TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
REGULAR MEETING AGENDA

Time: Wednesday, March 6, 2024 @ 4:00 p.m. to 6:00 p.m.
Place: Tuolumne County Behavioral Health, Enrichment Center – 101 Hospital Road, Sonora, CA

This Behavioral Health Advisory Board Meeting will be available to the public via in-person attendance only at the above physical address. However, written comments may be submitted by the public for inclusion in the meeting through the following methods.
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. If so, additional virtual meeting information will be afforded to the public through publication of an amended agenda.

AGENDA

BOARD OF SUPERVISOR'S REPRESENTATIVE/ CHAIRPERSON
Ryan Campbell

ALTERNATE REPRESENTATIVE/ VICE CHAIR
Daniel Anaiah Kirk

MEMBERS
Cathie Peacock
Elizabeth Marum
Jenn Salazar
Marshall Romeo
Maureen Woods
Sherry Bradley
Terry Garcia
Valerie Shuemake

1. 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. 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.

4. APPROVAL OF MINUTES

- Draft Minutes of the February 7, 2023, Meeting

5. BEHAVIORAL HEALTH DIRECTOR'S REPORT - Tami Mariscal

- General Update
- Staff Reports

6. NEW BUSINESS

- Behavioral Health Advisory Board Applicants
  - New Application for Appointment from Blake Dolman
  - New Application for Appointment from Melody Roberson

7. AD HOC COMMITTEE REPORTS

8. BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS

- 2/12/24 QIC Meeting Written Summary by Sherry Bradley
- 2/22/24 MHSOAC Meeting Written Report by Sherry Bradley

9. NEXT MEETING - Wednesday, April 3, 2024 @ 4 pm – Tuolumne County Behavioral Health Enrichment Center

10. ADJOURNMENT

Tuolumne County Behavioral Health Advisory Board
(Minutes of the meeting of February 7, 2024)
DRAFT

2024 BHAB Membership	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Ryan Campbell - BOS	Meeting Cancelled	✓										
Anaiah Kirk – BOS Alt		E										
Cathie Peacock		E										
Elizabeth Marum		E										
Jenn Salazar		✓										
Maureen Woods		✓										
Sherry Bradley		✓										
Terry Ann Garcia		✓										
Valerie Shuemake		✓										

Present = ✓ Absent = A Excused = E Virtual Attendance = V 8 MHAB Members, 1 BOS Alternate

Tuolumne County Staff in Attendance
Tami Mariscal, Director – Behavioral Health Department
Pandora Armbruster, Administrative Assistant – Behavioral Health Department
Others in Attendance
Blake Dolman, Student Intern, Veterans Services
Mary Anne Schmidt, community member
Marshall Romeo, community member
And one other unidentified community member

1. CALL TO ORDER & ROLL CALL

Behavioral Health Advisory Board Chair, Ryan Campbell, called the meeting to order at 4:05 pm. Six members were present and accounted for at the time of roll call, completing a quorum for the Board. Those present were Ryan Campbell-District 2 Supervisor, Jenn Salazar, Maureen Woods, Sherry Bradley, Terry Ann Garcia, and Valerie Shuemake. Cathie Peacock, and Elizabeth Marum were excused from attending.

2. INTRODUCTIONS

The Behavioral Health Advisory Board members in attendance introduced themselves to all present.

Introductions were made by Tuolumne County staff in attendance, as follows: Tami Mariscal, Behavioral Health Director and Pandora Armbruster, Administrative Technician, Behavioral Health Department.

Others present were Mary Anne Schmidt, community member, Blake Dolman Veterans' Services Student Intern, and Marshall Romeo, community member. One other community member was present but declined to introduce themselves.

3. GENERAL 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.

A community member shared her opinion that the Behavioral Health Advisory Board should step up and provide input on spending of potential Opioid Litigation funds scheduled to be discussed at an upcoming Board of Supervisors Meeting.

4. APPROVAL OF MINUTES

A correction to Page 5, Section 16, Announcements, second sentence of the December 6, 2023, draft meeting minutes was noted by Mary Anne Schmidt to show that Salvation Army Red Cross should be American Red Cross. Pandora Armbruster will make the correction.

A motion was made by Maureen Woods and seconded by Terry Ann Garcia to approve the December 6, 2023, Behavioral Health Advisory Board Meeting Minutes with the noted correction. The motion passed unanimously.

(Ayes: 6 – Supervisor Campbell, Jenn Salazar, Maureen Woods, Sherry Bradley, Terry Ann Garcia, and Valerie Shuemake. Abstentions: 0 Nays: 0 Members Absent: 2 – Cathie Peacock, and Elizabeth Marum)

5. BEHAVIORAL HEALTH DIRECTOR'S REPORT – Tami Mariscal, Behavioral Health Director

Tami Mariscal requested the group's opinions on specific criteria which will aid the department in identifying potential properties suitable for supportive housing for behavioral health clients. Written questions were distributed to the group which covered a range of important aspects, including accessibility to services, community integration, and the role of various environmental factors in supportive housing. Tami explained that some of the questions may feel like a duplication; however, each question addresses a distinct facet of the topic. Those questions are listed below along with the responses received from those present at the Behavioral Health Advisory Board meeting.

1. How could the proximity of supportive housing properties to essential services, such as healthcare facilities and grocery stores, contribute to residents' overall recovery and well-being?
2. Does walkability contribute to self-sufficiency and accessibility of essential services for residents in supportive housing? What are the advantages/concerns?
3. Why is having convenient access to public transportation crucial for the success of supportive housing tenants?
4. How does the location of supportive housing properties near educational institutions (colleges, libraries, community centers, etc.) contribute to the educational opportunities and advancement of residents?
5. Is feeling a part of the community important for supportive housing residents? How can the dispersion of housing contribute to personalized care?
6. What are the advantages/disadvantages of supportive housing within dense residential areas?

7. What are the advantages/disadvantages of locating supportive housing within a less dense areas?

Val Shuemake relayed that several questions seem to be related to a general theme, proximity to services, walkability. Her feeling is that essential services need to be available within a walkable distance. Tenants need to be self-sufficient without having to rely heavily on public transportation or transportation benefits received through their providers. In her experience, relying on those types of transportation which may be unreliable and/or may not cover all areas, sometimes makes it difficult for clients to make it to scheduled services, contributing to missed appointments and high no-show rates. Missed appointments are detrimental to clients in their progress towards improved mental health.

Sherry Bradley expressed her opinion that most community members are opposed to having this type of housing near grade schools but does feel that it would be advantageous for clients to locate supportive housing near colleges or secondary education institutions and community centers. She also shared her experience with locating supportive housing in a dense residential area while working in a previous county. At that time, it was highly protested when first implemented, but as time went by, tenants were more accepted as neighbors got to know each other. The benefits to this housing location far outweighed the protests. She also stated that it would be important to share information regarding potential locations in a positive way to assure the community's understanding as stigma continues to impact the public's perception and fears surrounding mental health.

Terry Garcia feels that being able to access necessary services nearby or within walking distance would be good for clients' self-esteem, rather than having to ask for help with transportation to meet basic needs, such as grocery shopping. Walking is also healthy and provides a sense of freedom if it can be done safely.

Maureen Woods shared that feeling a part of the community could make a positive impact on clients, eliminating feelings of isolation and depression. Many clients have internalized feelings of shame of their mental illness making it hard to feel accepted by their community. These feelings of exclusion or isolation can contribute to recidivism.

Jenn Salazar noted that Resiliency Village is a good example as she struggles with the cost of gas to utilize their support. If this type of housing is chosen, transportation concerns would have to be addressed. Locating mental health consumers away from others also enforces the feeling of stigma, and perceptions of mental health clients as outcasts. Several members of the group identified various disadvantages to locating supportive housing within a less dense area, such as isolation, transportation challenges, and lack of freedom.

Sherry Bradley shared information regarding Shepherds Gate, a program her brother was involved with. They take in autos that need repairs and use them as teaching aids and vocational training for students. Once repaired, they are donated to someone in need. National Alliance for the Mentally Ill (NAMI) purchased rural property that allowed room for farming. This enabled tenants to learn farming, animal husbandry, technical skills, all as a part of their therapy and an introduction to independence.

Mary Anne Schmidt recently attended a candidate forum and was surprised at the uninformed viewpoints being shared by candidates. She recommended that the public be made aware immediately of any potential plans or projects so that education and awareness become a part of the planning process. She feels that while this takes time

to educate the public on all aspects of potential projects, it is very important in our county to assure acceptance and alleviate stigma. She identified the Soulsbyville property as an ideal place for supportive housing that is located within a residential community and feels it will positively impact that area. She noted that some of the best choices for this type of housing may not meet every positive aspect identified.

Marshall Romeo relayed that they feel that walkability is one of the most important aspects when considering housing locations. Independence and freedom to roam are important for good mental and physical health. Asking for help can be detrimental for someone suffering from mental illness. In their experience, there are pockets everywhere where acceptance can be found. Allowing those with mental health issues to find acceptance, create self-sufficiency, build relationships, friendships, etc. enables them to build a community within the community.

Tami has requested that any additional feedback be supplied after the meeting directly to the Behavioral Health Advisory Board's Administrative Support, Pandora Armbruster @ PArmbruster@co.tuolumne.ca.us. Pandora will assure that it is received by Tami on February 13, 2024, where she is scheduled to present to the Board of Supervisors about behavioral health housing.

6. NEW BUSINESS

The group reviewed an application for appointment to the Behavioral Health Advisory Board submitted by Marshall Romeo as well as an application for re-appointment submitted by Maureen Woods.

A motion was made by Jenn Salazar and seconded by Sherry Bradley to move both applications forward to the Board of Supervisors with a recommendation of appointment. Motion passed unanimously.

(Ayes: 6 – Supervisor Campbell, Jenn Salazar, Maureen Woods, Sherry Bradley, Terry Ann Garcia, and Valerie Shuemake. Abstentions: 0 Nays: 0 Members Absent: 2 – Cathie Peacock, and Elizabeth Marum)

7. AD HOC COMMITTEE REPORTS

No written reports have been received nor reported out on.

8. BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS:

Jenn Salazar reported her recent experience with several friends from the unhoused population and their challenges in securing assistance in gaining suitable, affordable housing. She feels that their inability to find safe places to stay is negatively impacting their mental health and desire to stay sober.

Tami Mariscal relayed that the Behavioral Health Department now has a two day turn around in assessments and encouraged Jenn to refer those of her friends in mental health or substance use crises to reach out to the Behavioral Health Department directly.

Blake Dolman, Veterans Services Representative, reported that Veterans Services also will see any veteran impacted by mental health, housing and substance use disorder problems. Many times, they can get them the assistance they need.

9. NEXT MEETING

The next regular Tuolumne County Behavioral Health Advisory Board meeting is scheduled for March 6, 2024, at 4:00 pm at the Tuolumne County Behavioral Health Enrichment Center, 101 Hospital Road, Sonora, CA 95370. Detailed meeting information will be provided on the March 2024 Agenda.

17. ADJOURNMENT

The February 7, 2024, Behavioral Health Advisory Board meeting was adjourned at 5:15 pm.

Committee and Commission Application

Applicant

Blake Dolman

BOS-24-7

Submitted On: Feb 7, 2024

Application Information

Vacancy Applied For

Behavioral Health Advisory Board

Applying for Reappointment

--

BHAB Member Role

Consumer

Mailing Address

City

Sonora

Zip Code

95370

Residential Phone

--

Business Phone

--

Cell Phone

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

23

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

--

Which Supervisorial District do you reside?

5

Name of present employer

Tuolumne County Veterans Service Office

Employer Address

105 Hospital Road, Suite 219

Employer City

Sonora

Employer State

CA

Employer Zip Code

95170

Occupation

Office Assistant

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

I served in the United States Air Force for 5 years and as a 25 year old I feel that I would also provide a voice for some of the younger members of the community.

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

N/A

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

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

Signature

true

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

Committee and Commission Application

Applicant

Melody Roberson

BOS-24-8

Submitted On: Feb 16, 2024

Application Information

Vacancy Applied For

Behavioral Health Advisory Board

Applying for Reappointment

--

BHAB Member Role

Other

Mailing Address

City

Twain Harte

Zip Code

95383

Residential Phone

Business Phone

Cell Phone

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

28

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

6

Which Supervisorial District do you reside?

3

Name of present employer

Adventist Heath Home Heath- Western Health

Employer Address

20100 Cedar Rd N,

Employer City

Sonora

Employer State

CA

Employer Zip Code

95370

Occupation

Medical Social Worker

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

I have been working in Tuolumne County for the last 25 years as a Medical Social Worker for Adventist Health home health and I am out in the community five days a week seeing the intense needs of individuals suffering from mental health, namely, disabled, and elderly. I did serve a term on the mental health advisory board several years ago, and would like to serve again.

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

I have been heavily involved with the senior network committee that meets regularly at Area 12 and try to keep current on what is available in our community for the population that I serve. I feel that I need to get a fresh grasp of what is available through mental health again as I see the need is great and would like to be involved in advocating for more services for people suffering with mental illness.

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

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

Signature

true

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

TCBH Advisory Board Community Meeting Report

Name of Community Meeting: Quality Improvement Council

Date of Meeting: 2/12/2024

Report Submitted by: Sherry Bradley

1. Key Information
    a. Timeliness Reports for FY 2022-2023
        i. All timeliness reports were reviewed, with noted improvements for the following measures:
            1. The “Average Length of Time from Initial Request to First Kept Assessment” saw improvements from 21/22 to 22/23. While serving more clients in FY’s 22/23 than 21/22, average length improved from 14 days to 10 days. Improvements were also seen for “Average Length of Time from Initial Request to First Accepted Assessment. The average length of time decreased from 14 days to 9 days in FY 22/23.
            2. The “Average Time from initial request to first any follow up” improved from 21/22 to 22/23, seeing a decrease in days from 11 to 5.
            3. The department was on par with last year for average length of time from initial request to first offered psych appointment by age. Last year saw significant improvement.
            4. The average length of time from first determination of need to first offered psych appointment – did not see much change.
    b. Crisis (Urgent) Services Reports FY 2022-2023
        i. The crisis count by month FY 22/23 compared to crisis count by month FY 21/22 didn’t show any huge discrepancies.
        ii. There has been some improvement over the last few years for Crisis Follow Up Service Compliance. The follow-up service compliance has gone down. It was noted that the improvement may be a result of staff having availability to iPads in jail – they can reach a crisis worker at TCBH. Urgent appointments to encounter via jail compliance improved due to the introduction of iPads into the Jail.
        iii. Service request for urgent appointment to encounter external referral counts was reviewed. It was noted that it is important to see where the requests for service originate.
2. Key Announcements
    a. The Quality Improvement Team is gearing up for the EQRO Review. By Federal law, states are required to have the EQRO Team come in and

review the county – this is NOT an audit. They want to work with the county, give them feedback, see what's going on, and help them work to improve the quality management system. It was reported that it is a lot of work getting everything together for EQRO review. All materials were submitted timely last week. The review will occur on March 6th. Reviews were once done on site, but since COVID, the reviews are now virtual, which has cut down on the amount of time doing the review. It is now one day in length. An additional review is the information session about the billing system. The Quality Review Section is led by the Quality Management Director. The county currently has two validated PIP's (Performance Improvement Projects). The EQRO Report will come back to the county in about 60 days.

3. Next Meeting Date: Monday, March 18, 2024

4. Attach Any Supporting materials – there are no supporting materials.

TCBH Advisory Board Community Meeting Report

Name of Community Meeting: **MHSOAC Monthly Meeting**

Date of Meeting: February 22, 2024

Advisory Board Member Reporting: Sherry Bradley

1. Key Decisions:
    a. More research on “Strengthening Early Intervention to Reduce Criminal Justice Involvement”.

2. Key Actions
    a. Approved Riverside Innovation Proposal: Eating Disorder Intensive Outpatient and Training Program
    b. Reallocation of Alcove Youth Drop in Center funds.
    c. To further study the Use of Mental Health Wellness Act funds to strengthen Full-Service Partnerships and will consider a proposal to use Mental Health Student Services Act to advance best practices in school based mental health (and later bring back a proposal for same).

3. Key Information
    a. Excellent presentation by panelists on strengthening early intervention to reduce criminal justice involvement. The four panelists submitted their research and findings on early intervention to reduce criminal justice involvement with the following findings included:
        i. The later the intervention, the higher the risk for criminal justice involvement.
        ii. Stressors need to be identified EARLY (financial, transportation, internet, socio-economic status), etc.
        iii. The appropriate services need to be provided at appropriate stages (development, diagnosis[es], treatment, education, follow-up, financial.
        iv. It can take up to five years to determine a diagnosis for the individual.
        v. A “Therapeutic Education Model” which would identify an at risk student in elementary school (learning barriers, instruction, curriculum, environment, learner), and also include a mental health component (psychiatrist, counseling, positive behavior program, pharmaco-genetics, and psychological testing).
        vi. Educational factors can contribute to juvenile delinquency – a student who repeats grades seems to be an indicator or having received special education. Studies have noted that 3rd, 6th, and 9th grades were the grades where issues occur for the student.
        vii. There is an over-representation of people with mental illness in jails/incarceration. Jails have become the defacto place for mental illness treatment.
        viii. There is a lack of insufficient and immediately available treatment systems. There is a strong need to do a better job when clients move between systems. “Hand-off” is an important part of the treatment.

ix. Areas needing improvement: Performance management, technical assistance, contracts based upon outcomes, removal of the process and bureaucratic barriers that precludes success for the client.
x. There needs to be a “LIVE” hand-off when the client moves between systems/services. A “Navigator” is so helpful. A “warm hand-off” often isn’t that warm.
xi. Respect and ethics are important between doctor, therapist, client, and family.

b. There was a presentation on Universal Mental Health Screening for Children, which would be school based universal screening. The following was included:
    i. Definition of Universal Mental Health Screening (UMHS):
        1. Systematic and proactive assessment of a social, emotional, or behavioral strengths and risks within a given population.
        2. Core component of a care continuum – promotion, prevention, and intervention efforts.
        3. Informs school wide programming while also addressing individual needs.
    ii. A barrier to UMHS is the definition itself – it does not have the same meaning everywhere.
    iii. Another challenge to UMHS is that while screening is happening in California, there’s no mechanism to access the data – a missed opportunity.
c. A brief discussion about FSP’s was conducted. The MHSOAC discussed what’s being reported to them, that there is a lack of support for FSP staff; staff suffer burn out; there are billing problems. These have been issues for FSP. If Proposition 1 passes, there will likely be more discussions about “standardizing” FSP practices.

4. Next Meeting Date: March 28, 2024