a parent through divorce, abandonment, death, or other reason?	
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?	
4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	
5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	
6. Did you live with anyone who went to jail or prison?	
7. Did a parent or adult in your home ever swear at you, insult you, or put you down?	
8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	
9. Did you feel that no one in your family loved you or thought you were special?	
10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	
Your ACE score is the total number of checked responses	

Do you believe that these experiences have affected your health? **Not Much** **Some** **A Lot**

Experiences in childhood are just one part of a person's life story.
There are many ways to heal throughout one's life.

Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: **Caregiver**

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:	Please check "Yes" where apply.	√
1.	Has your child ever lived with a parent/caregiver who went to jail/prison?	☐
2.	Do you think your child ever felt unsupported, unloved and/or unprotected?	☐
3.	Has your child ever lived with a parent/caregiver who had mental health issues? *(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)*	☐
4.	Has a parent/caregiver ever insulted, humiliated, or put down your child?	☐
5.	Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?	☐
6.	Has your child ever lacked appropriate care by any caregiver? *(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)*	☐
7.	Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult? Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?	☐
8.	Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child? Or has any adult in the household ever hit your child so hard that your child had marks or was injured? Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?	☐
9.	Has your child ever experienced sexual abuse? *(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)*	☐
10.	Have there ever been significant changes in the relationship status of the child's caregiver(s)?	☐

(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

How many "Yes" did you answer in Part 1?: ☐

Please continue to the other side for the rest of questionnaire →

PART 2: Please check "Yes" where apply.

1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school? ☐
(for example, targeted bullying, assault or other violent actions, war or terrorism)

2. Has your child experienced discrimination? ☐
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)

3. Has your child ever had problems with housing? ☐
(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)

4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more? ☐

5. Has your child ever been separated from their parent or caregiver due to foster care, or immigration? ☐

6. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability? ☐

7. Has your child ever lived with a parent or caregiver who died? ☐

How many "Yes" did you answer? ☐

Attachment #3: Summary of BHAB Retreat Evaluation

Behavioral Health Advisory Board Retreat Evaluation

October 7, 2023

What did you like about the BHAB Retreat?	
Accommodations	xxxxxx
Honest open discussion	xxxxx
Refreshments	xxxx
Presentations on Responsible Board **"I have a clearer understanding of what the BHAB does."**	xxxxxx
Presentation on BH Contracts	xxxx
Half day retreat	x
Adhering to the time of the retreat	xx
Support material notebook	xxxxx

How to improve the retreat?	
Have the BH director attend	x
Not enough time for all the items	xxxx
All board members should attend	xx
Have the state and county requirements ahead of time. Note: The Welfare and Institution Code (WIC) is in the BHAB orientation notebook where the duties of the board are laid out as well as in the BHAB bylaws. Note: The county requirements were the committee handbook which was in the October agenda packet. Note:The state-mandated duties of the BHAB were also in the 2022-2023 Annual Report.	xx
Everyone be prepared ahead of time	x
Hold retreat during the week. Note: 5 board members have part-time or full-time jobs.	x

More direction surrounding the contract presentation	xx
Involve more members of the public	xx

Attachment #4: Future Agenda Items

Future Agenda Items

Agenda Item Suggestion	Suggested By Whom	Date Submitted	Completed
Care Court	Supervisor Brandon	December 2022	July 12, 2023
Feedback from the Community: Surveys, incentives, target audiences, Literacy	Supervisor Brandon	December 2022	
Drug Abuse	Supervisor Brandon	December 2022	February 2023 October 4, 2023
BHAB could be a voice in the community about Drug MediCal services	Director Mariscal	December 2022	
Site Visitation Templates	Sherry Bradley	October 2022	September 2023
Writing recommendations to BOS	Mary Anne Schmidt	February 2023	
Cal AIMS	Mary Anne Schmidt	January 2023	
Retreat	Mary Anne Schmidt	July 2023	July 2023
Mobile Crisis Unit	Terry Garcia	October 2023	
Law Enforcement MH training requirements	Terry Garcia	October 2023	
NAMI	Terry Garcia	October 2023	
“One Pill Can Kill”	Supervisor Brandon	October 2023	
Use of the Enrichment Center	Sherry Bradley	October 2023	
Dept of State Hospitals 1st Stakeholder Grant Presentation with Q/A	BH Director Tami Mariscal	October 2023	November 2023
Overview of Individual BH Programs	Cathie Peacock	October 2023	
Sharing of Upcoming Events	Cathie Peacock	October 2023	
MHSA 3-yr Plan Closing of Public Comment Period Hosted through BHAB	Pandora Armbruster County Support Staff	October 2023	
BH Contracts	Retreat	October 2023	
Personal Experiences	Jenn Salazar	October 2023	
Patience Rights Advocate	Sherry Bradley	October 2023	
Full-Service Partnership	Retreat	October 2023	
Train Meals on Wheels Drives to evaluate needs	Retreat	October 2023	
51/50 Process	Retreat	October 2023	
Public Listening Sessions	Retreat	October 2023	
Community engagement Training	Retreat	October 2023	
HOST	Mary Anne Schmidt	October 2023	November 2023
Lavender Cohort LGBTQ+	Morgan Rain	October 2023	

ATTACHMENT #5

Questions Completed by Data Notebook Ad Hoc Committee

10. Do you think your county is doing enough to serve the foster children and youth in group care?

a. Yes – **YES is our answer**

b. No. If No, what is your recommendation? Please list or describe briefly. (Text response)

From the 3/1/2022 Status of Tuolumne County Youth, Multi-Agency Report, the following is noted: "Our foster care youth have access to programs focused on extended support, case management, development of independent life skills, and housing support."

18. Please describe how your county implements collected stakeholder input to actively inform policy and programs. Include how the county decides what ideas to implement or actions to take. (Text response)

From the County's "MHSA Community Program Planning Process" Policy:

"Information and data from the various stakeholder groups is gathered to determine who actively participates in the stakeholder process, what target populations and programs the community feels MHSA funding should d be focusing more on, how effective TCBH is in meeting the essential elements of MHSA, and what additional programming is needed, funding permitted."

"Designated staff compiles and analyzes both the data and stakeholder input, and the results are disseminated to community stakeholders in the draft Three Year Program and Expenditure Plan and/or Annual Update."

Tuolumne County Behavioral Health also has a full time staff person dedicated to MHSA community planning process. We want to acknowledge that this individual does an excellent job of

managing the process, and is very enthusiastic and dedicated to obtaining and engaging stakeholder input.

23. Are your behavioral health board/commission members involved in your county's stakeholder engagement and/or CPP processes? If yes, describe how.

a. Yes ***YES – the MHSA Agency Manager provides information to the BH Advisory Board through presentations and discussions with the Advisory Board. The Board's input is sought when the MHSA Agency Manager also sends surveys to gather stakeholder input. We also have opportunity to give input at one of the many public stakeholder meetings conducted by the department. Additionally, stakeholder engagement and participation by Advisory Board members occurs through participation with other community groups and partnerships, such as Community Cultural Collaborative, Quality Improvement Council, Homelessness Committee, NAMI, etc. There are other opportunities to participate in community "fairs", such as the Volunteer Fair, to engage stakeholders. The BH Advisory Board is continuing recruitment efforts for more diverse representation on the board to include veterans, youth, and tribal members. The Advisory Board also receives presentations from county department staff regarding upcoming community stakeholder input sessions or meetings.***

However, there is always room for additional growth in this area, and the BH Advisory Board can do more through development of its own goals regarding stakeholder engagement and/or CPP processes. The Advisory Board has encouraged the department to do more in terms of "advertisement" about opportunities for the community to provide stakeholder input to the local mental health department. This could be through newspaper articles, advertisements, on-air public service announcements. Due to our county's rural location, not everyone has access to internet services, therefore many residents cannot always contribute input through social media avenues or electronic access to websites or website based surveys.

b. No

Note: California WIC 5892 allocates Mental Health Services Funds for county mental health programs to pay for the expenses of mental health board members to perform their duties, and to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process. This includes 5% of total CSS funds to support a robust CPP process with community stakeholders.

25. Is there a fear or perception in your county that spending time, money, or other resources on stakeholder engagement conflicts with the need to provide direct services? (Yes/No)

Yes, there does appear to be a perception (not a fear) that spending money on stakeholder engagement conflicts with the need to provide direct services. This may be a result of the need for more stakeholder training opportunities in the community, through community meetings, for example, utilizing the county's two resilience centers. These two Resilience Centers are focused on the community, and the community is much more aware of them now since both sites have been completed. The Advisory Board would advocate for more stakeholder engagement meetings at these centers because there is convenient access to them.

26. What is one change or improvement regarding stakeholder engagement that your county would like to make within the next fiscal year? (Written response)

It is difficult to narrow this down to one change or improvement in stakeholder engagement. The BH Advisory Board will continue to pursue more diverse representation on its Advisory Board for the purpose of promoting a wide range of voices to assure that services are responsive to community needs. The Advisory Board has also expressed interest in having a budget line item specific to stakeholder engagement, which could include, for example, training, outreach, advertising. The Advisory Board would also like opportunities to be out in the community more and more, and this would result in some costs for set up of a table and materials.

27. Do you have any other thoughts or comments regarding stakeholder engagement in your county or statewide? (Written response)

The Advisory Board has had some concerns about the need for more representation and input from the client/consumer community, i.e., those who are receiving or have received behavioral health services. While there is a local Enrichment Center, which is consumer run, not all consumers use the Enrichment Center. This is the perfect location to seek their engagement. There is a monthly "coffee talk" which is held for the purpose of discussing what consumers would like to discuss, and an opportunity to engage with the staff of behavioral health. What does seem to be missing, however, is a "consumer led" stakeholder process. The principles of recovery and resiliency need to be emphasized more, and this can be accomplished through targeted stakeholder training for consumers. The same can also be said for families of consumers. The local NAMI organization does hold meetings and does have guest speakers. The Advisory Board would encourage more input from this stakeholder group as well.

The Advisory Board has received some public comments about the location of some community meetings and that of the Advisory Board meetings as well. The comments include lack of signage to direct the public to the meeting location, lack of public transportation close to the meeting location, and the physical set up and acoustics of the building/meeting location.

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

a. MH board reviewed WIC 5604.2 regarding the reporting roles of mental health boards and commissions.

b. MH board completed majority of the Data Notebook.

c. Data Notebook placed on agenda and discussed at board meeting.

d. MH board work group or temporary ad hoc committee worked on it.

e. MH board partnered with county staff or director.

f. MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.

g. Other (please specify)

Select: "a", "c", "d", "g – MH Board and County Staff worked cooperatively to answer all of the questions."

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

a. Yes (if yes, please provide their job classification)

b. No

YES – Administrative Technician

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

Pandora Armbruster – Phone (209) 533-6245 or email to: Parmbruster@co.tuolumne.ca.us or BehavioralHealth@tuolumnecounty.ca.gov. Attn: Pandora Armbruster.

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

Chair: Mary Anne Schmidt

Email: maschmidt5@yahoo.com

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

Focus more on the duties/responsibilities of the BH/MH Advisory Boards/Commissions with reference to the WIC. Include the following:

- ***Data around items like # of county agreements entered pursuant to Section 5650? How many were reviewed, did your local mental health board make any recommendations to the governing body regarding concerns identified with these agreements? What type of recommendations did you make?***

- ***Data about quorums achieved (how many meetings per year, and how many times a meeting has been cancelled due to lack of quorum?)***
- ***What is your county's CPPP Timeline? What's included in that timeline, and when? Has the timeline been accomplished as laid out by the county's BH department?***
- ***How does your Advisory Board 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?***
- ***Ask about site visits made by the BH Advisory Board. What types of facilities were visited, how often are visits made, observations because of visits, recommendations made to the department as a result of those visits.***

County of Tuolumne
Health and Human Services Agency
Behavioral Health Department
Policy and Procedure

Policy Number:	
Effective Date:	09/15/2021
Revision Date:	00/00/0000
Revision #:	NEW
Review Date:	00/00/0000

Policy Title: **MHSA Community Program Planning Process**

Director: _____ Date: 09-17-2021
Michael Wilson, LMFT

Policy

Tuolumne County Behavioral Health (TCBH) shall provide for a Community Program Planning Process (CPPP) as the basis for developing the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plans and/or Annual Updates.

Purpose

This policy outlines how TCBH coordinates and manages the CPPP to ensure stakeholder participation in all levels of MHSA.

Definitions

Community Program Planning Process (CPPP): The MHSA CPPP is required by statute through the California Code of Regulations (CCR) and the Welfare and Institutions Code (WIC). TCBH conducts a formal Community Program Planning Process which guides the content and agenda for MHSA-funded services/programs in the County's MHSA Three-Year Program and Expenditure Plan (Plan) and Annual Updates. Stakeholder input from the CPPP is incorporated into the Plan and/or Annual Update.

Mental Health Services Act (MHSA): Also known as Proposition 63, the Mental Health Services Act was approved by California voters in 2004 and enacted into law January 1, 2005. It places a 1% tax on personal income above $1 million and emphasizes transformation of the mental health system while improving quality of life for those living with a mental illness.

Stakeholders: Individuals or entities with an interest in mental health services in the State of California, including but not limited to: individuals with serious mental illness and/or serious emotional disturbance and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement; and any other organization that represents the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.

Procedure

I. The MHSA Programs Coordinator is responsible for facilitating the Community Program Planning Process (CPPP) for TCBH. In preparation

for each Three-Year Program and Expenditure Plan and/or Annual Update, the designated staff does the following:

A. Provides trainings on MHSA at community stakeholder meetings.
B. Distributes an MHSA survey to stakeholder groups electronically to contacts (Facebook, Website, Email Distribution Lists).
C. Conducts Key Informant Interviews with stakeholder representative(s) from community-based organizations, contractors, representatives of unserved and/or underserved populations, education, law enforcement, substance use disorder (SUD) treatment providers and organizations, healthcare organizations, Veterans' organizations, social services agencies, and any other important interests.
D. Conducts Focus groups with clients, family members of clients, key staff, cultural groups.
E. Prepares the Prevention and Early Intervention (PEI) Annual Report and/or PEI Three-Year Evaluation.
F. Reviews past MHSA Three Year Program and Expenditure Plans and/or Annual Updates.
G. Reviews the results of the assessment of capacity to implement MHSA programs.
H. Prepares and/or reviews reports for any current or recent Innovation project.
I. Analyzes costs associated with operating the programs/services, including cost per client data.

II. Preparation for the development of each proposed MHSA Three-Year Program and Expenditure Plan and/or Annual Update includes input from the following stakeholder groups:

A. Community Cultural Collaborative ("CCC")

1. This stakeholder group meets quarterly at a minimum. Stakeholders from diverse populations are represented, such as: Spanish speaking community through the Promotores de Salud, LGBTQ2+, Native American, veterans, the faith-based community, peer support specialists, peer representatives, and persons with past experience of homelessness. In addition, many TCBH staff stakeholders are also represented. The broad stakeholder representation assures the needs of a diverse community are taken into consideration for planning by TCBH. The CCC also provides an opportunity for its members to gather as a

community to further cultural sharing and increase communication throughout multiple programs.

2. This group serves as a stakeholder advisory group to TCBH. The CCC is responsible to plan, implement and provide oversight for the Cultural Competence Plan requirements and updates in order to eliminate cultural, linguistic, racial and ethnic behavioral health disparities. The CCC reviews data and stakeholder input to recommend areas of growth, and it evaluates the Mental Health Plan penetration rates to assure the cultural, ethnic, racial, and linguistic needs of its eligible beneficiaries are being appropriately met. The committee's recommendations are forwarded to the Department's Quality Improvement Committee (QIC) for review, further input, and planning.
3. The CCC forum is utilized to promote a healthful exchange of information with community members and behavioral health staff so that ideas, suggestions, and recommendations for policy change, program revisions, and other community cultural activities begin to open up. The CCC provides stakeholder feedback to the QIC, the Behavioral Health Advisory Board, and the leadership of the department. This information contributes to and is utilized in the MHSA community program planning process.
4. Meetings of the CCC are announced via e-mail to TCBH staff, community partners, peers, family members, and other interested individuals in the community. The Cultural Competence Plan and Updates are posted on TCBH's Network of Care Website.

B. Enrichment Center

1. The Enrichment Center is operated by TCBH and is staffed by individuals with lived mental health experience. The center strives to be a safe place for networking and support of each other to meet needs and goals. Participants in the Enrichment Center are vital to the department's CPPP, and as such, participant focus groups are conducted to receive input to MHSA planning. Outreach to the center's participants for stakeholder planning begin early in the community program planning process, with several opportunities to participate not only through in-person focus groups, but also through written and on-line

stakeholder surveys. The information gathered is used to address MHSA program planning.

C. Quality Improvement Council (QIC):
   1. The QIC is open to the public and provides a structured forum for the exchange of QI-related information between Behavioral Health staff, the Quality Improvement team, Community Liaisons, clients, family members, community members, and other stakeholders. It is an opportunity for the community to provide feedback as well as to hear about the latest Quality Assurance/Quality Improvement Work Plan activities. The QIC meets monthly.

III. Information and data from the various stakeholder groups is gathered to determine who actively participates in the stakeholder process, what target populations and programs the community feels MHSA funding should be focusing more on, how effective TCBH is in meeting the essential elements of MHSA, and what additional programming is needed, funding permitted.

IV. The designated staff compiles and analyzes both the data and stakeholder input, and the results are disseminated to community stakeholders in the draft Three-Year Program and Expenditure Plan and/or Annual Update as follows:
   A. Electronically delivered to MHSA e-mail distribution list, the CCC e-mail distribution list, and the QIC e-mail distribution list
   B. Paper copies distributed to and available for public review at local government facilities (libraries, County departments, etc.)
   C. Reviewed at the Public Hearing for the Three-Year Program and Expenditure Plan and/or Annual Update which is conducted by the Behavioral Health Advisory Board
   D. Discussed during meetings with MHSA contractors/service providers

References	WIC 5847, 5848(a) CCR Title 9, Section 3300, Section 3315 and Section 3200.270
Related Policies or Documents	Assessment of Capacity to Implement Proposed MHSA Programs and Services Under CSS Component of the Three-Year Program and Expenditure Plan
Author	MHSA
Attachments	None

Attachment #6: BHAB Community Meeting Assignments

Tuolumne County Behavioral Health Advisory Board Community Meeting Assignments

Committee/Board/Commission	Board Member Assignment Until June 30, 2023	Time of Meeting	Location
AFN: Office of Emergency Services Quarterly Meeting	Rotate among: Mary Anne Maureen Terry Cathie	Quarterly 1st Friday of Oct. 2023 January 2024 April 2024 July 2024 October 2024 1 pm	Striker Court Ambulance Center
Area 12 on Aging	Valerie Shuemake	1st Thursday 10 am-12 pm	Area 12 Council on Aging
BH Cultural Collaborative	Cathie Peacock	3rd Tuesday 1 pm	TC Enrichment Center
BH Quality Improvement Council	Sherry Bradley	3rd Monday 10-11 am	Virtual
Board of Supervisors	Mary Anne Schmidt	1st and 3rd Tuesdays 9 am	BOS Chambers
CALBHBC	Mary Anne Schmidt	Varies	Virtual/in-person
Center for Non-Violence (CNVC)			
Commission on Aging	Cathie Peacock	2nd Monday Virtual/Senior Center	
Juvenile Justice Correction	Jaron Brandon	?	?
MSHAOC	Mary Anne Schmidt	Varies	Virtual
NAMI	Elizabeth Marum	2nd Thursday 6-8 pm	Red Church
TC Opioid Safety Coalition	Mary Anne Schmidt/Valerie Shuemake	Quarterly 1st Monday of December 2023 March 2024 June 2024 12 pm Hybrid 2nd Monday September 2024 In-person	TC Public Health?
TC Homelessness Committee	Jenn Salazar/Mary Anne	2nd Thursday 9-11 am	Board of Supervisors Chambers

Committee/Board/Commission	Board Member Assignment Until June 30, 2023	Time of Meeting	Location
	Schmidt/Sherry Bradley		
TC Public Health Care and Safety Coalition	Cathie Peacock	Quarterly January April July October 2-3:30 pm	Public Health Department?
Tuolumne Resiliency Coalition	Mary Anne Schmidt	3rd Thursday 3:30 pm	Rotates
Valley Mountain Regional Center			
Veterans Committee	Jaron Brandon	1st Wednesday Quarterly 4-6 pm	Tuolumne Memorial Hall or Veterans Hall on Washington Street.
YES Partnership	Maureen Woods/Mary Anne Schmidt	2nd Thursday 3:30-5 pm	TCSOS

Community Meeting Report

Name of Community Meeting:

Name of Board Member Attending:

Date of Meeting:

Summary due 10 days before the monthly meeting to

Mary Anne Schmidt/Pandora Armbruster

1. Key Decisions (if any)
2. Key Actions (if any)
3. Key Information (if any)
4. Key Announcements (if any)
5. Next Meeting Date:
6. Attach Any Supporting materials (if any)

ATTACHMENT #7

Tuolumne County
Behavioral Health Department

Tami Mariscal
Director

105 Hospital Road
Sonora, CA 95370
Main: (209) 533-6245 24 Hour Crisis: (209) 533-7000
FAX: (209) 588-9563

Misti Ambler
Deputy Director

Brock Kolby, LPCC
Deputy Director

10/24/2023

Re: BH and Collaborative Stakeholder Group

The 2022 Budget Act invested $535.5 million beginning in 2022-23 and by 2025-26 will increase to $638 million ongoing annually for the Department of State Hospitals to implement comprehensive incompetent to stand trial (IST) solutions to provide timely access to care for individuals found IST on felony charges.

As part of the expansion, funding was set aside to provide counties with an opportunity to coordinate and participate in collaborative community stakeholder workgroups focused on developing and implementing local solutions that reduce the number of individuals with serious mental illness arrested and incarcerated for behavior connected to their illness. All 58 counties were eligible to receive $100,000 annually to support local efforts that focus on targeting the reduction of Felony Incompetent to Stand Trial commitments overall within the county.

Counties may utilize these funds to plan for various countywide efforts that could lead to a reduction in IST commitments including but not limited to the implementation of the Community Assistance, Recovery, and Empowerment (CARE) Court Program, pre-arrest diversion programs, and reentry services for individuals with a serious mental illness. While the primary focus of this funding is to support upstream efforts that prevent individuals with serious behavioral health conditions from being arrested and found incompetent to stand trial, funds may also be used to assist counties with planning efforts related to implementing new and/or expanding CBR and Diversion programs.

In spring 2023 TCBH submitted a Letter of Intent (LOI) to obtain a $100,000 annual planning grant intended to support the work of criminal justice and behavioral health stakeholder groups within the community that are working toward creating solutions to stop the arrest of individuals with serious mental illness. The letter included our intent to pull down the funds as well as a list of proposed entities, i.e., Sherriff, Police, Probation, Public Defender, and District Attorney, all of which are required members of the future Community Collaborative Stakeholder Workgroup.

How can the Board support this effort?

The Behavioral Health (BH) Advisory Board can support the collaborative community stakeholder group in several ways to enhance the effectiveness of their efforts, planning, and initiatives:

Expert Guidance: The BH Advisory Board can provide valuable expertise and guidance on behavioral health matters, drawing from the collective knowledge and experience of its members. This expertise can help inform the decisions and strategies of the community stakeholder group.

Policy Recommendations: The Advisory Board can review and recommend policies, practices, and interventions that have the potential to address community issues effectively. These recommendations can be instrumental in shaping the stakeholder group's initiatives.

Resource Mobilization: The Advisory Board can assist and/ or advocate for funding sources, grants, or other resources that can support the stakeholder group's programs and projects. This can be crucial in ensuring that the group has the financial means to implement its initiatives.

Advocacy and Awareness: The Advisory Board members can serve as advocates for behavioral health issues, both within the community and at higher levels of government. They can help raise awareness of the importance of behavioral health and advocate for the allocation of resources and support.

Community Engagement: The Advisory Board can serve as a bridge between the stakeholder group and the community, ensuring that the perspectives, concerns, and feedback of community members are considered in the decision-making process.

In summary, the BH Advisory Board can act as a vital support system for the collaborative community stakeholder group by providing expertise, resources, advocacy, and collaboration. Their involvement can significantly enhance the stakeholder group's ability to address behavioral health challenges within the community effectively.

It is recommended the board support TCBH in facilitating this stakeholder group and consider assigning a BHAB member to participate.

ATTACHMENT #8

TCBH Advisory Board - Community Meeting Report

Name of Community Meeting: **Homelessness Committee**

Date of Meeting: October 12, 2023

1. Key Decisions (if any)

   There were no key decisions.

2. Key Actions (if any)

   There were no key actions.

3. Key Information (if any)
   a. County Counsel Presentation & Discussion on the Brown Act: Sarah Carrillo, County Counsel, presented a Brown Act Refresher. This was a most helpful presentation.
   b. County Counsel made a presentation on Purpose, Authority & Rules for the Board of Supervisors Policy Advisory Committees. County Counsel stated that the policy advisory groups help the Board of Supervisors to vet issues before those issues come to the Board of Supervisors. Ultimately, the Board of Supervisors decides. A brief discussion followed.
   c. Discussion on Reduction of Membership & Elimination of Advisory Members: Michael Roberson stated that the Sheriff's Office and Veterans Services Office have indicated that they would like to step away from the committee. Their offices already provide a lot of input and guidance for the homelessness effort.
   d. Discussion on Frequency of Meetings: There was some discussion on the subject of the frequency of meetings. Meetings will be held monthly.
   e. Tuolumne County Homelessness Services Staff Report: Michael Roberson reported on the progress related to the Homeless Services Priority Projects. The priority projects in 2023 included: Community Toolkit on Homelessness; Coordinated Entry; Homeless Management Information System; Navigation Center; and Transitional Shelter.

4. Key Announcements (if any)

   There were no key announcements.

5. Next Meeting Date: The next meeting is November 9, 2023, at 5:30 p.m.

6. Attach Any Supporting materials (if any)

TCBH Advisory Board - Community Meeting Report

Name of Community Meeting: Quality Improvement Council

Date of Meeting: Monday, October 16, 2023

There were two main subjects presented/discussed at today's meeting:

- Mental Health Corrective Action Plan - Response to Triennial Audit February 2023, which was held virtually.
- Timeliness Report for CY 2023, Quarter 2

1. Key Information:
    - The department presented the Corrective Action Plan (CAP) which was sent to the Department of Healthcare Services, in response to DHCS findings issued as a response to the Triennial Audit conducted in February 2023. Following is a summary of the responses sent by Tuolumne County:
        - The MHP didn't furnish evidence to demonstrate compliance with BHIN No. 21-073, etc., therefore Tuolumne County will release a Request for Proposal (RFP) for Therapeutic Foster Care, and from that RFP evaluate all proposals, engage in a contract, and begin delivering Therapeutic Foster Care Services. *(please note – our county doesn't have Therapeutic Foster Care).*
        - Two overdue certifications will be resolved and evidence showing resolution will be submitted to the State.
        - Tuolumne County will update the FY 23-24 QAPI to reflect all monitoring activities for grievances, appeals, etc., and collection of data all required elements. Work plan will be reviewed quarterly in Quality Improvement led meetings to help monitor the service delivery system and influence clinical decisions.
        - Tuolumne County will perform one test call from each of the four categories once every thirty days for the next ninety days. All results from test calls will be shared monthly during Quality Management Committee meetings for discussion and quality improvement purposes.
        - Practice guidelines are required to include credentialling, standards. While Tuolumne County Behavioral Health does have them, they are very old, and not used because the county doesn't contract out for services.
        - Tuolumne County will update the Concurrent Review Procedure and create a Concurrent Review Form. Form to be launched through the electronic health record and require a clinical designee to sign off and approve.
        - Note that all of the responses were deemed sufficient by the Department of Health Care Services in August 2023.
    - The Timeliness Report for CY 2023, Quarter 2, was presented.
        - For the "Average Length of Time from Initial Request to First Offered Assessment by Age, CY 23 Q2": the percentage of compliance increased quite dramatically from the previous quarter. For all services: from 43% to 85% compliance.

- The county has done well with their compliance percentage. 70% were offered an assessment within the required 10 days. It was noted that the children's rates are better than adult rates.
- The "Average Length of Time from Initial request to First Offered SMH Appointment by Age" showed that there were improvements for all services, from 27 days in FY 21/22 to 13 days in CY23 Q2. Days decreased by ½ for adults, and by 8 for children.
- All the remaining measures showed decreases in average length of time rates.
- The "Average Length of Time from Initial Request to First Offered Psych Appointment by Age CY 23 Q2": the number of days between initial request to the first accepted psych appointment decreased from FY 21/22 to CY 23 Q2. The department now has about 1 full time equivalent psychiatrist.

2. Next Meeting Date: Monday, November 20, 2023