TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
REGULAR MEETING AGENDA

Time: Wednesday, July 3, 2024 @ 4:00 p.m.
Place: Tuolumne County Behavioral Health – 22039 Parrotts Ferry Road, Sonora, CA 95370

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**
2. **INTRODUCTIONS**
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 June 5, 2024, Meeting
5. **BEHAVIORAL HEALTH DIRECTOR'S REPORT** - Tami Mariscal
   Welcome, tour, overview, and purpose of meeting site location
6. **NEW BUSINESS**
   - Site Visit and Inspection of 22039 Parrotts Ferry Housing Campus
7. **CONTINUED BUSINESS**
   - Reports from BHAB Members regarding their follow up with pending BHAB applicants – Sherry Bradley, Marshall Romeo, and Terry Garcia
8. **BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS**
   - Written Report: 2024.06.17 Quality Improvement Council Meeting by Sherry Bradley
9. **NEXT MEETING -** Wednesday, August 7, 2024 @ 4 pm – Tuolumne County Behavioral Health Enrichment Center
10. **ADJOURNMENT**

Tuolumne County Behavioral Health Advisory Board
(Minutes of the meeting of June 5, 2024)
DRAFT

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

Present = ✓ Absent = A Excused = E Virtual Attendance = V 9 MHAB Members, 1 BOS Alternate

Tuolumne County Staff in Attendance
Annie Hockett, Director – Health & Human Services Agency
Tami Mariscal, Director – Behavioral Health Department
Lindsey Lujan, Deputy Director – Behavioral Health Department
Pandora Armbruster, Administrative Assistant – Behavioral Health Department
Others in Attendance
Herb Tout, Community Member

1. CALL TO ORDER & ROLL CALL

Behavioral Health Advisory Board Chair, Ryan Campbell, called the meeting to order at 4:06 pm. Seven 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, Cathie Peacock, Jenn Salazar, Marshall Romeo, Maureen Woods, Sherry Bradley, and Terry Ann Garcia. Elizabeth Marum and Valerie Shuemake 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; Lindsey Lujan, Behavioral Health Deputy Director and Pandora Armbruster, Administrative Technician, Behavioral Health Department.

One community member was present but did not elect 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.

No public comments were received.

4. PUBLIC HEARING & FINAL COMMENT PERIOD: Mental Health Services Act (MHSA) Annual Update FY 24/25 – Jenn Guhl, MHSA Agency Manager

Jenn Guhl, Behavioral Health Services Act Agency Manager, presented the final draft of the MHSA Annual Update FY24-25 to the group utilizing a PowerPoint Presentation (see attached). After providing an overview of the MHSA Annual Update FY 24/25, Jenn explained that this presentation is the culmination of the Open Comment Period and requested any final comments or questions be shared at this time.

Comments received were:

- Terry Garcia, Behavioral Health Advisory Board Member, expressed concern over Governor Newsom's proposed cuts to balance the California State budget and the possible impacts those cuts may have on the Behavioral Health Department.

  Jenn Guhl, MHSA Agency Manager responded that Prevention and Early Intervention contractors future funding may be reduced by up to 50%. Tami Mariscal, Behavioral Health Director clarified that there is no indication at this time that any funding invested to date will be touched, but the Behavioral Health Department will be looking at future programs for viability and costs.

- Sherry Bradley, Behavioral Health Advisory Board Member, inquired about funding structure changes and the possible impact on available services, such as the cost of Enrichment Center and Lambert Drop In Center operations, as well as the additional staffing that may be required to manage new supportive housing obligations. She shared her deep concerns with the amount of work necessary to prepare for required implementations by January of 2025.

  Lindsey Lujan, Quality Management Deputy Director informed the group that due to the Director's insight, many of the necessary integrations and the additional staffing needed has been slowly implemented over the last couple of years.

- Supervisor Campbell, Chairperson of the Behavioral Health Advisory Board, expressed his appreciation of Jenn's presentation. He showed concern regarding the Governor's budget and the millionaire's tax as those can be affected by the economy.

  Tami Mariscal replied that Wendy Hoffman-Brady, Health & Human Services Deputy Director, monitors sales tax trends to anticipate and future issues specific to Mental Health Services funding. According to the last predictions, funding did not appear to be negatively impacted.

As no other comments or questions were posed, Jenn Guhl, MHSA Agency Manager closed the open comment period which concluded the Public Hearing portion of the meeting.

5. APPROVAL OF MINUTES

A motion was made by Sherry Bradley and seconded by Marshall Romeo to approve the April 3, 2024, Behavioral Health Advisory Board Meeting Minutes as presented. The motion passed.

(Ayes: 6 – Supervisor Campbell, Jenn Salazar, Marshall Romeo, Maureen Woods, Sherry Bradley, and Terry Ann Garcia. Abstentions: 1 – Cathie Peacock Nays: 0 Members Absent: 2 – Elizabeth Marum and Valerie Shuemake)

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

Tami Mariscal, Behavioral Health Department Director, delivered information on the Crisis Care Mobile Unit Grant and the Mobile Crisis Medi-Cal Benefit. A written copy of that report is included within these minutes.

The group discussed the information shared with the report.

Sherry Bradley inquired whether it would be possible to tour the recently purchased property on Parrotts Ferry Road. Those in attendance suggested that the next meeting be held at the property if possible. County staff discussed the logistics of a tour and Tami will pursue ideas to see if the department can make this tour happen.

Cathie Peacock left the meeting @ 5:15 pm

7. NEW BUSINESS

- Determine next steps for pending application for appointment to the Behavioral Health Advisory Board:

  After discussion, it was agreed that Advisory Board members will contact new applicants directly to explain the Behavioral Health Advisory Board's role and obligations, and to encourage attendance to monthly meetings. The group agreed that Sherry Bradley will reach out to Melody Roberson. Terry Garcia will reach out to Claudette de Carbonel, and Marshall Romeo will contact Mystery Bradford. Results of those interactions will be shared at an upcoming meeting.

  Pandora Armbruster, Administrative Support, will email contact information for pending applicants to the members identified above.

- Discuss and take possible action to amend the date of the upcoming July 3, 2024, Behavioral Health Advisory Board Meeting to assure quorum requirements are met:

  After discussion and a poll of Behavioral Health Advisory Board members, it was determined that there would be no reason to change the normal meeting date for July 2024, as those members available to attend would meet quorum requirements.

  The group discussed the number of seats set aside for the Behavioral Health Advisory Board and the benefit of limiting those seats to eleven vs. fifteen. As BHAB Bylaws and Welfare Institutions Code allow for seated members to be counted for quorum purposes only, new applications for membership will be reviewed closely to assure correct percentages of community members vs.

consumers, and family members are maintained. Additionally, future requirements assuring substance use disorder representation will be necessary.

8. BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS:

Sherry Bradley, Behavioral Health Advisory Board Member, shared two written reports with the group, the Quality Improvement Council (QIC) Meeting Report and the California Association of Behavioral Health Boards and Commissions (CALBHBC) Quarterly Meeting Report. A copy of the reports will be included within these minutes.

The group discussed the importance of attending outside meetings to educate themselves on the department's business and processes as well as upcoming changes to program and funding that may impact the department. Sherry recommended that the group avail themselves of Behavioral Health Transformation Listening Sessions sponsored through CALBHBC. Links are provided through the newsletters which are shared with BHAB members via email as they come out.

Maureen Woods, Behavioral Health Advisory Board Member, relayed that she recently attended the Mental Health Awareness Month Celebration at the end of May at the Enrichment Center. She enjoyed the interaction between community members and staff. She enjoyed getting to know everyone better.

Maureen Woods and Marshall Romeo are working on developing a speaker for the September 2024 Meeting. A suggestion was made to reach out to the Executive Director of Tuolumne Me-Wuk Indian Health Center to see if they may be interested in presenting. Tami will reach out to Me-Wuk to gain more information on who would be best to contact to solidify arrangements before September's Meeting.

Jennifer Salazar reported on recent issues regarding the closure of several unsheltered camps and the County's clean up and relocation efforts. The group discussed challenges surrounding unsheltered encampments and new ordinances going into effect.

10. NEXT MEETING

Supervisor Campbell recapped next meeting details and shared that he would be working directly with the Behavioral Health Director to determine whether a visit to the newest Behavioral Health property would be feasible.

The group discussed upcoming Behavioral Health Advisory Board agenda items, such as Site Visits and the setting of annual Key Goals and Objectives. Sherry Bradley also brought up the need to modify the current Behavioral Health Advisory Board Bylaws to align with upcoming changes to the Welfare and Institutions Code.

Marshall Romeo would like to hear more about the department's Sexual Orientation, Gender Identity, and gender Expression (SOGIE) data collection efforts. Director Mariscal explained that the information gathered could be reported out on at a future meeting. She noted that SOGIE data would need to be scrubbed to assure privacy.

The next regular Tuolumne County Behavioral Health Advisory Board meeting is scheduled for July 3, 2024, at 4:00 pm. Detailed meeting information will be provided on the July 3, 2024, Behavioral Health Advisory Board Meeting Agenda.

11. ADJOURNMENT

The June 5, 2024, Behavioral Health Advisory Board meeting was adjourned at 6:35 pm.

Public Hearing

Tuolumne County Behavioral Health MHSA Annual Update FY 24/25

Presented by Agency Program Manager, Jennifer Guhl

June 5, 2024

- What is MHSA?
- Core Values
- Goals
- Programs

Community Services and Supports (CSS)

Community Services and Supports is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved.

General System Development (GSD) funds are intended to help counties improve programs, services and supports for all clients and families, to change their service delivery systems, and to build transformational programs and services.

Workforce Education and Training (WET)

- Funds:
  1. TCBH Staff Trainings
  2. Coordination of Continuing Education credits for professional staff
  3. Consultant to provide clinical supervision to unlicensed staff at TCBH
  4. TCBH Retention Program

CalMHSA
California Mental Health Services Authority

Innovation (INN)

The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan.

TCBH Innovation Project "Family Ties: Youth and Family Wellness" sent to Mental Health Services Oversight and Accountability Commission (MHSOAC) for review on November 1, 2022.

The MHSOAC approved TCBH's Innovation Project "Family Ties: Youth and Family Wellness" on June 15, 2023.

Prevention and Early Intervention (PEI)

Current Contractors through 6/30/25 are:

- Infant/Child Enrichment Services (ICES), Parenting
- TCSOS/First 5, Childhood Education
- Amador Tuolumne Community Action Agency (ATCAA), Suicide Prevention and Stigma Reduction
- Catholic Charities, Older Adults
- Tuolumne Me Wuk Indian Health Center, Native American

Community Program Planning Process

- Community Stakeholder Feedback
- Community Surveys
- Community Meetings (held in-person and via Zoom) and Presentations
- Increased Outreach and Engagement Efforts
- Tuolumne and Groveland Community Resilience Centers outreach efforts
- Mental Health Coffee Talk
- Q&A Forums
- CPPP Trainings in July

Ways for You to Participate

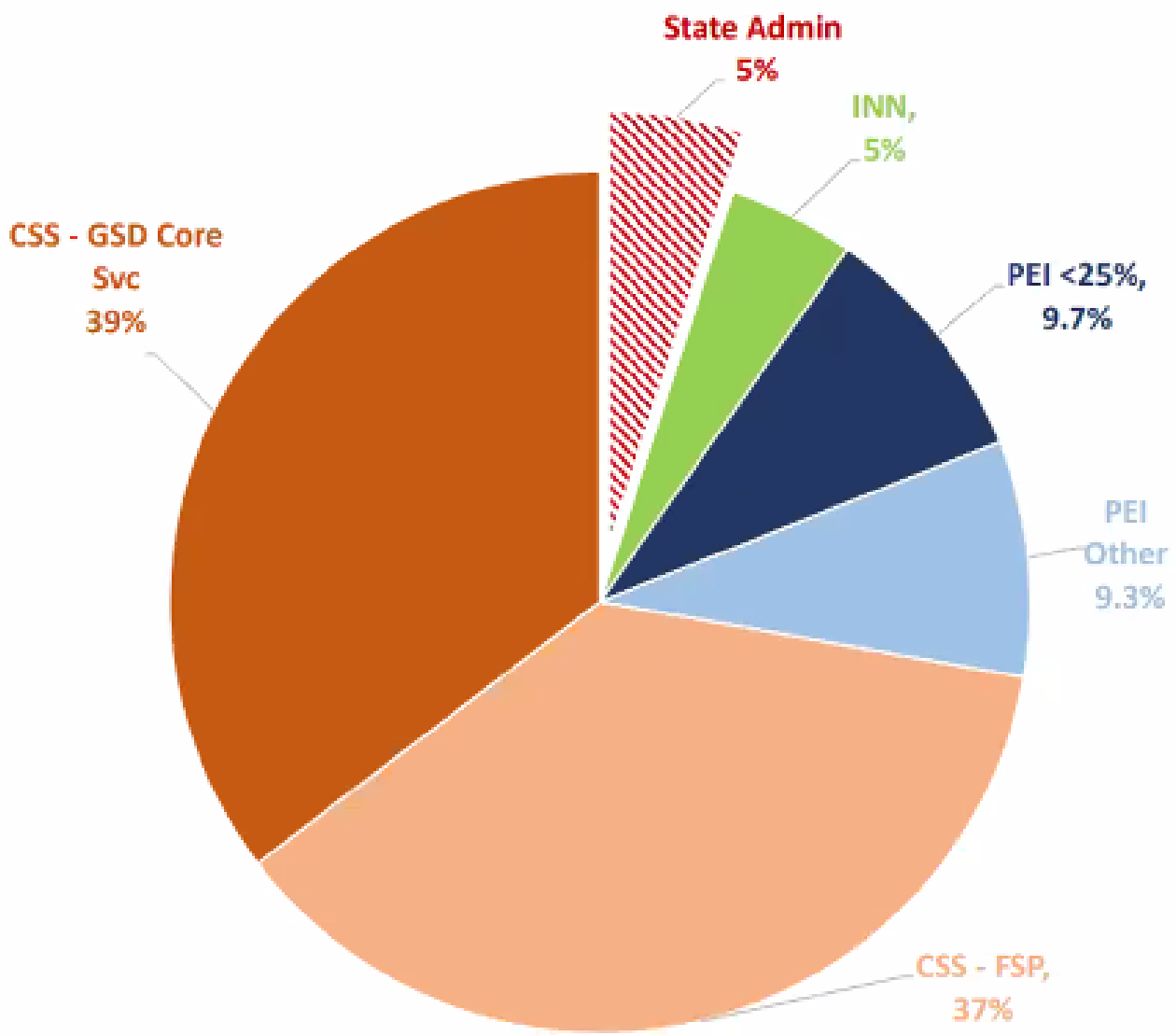
- Quality Improvement Council, 10 a.m. on the third Monday of each month, held via Zoom
- Community Cultural Collaborative, 1 p.m. on the third Tuesday of each month, held at the Tuolumne County Enrichment Center, 101 Hospital Road, in Sonora
- Tuolumne County Behavioral Health Advisory Board, 4 p.m. on the first Wednesday of each month, held at the Tuolumne County Enrichment Center, 101 Hospital Road, in Sonora
- Mental Health Coffee Talk, 8 to 10 a.m. on the last Friday of each month at the Tuolumne County Enrichment Center
- Visit the Tuolumne and Groveland Community Resilience Centers during MHSA office hours beginning in May 2024

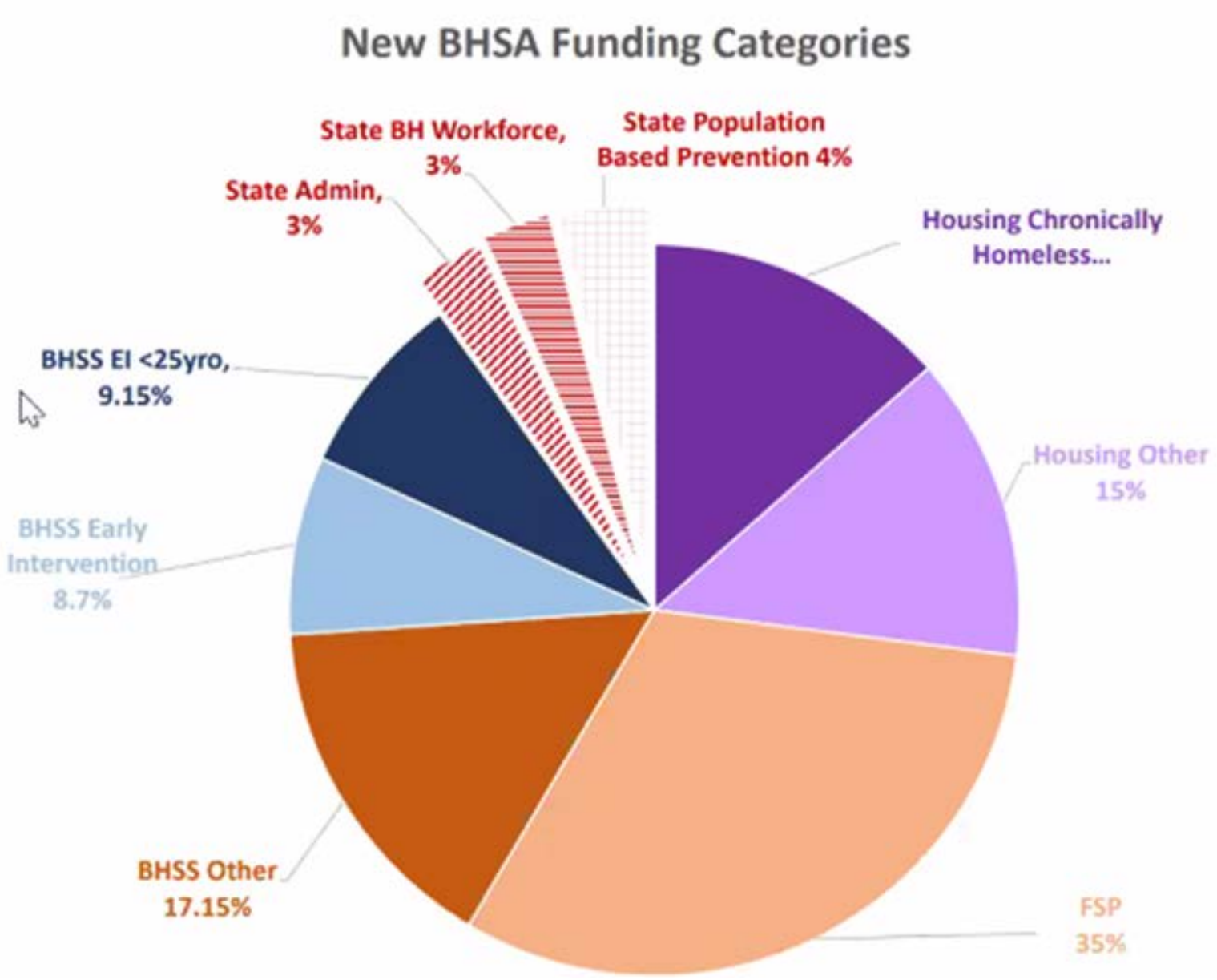
BH Reform and MHSA Modernization

Three Key Elements of Gov. Newsom's Proposal:

- A Bond to Fund Behavioral Health Expansion and Housing for Homeless Veterans
- Modernizing the Mental Health Services Act
- Making Today's System of Care Work Better for All Californians
- Proposed on March 19, 2023
- Prop 1 (SB 326) ballot initiative on March 5, 2024, during statewide primary election
- Prop 1 passed on April 12, 2024

Prior MHSA Funding Components




New BHSA Funding Categories
State BH Workforce, 3%
State Population Based Prevention 4%
State Admin, 3%
Housing Chronically Homeless...
BHSS EI <25yro, 9.15%
Housing Other 15%
BHSS Early Intervention 8.7%
BHSS Other 17.15%
FSP 35%

Impacts of MHSA Modernization

- Expansion of target populations to those who are struggling with SUD
- Funding shifts that will decrease PEI contracts and for our Crisis department including its extended hours
- Elimination of Innovation
- Mental Health Services Oversight & Accountability Commission (MHSOAC) will move under Department of Health Care Services
- Impact CFTN
- Redesign for Tuolumne County in overall MHSA spending to accommodate the new requirement of 30% for housing


Questions
?
?
Answers
?

Contact

- Jennifer Guhl, Agency Program Manager
- (209) 533-6245
- JGuhl@co.tuolumne.ca.us

Behavioral Health MH Advisory Board – 06/05/2024 Directors Report

Mobile Crisis Benefit & The Crisis Care Mobile Unit Grant

Today's report aims to provide the Board, and the public, information regarding recent enhancements to mobile crisis services, and the differences between the Crisis Care Mobile Unit (CCMU) grant and the Medi-Cal Mobile Crisis Benefit. Before delving into the specifics, I want to ensure it is understood that mobile crisis intervention has always been available to the community members at large when needed. I believe it is important for this Board and public to understand the availability of TCBH standard crisis services, and particularly the entitlement to mobile crisis service benefit for Medi-Cal beneficiaries compared to other non-Medi-Cal community members.

The Crisis Care Mobile Unit Grant-
The CCMU grant, was issued by the California Department of Health Care Services (DHCS), aimed to create, or enhance and expand existing mobile crisis intervention services. The mobile crisis service is designed to provide timely, face-to-face mental health crisis support to individuals experiencing severe emotional distress. The concept of a crisis response team is that they can intervene quickly and effectively, reducing the need for hospitalization and law enforcement involvement. The ultimate goal is to ensure that individuals in crisis receive appropriate and swift care in the community to promote better mental health outcomes and reduce the strain on emergency services.

What we did. Because Behavioral Health already had a mobile system, we expanded the mobile crisis resources with the Crisis Care Mobile Unit CCMU grant. The funds provided necessary equipment, technology and 3 vehicles each offering unique functionality. The “nugget” the large van offers space and privacy to meet the client where they’re at, the SUV allows for safety transport, access in “rough” terrain and the sedan, which is economic, used also for crisis, and for business meetings and other grant related activities requiring travel. Overall, these resources greatly enriched the ability of the BH team to more effectively delivery mobile crisis when needed.

We went live January 2024, and to date have had dispatched teams over a dozen times. On occasion we have had to deploy two teams concurrently which strains the system to some degree.

New Medi-Cal “Mobile Crisis Benefit”-
Although TCBH has historically provided mobile crisis services, through the various CALAIMS initiatives DHCS submitted a State Plan Amendment (SPA) 22-0043 which was approved effective January 1, 2023, to add *community-based mobile crisis intervention services* ("mobile crisis services") as a Medi-Cal benefit. The new Medicaid approved benefit established a Mobile crisis service for Medi-Cal beneficiaries which is a community-based intervention designed to provide de-escalation and relief to individuals experiencing a behavioral health or substance use-related crisis wherever they are, including at home, work, school, or in the

community. Mobile crisis services are provided by a multidisciplinary team of trained behavioral health professionals. Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, law enforcement involvement and ensure that individuals receive appropriate care in the least restrictive setting possible. The mobile crisis services benefit ensure that Medi-Cal beneficiaries have access to coordinated crisis care 24 hours a day, 7 days a week, 365 days per year. Mobile crisis services may be accessed by calling Behavioral Health crisis number 209-533-7000 where the DHCS standardized dispatch tool is administered to determine the appropriate level of crisis response and/or referral and follow-up services. The current 2023/2024 mobile crisis service bundled rate is $4,700 per rollout.

DHCS used the Crisis Resources Need Calculator, a tool developed for the National Association of State Mental Health Program Directors (NASMHPD), as a data source to develop mobile crisis services rates for each county. This tool estimates the number of mobile crisis services encounters, travel time, and number of needed mobile crisis teams for each county.

From this DHCS created a rate methodology using data from the Crisis Resources Need Calculator to develop a mobile crisis encounter rate for each county. The methodology is designed to develop encounter rates that accounts for the following components of the benefit: travel time, face to face time with the member, follow up time, translation/interpretation services, and standby time. *The Crisis Resources Need Calculator estimates 12 counties to have a low number of mobile crisis encounters, which is not enough to have at least one mobile crisis team.*

For more information about the Crisis Care Mobile Unit Grant, Mobile Crisis Services Benefit or State Plan Amendment go to :
Mobile-Crisis-FAQ (ca.gov)
CalAIM Mobile Crisis Services Initiative
CA SPA 22-0043 Approval Package

TCBH Advisory Board Community Meeting Report

Name of Community Meeting: Quality Improvement Council

Date of Meeting: Monday, May 20, 2024

1. Key Decisions (if any)

   No Key decisions were made. The report is informational.

2. Key Actions (if any)
   There were no key actions.

3. Key Information (if any)

   See Attached supporting materials.

4. Key Announcements (if any)
   Join the department for a BBQ celebrating Mental Health Awareness Month. The BBQ will be held on Friday, May 31st, at Noon at the Enrichment Center.

5. Next Meeting Date:
   Third Monday in June 2024

6. Attach Any Supporting materials: See report that follows.

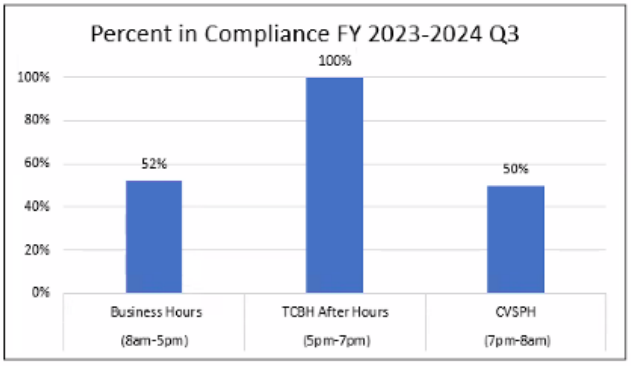
I. Cultural Competency Plan Follow-up Questions

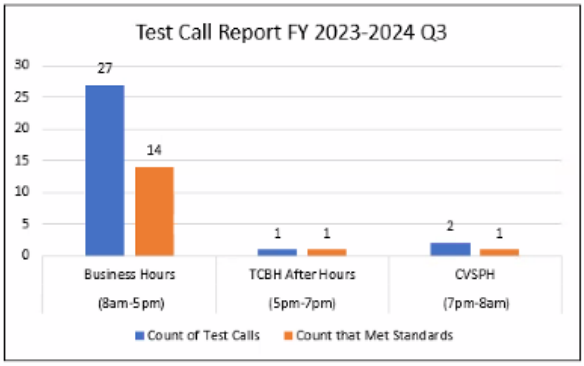
There were no questions to follow up last month's presentation.

II. FY 23-24 Quarter 3 Reports

a. Test Calls: the goal is that everyone has the same information, the right information, know their rights, and the process to navigate what they need to do.

Test Call Report FY 2023-2024 Q3			
	Business Hour (8am-5pm)	TCBH After Hours (5pm-7pm)	CVSPH (7pm-8am)
Count of Test Calls	27	1	2
Count that Met Standards	14	1	1
Percent in Compliance	52%	100%	50%





The percentage of calls in compliance was 15% lower than the same time period last report. Amanda also clarified that feedback is provided to the staff regarding the results.

b. Grievance Analysis

Grievances by Reason FY 2023-2024 Q3	
Reason	Count
Treatment Issues of Concerns	2
Staff Behavior Concerns	9
Patients' Rights	0
Cultural Appropriateness	0
Medication Concern	1
Operational	0
Other Grievance	10

Grievance FY 2023-2024 Q3	
Average Time for Resolution	18 Days
Range for Resolution	0 to 68 Days

The state is looking for access issues. Due to confidentiality matters, the reasons are reported in the categories shown below. When our county's report is submitted to the

State, they receive more information about the reasons. Questions often arise regarding NOAB letters. NOAB's are a "Notice of Adverse Beneficiary" report.

c. Change of Provider Requests:

Reason for Change of Provider Request FY 2023-2024 Q3	
Reason	Count
Professionalism	4
Medication	4
Treatment/Communication Issue	34
In Person Doctor/Provider Availability	4
Cultural	1
Other	8

Change of Provider Requests Approved/Denied FY 2023-2024	
Approved	Denied
45	10

III. Housing Purchase and Updates

The County has officially purchased what they describe as a "compound", a 4-house property. The property is located off Parrott's Ferry Road. This purchase was completed in March. No one has been placed in any of the houses as yet because the county is still working on renovations. It's an interim program, 18 months maximum time to reside. Property was opened last week so behavioral health staff could tour it. Criteria to be housed; behavioral health criteria, not open to all. An assessment of housing needs must be completed. The criteria is based upon need for the most part.

IV. MHSA 3 Year Plan Update Open Comment Period

The 30-day comment period is open. The comments/report(s) do have to go into the plan. Everyone is encouraged to look at the plan.

V. Mental Health Awareness Month:

a. There is an open BBQ this next Friday, Mary 31st to celebrate the month.

TCBH Advisory Board Community Meeting Report

Name of Community Meeting: CALBHB/C Quarterly Meeting

Date of Meeting: Friday, April 19, 2024 – 1:30 to 5:30 P.M.

The CALBHB/C Central Region Meeting was held on Friday, April 19, 2024, from 1:30 to 5:30 p.m.

The following items were on the agenda, and presentations made:

Speaker Panel: Community Defined Evidence Practices – Sustaining and Increasing Culturally Responsive and Relevant Programs and Services.

Speakers/presenters included: Joel Baum, Safe Passages; Stacie Hiramoto, Director of Racial & Ethnic Mental Health Disparities Coalition; Regina Mason, Village Project; Silvia Bargas, Open House; Imelda Vera, Humanidad; Breanna Wheeler, Native American Health Center; Paul Masotti, Native American Health Center; Dr. Ghia Xiong, The Fresno Center; Sandra Villaneuva, Loyola Marymount University Psychology Applied Research Center; and Josefina Alvarado Mena, CEO of Safe Passages.

Stacy Hiramoto explained the changes to MHSA since Proposition 1 was passed. (This information was provided in a handout). Through MHSA, there were implications for CDEP (Community Defined Evidence Practices) and reducing disparities. There has been evidence that CDEP's reduce mental health disparities. As a result, the California Reducing Disparities Project (CRDP) was created.

Ms. Hiramoto explained that the Prevention & Early Intervention component of MHSA funded CDEP's. She further explained why PEI was best for funding CDEP's:

- PEI programs did not always require or limit their participants to a mental health diagnosis/condition or a lack of one.
- CDEP programs or approaches focus more on *a community* or group within the community, as opposed to one individual at a time.
- Many or most CDEP's have participants that fit into both "prevention" and "early intervention" categories.

There are changes to PEI by Proposition 1. PEI is split into two separate components:

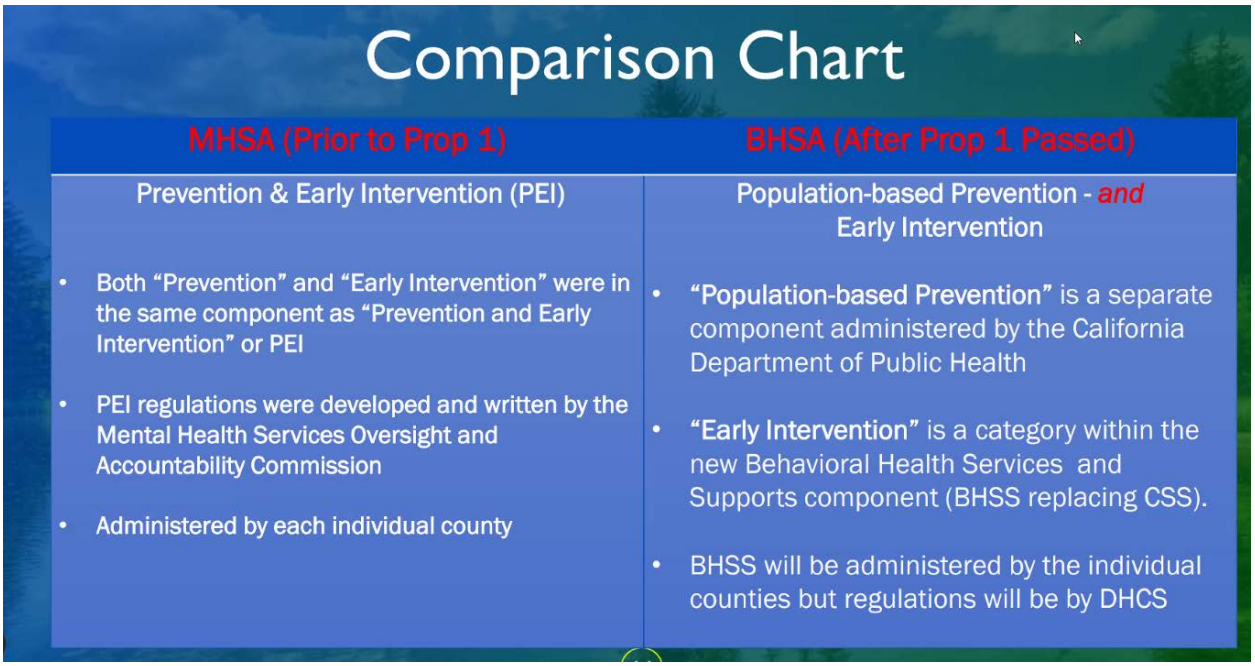
- Population Prevention, administered by the State Department of Public Health, and
- Early Intervention, administered by each county within the Behavioral Health Services and Supports (BHSS) component.

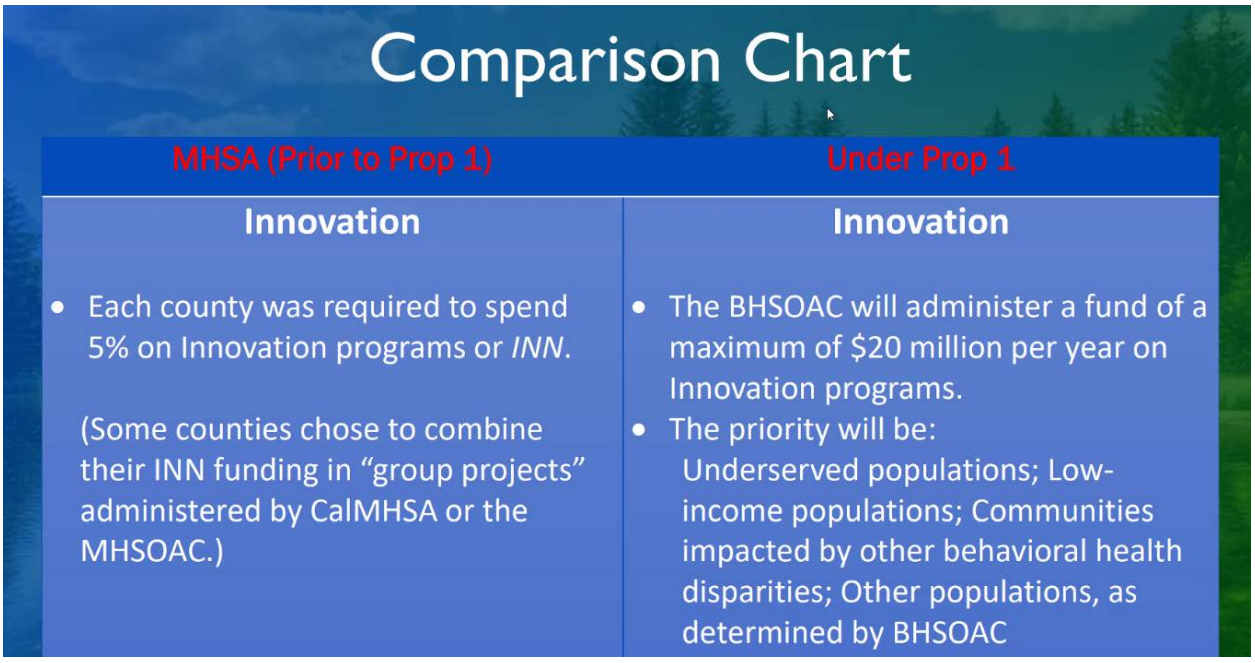
(See the comparison chart which explains PEI under MHSA, prior to Proposition 1, and BHSA, After Proposition 1 passed.)

There are also Proposition 1 changes to the Innovation Component of MHSA.

- CDEP's could and should have been funded with county INNOVATION dollars under the MHSA. Fresno county is the best example of Counties funding CDEP's.
- Innovation funds are now at the State level at the Behavioral Health Services Oversight and Accountability Commission. – a total of $20 million per year.

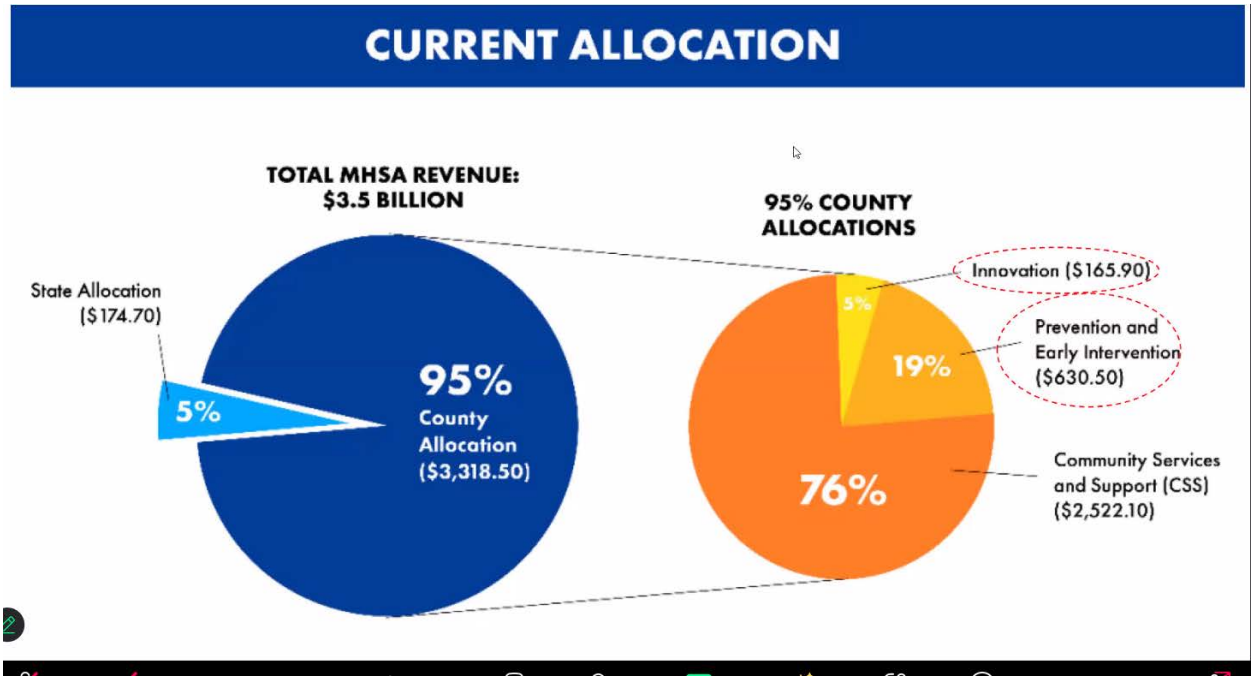
(See the comparison chart which explains Innovation under MHSA & Under Proposition 1)

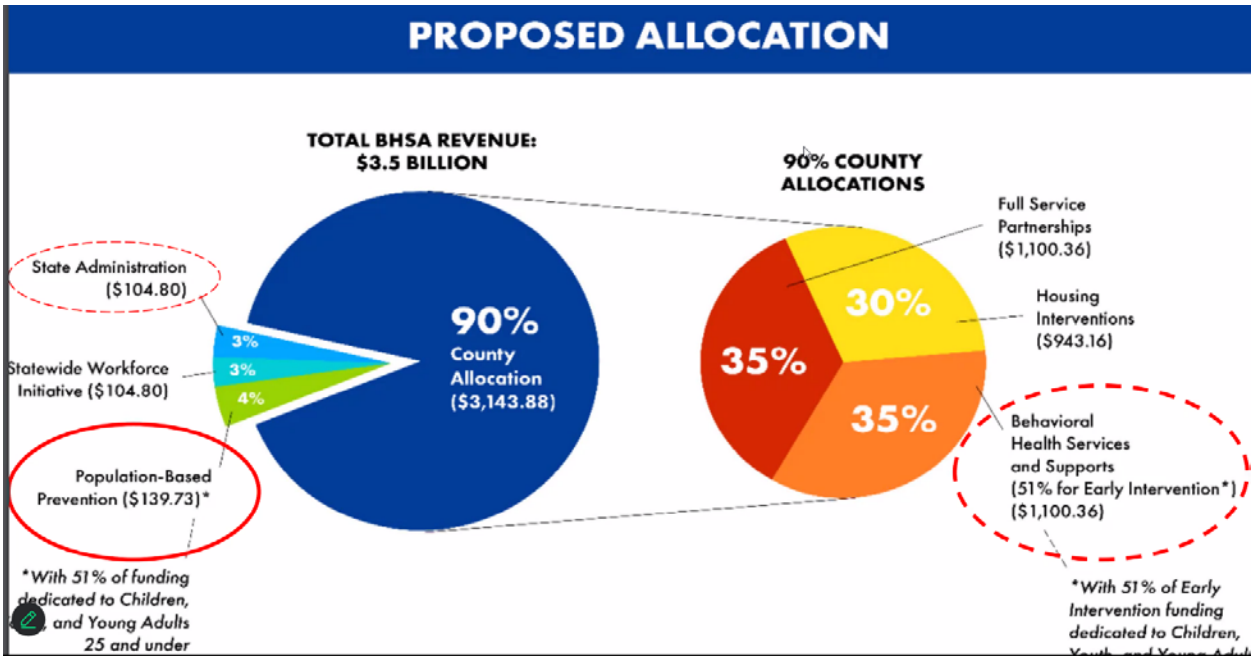




Ms. Hiramoto also provided information regarding how MHSA funds are allocated currently:

- The total of all MHSA revenue is approximately $3.5 billion, with 95% of that as the county allocation ($3,318 billion) and 5% of that as the State allocation ($174.7 million).
- The 95% county allocations are divided up as follows:
    - o





There will be challenges and opportunities under BHSA.

The original category of PEI was ideal for CDEP's, but it is now gone.

- How strict or how limiting the rules and regulations for the new "Population Prevention", "Early Intervention", and Innovation categories will determine how easy it is for Community Based Organizations to get funding for their programs that utilize CDEP's.
- Each of these components, though, will be administered by a different state department or entity, or at the county level.

Population Based Prevention may be the best opportunity for funding CDEP's.

- Administered at the State Level by the Department of Public Health.
- 4% of the total funds (off the top), which is $139.73 million.

Innovation:

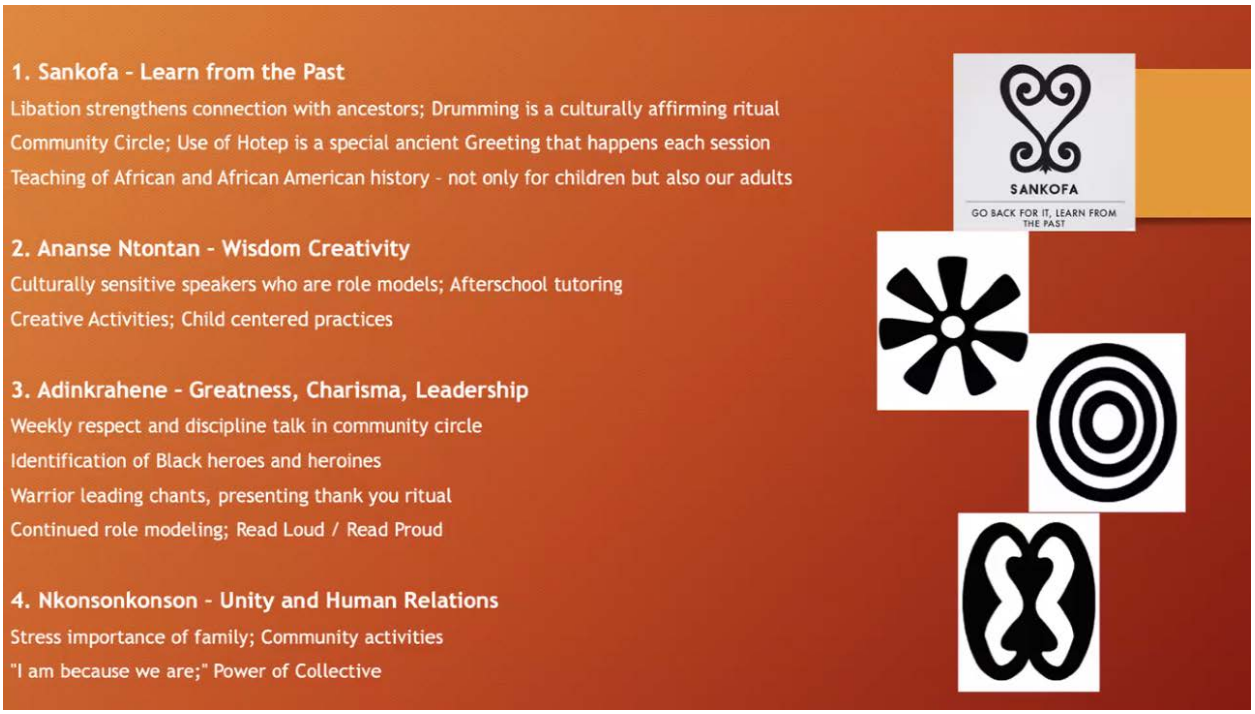
- The Behavioral Health Services Oversight and Accountability Commission (formerly MHSOAC) will oversee this component.
- $20 million per year
- Probably the second-best opportunity to fund CDEP's.

Early Intervention:

- Administered at the local county level.
- Department of Healthcare Services – DHCS – will be in charge of regulations and guidelines (if needed).
    - Unless definitions are changed, participants in these programs will either need to have a recent diagnosis, or be showing signs and symptoms.
- Approximately 16% of each county's total BHSA funding.

An example of an Early Intervention Project:

The Village Project, Inc's Emanyatta Project is a prevention and early intervention program that is intended to prevent and/or reduce symptoms of clinical depression and anxiety in children from kindergarten to 4th grade. The project involves families of these children for the purposes of support in these efforts as well as to strengthen the resilience and internal strengths of the children. An additional component to strengthen the internal resources of the children is the project's focus on building pride in cultural and ethnic heritage as a means of achieving higher levels of academic achievement and self-esteem.



The program teaches that Black history did not begin with slavery.

Outcomes:
An Extremely Successful Project which is embraced by students, staff, families and local community

1. Use of culturally congruent habits, rituals and routines established boundaries and order and facilitated the engagement and participation of Warriors.
2. Warriors identified to have symptoms of MH issues were provided early intervention and successful treatment.
3. Young children of color can be successfully helped to cope with crisis issues as well as the mundane issues surrounding childhood, racism and identity with culturally appropriate therapy.
4. Warriors took what they learned in the Emanyatta Program and shared with family members plus used their newfound knowledge in school.
5. Having committed and culturally aware staff is CRITICAL to success.
6. Warriors became attached to their Cultural Warrior Healers, staff and volunteers in the Emanyatta Program. Thus, staff provided a 'buffer' to cope with issues at home and in school.
7. Staff were placed in the role of being knowledgeable advocates that helped with school, mental health and family issues.
8. Staff and family members were also 'learners' in the program; both sharing they learned as much from speakers and experiences as their students did.
9. Parents wanted to participate and shared they were 'relieved' to have a 'safe space' for not only their children but for themselves as well.

Mental Health Assessments Outcomes for Emanyatta Warriors

Culturally-focused Clinical Techniques

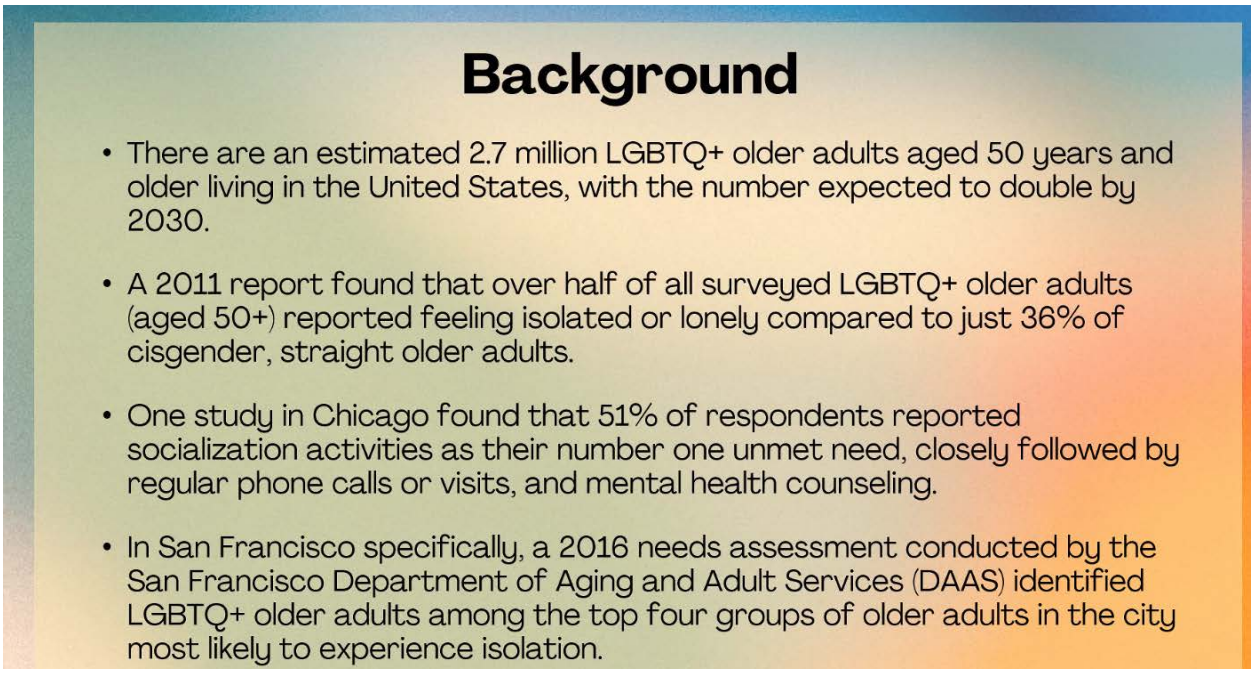
Included Racial Identity Appreciation; Drumming; Spirituality; Trauma-Informed Approaches that acknowledge the existence and impact of racism and violence on mental health and well-being and use of resilience building strategies; Use of Emanyatta as support to therapy utilizing the Ancestors and their role in well-being of Warriors.

OUTCOMES

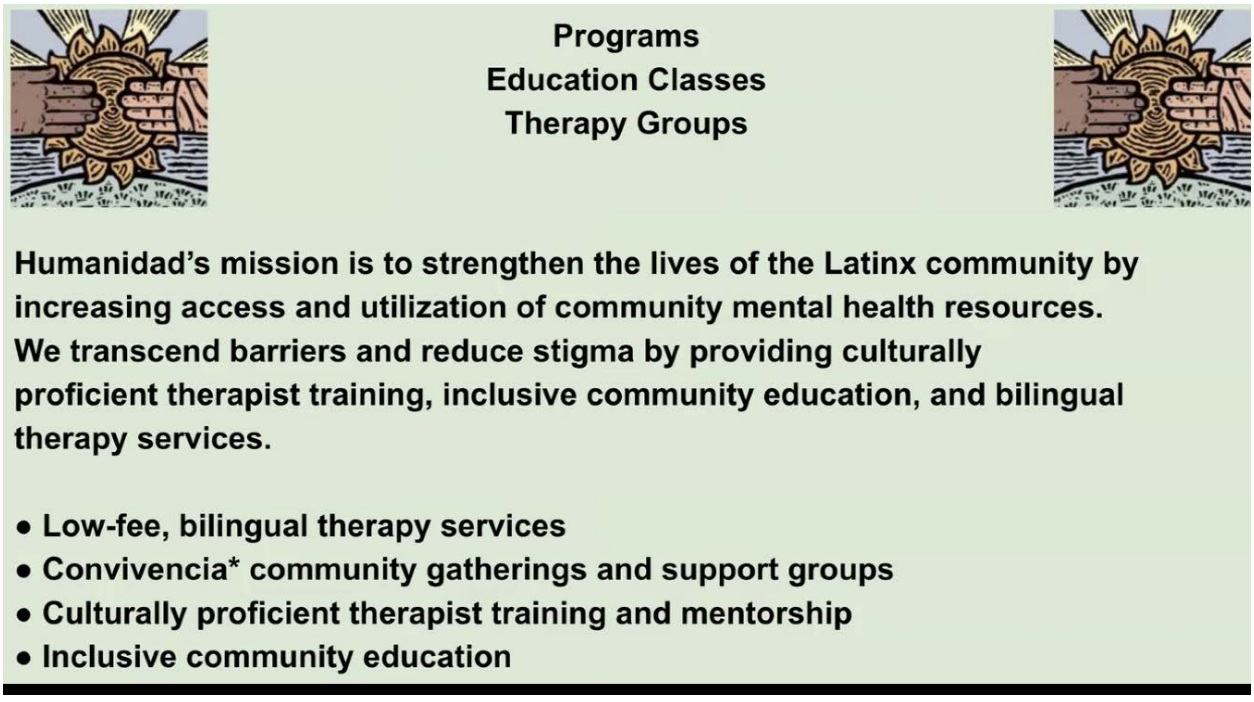
Symptomology in all 12 of the children were reduced to minimal episodic occurrences as a result of children and families having learned mitigating strategies. 2 students with ADHD presentation were clinically determined to have "active and creative minds" which, in African American children, oftentimes is misdiagnosed as ADHD. The one child experiencing hallucination and delusion ceased to have those occurrences altogether.The strong support each Warrior received from their weekly participation in Emanyatta cannot be overstated.

The next program presented was a Hmong Project – HHH=HHH, which means Hmong, Helping, Hands=Happiness, Hope, Healing.

Another early intervention program is called Openhouse – a program which successfully addresses mental health disparities in the LGBTQ Older Adult Community. The program opened in 1998, and enables San Francisco Bay Area LGBTQ+ seniors to overcome the unique challenges they face as they age by providing housing, direct services, and community programs. The program recognizes and affirms that LGBTQ+ older adults live at intersections of many different identities. They use a "multi-doored approach", creating a variety of access points for their community to come to them.



Next introduced program was Humanidad Therapy & Education Services.

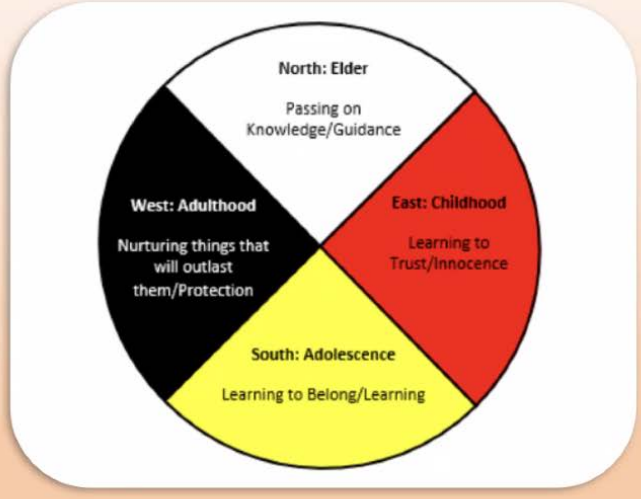


Another Prevention/Early Intervention Program was Gathering of Native Americans: GONA. The purpose is to address colonization and societal trauma (integration), and to find intergenerational health methods.

The Four GONA Components

Following the four sacred directions:

- Belonging
- Mastery
- Interdependence
- Generosity



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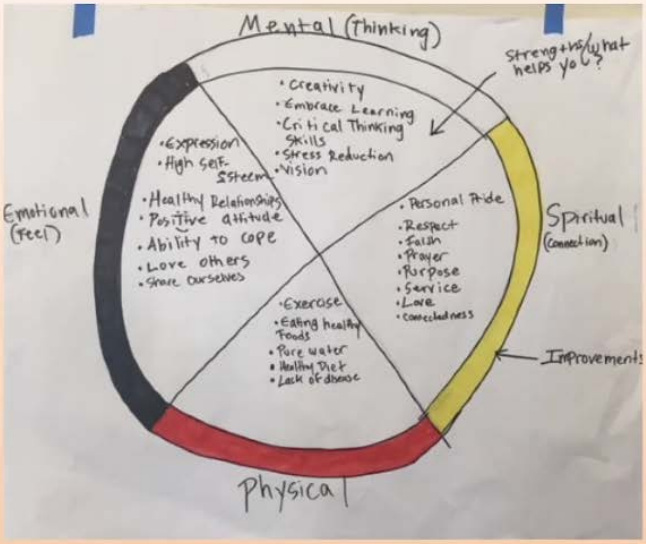
GONA Day 2: Mastery



MASTERY

Empowerment, for individuals, and for the community. The second day honors adolescence as a time of vision and mastery.

Culture is Prevention Research

- Development and validation of **29 item Cultural Connectedness Scale-California**

  (N = 344, N = 361)

- **Increased Culture** associated with **Decreased Risk** for substance abuse, depression*1
- **Increased Culture** associated with **Better** physical health, mental health/well-being, life satisfaction *1

Conclusions

a) Native American culture is a social determinant of health.
b) Strengthening/reconnecting to culture is an important intervention objective and measurable health related outcome.

*1 Measured by CAGE-AID, CESD-R, HRQOL-14, Herth Hope Index, Satisfaction With Life Scale

***The Culture is Prevention Project publications**: 1) King et al., 2019; 2) Masotti et al., 2020; 3) Masotti et al., 2023; & 4) Wheeler et al., 2023*

NATIVE AMERICAN HEALTH CENTER

Gathering of Native Americans (GONA)

What Western or medical model intervention could be similar?

- 4-day intensive acute inpatient stay
- Participant/Patients to Staff Ratio: (30 youth : 15 staff)

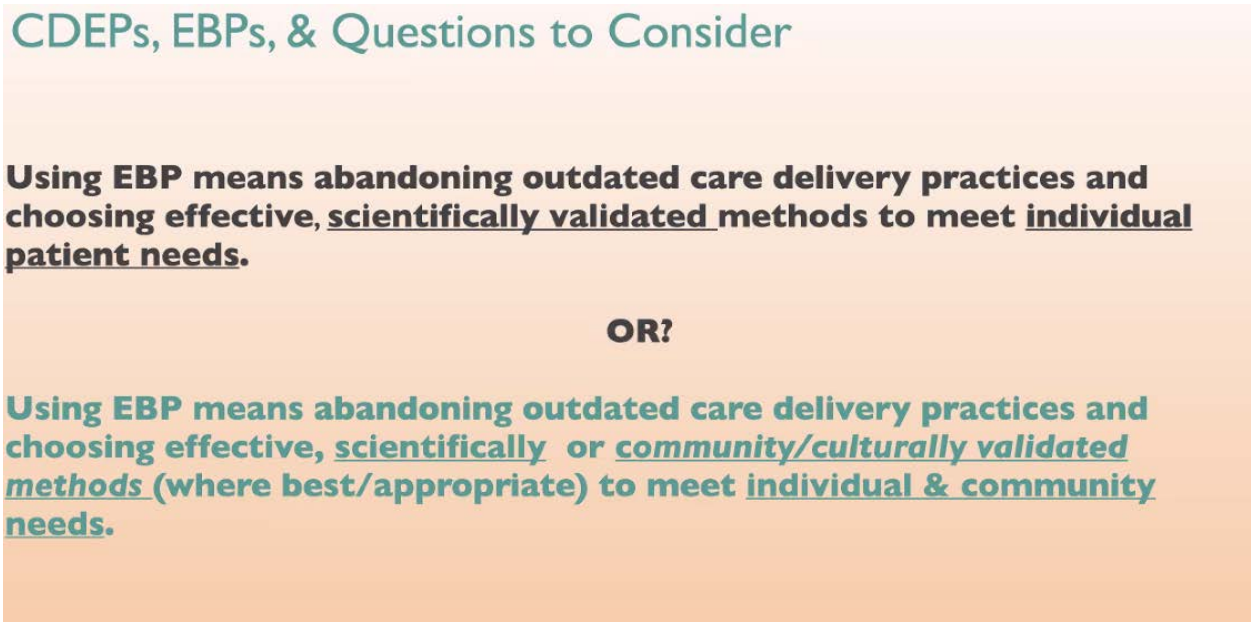
CDEPs, EBPs, & Questions to Consider

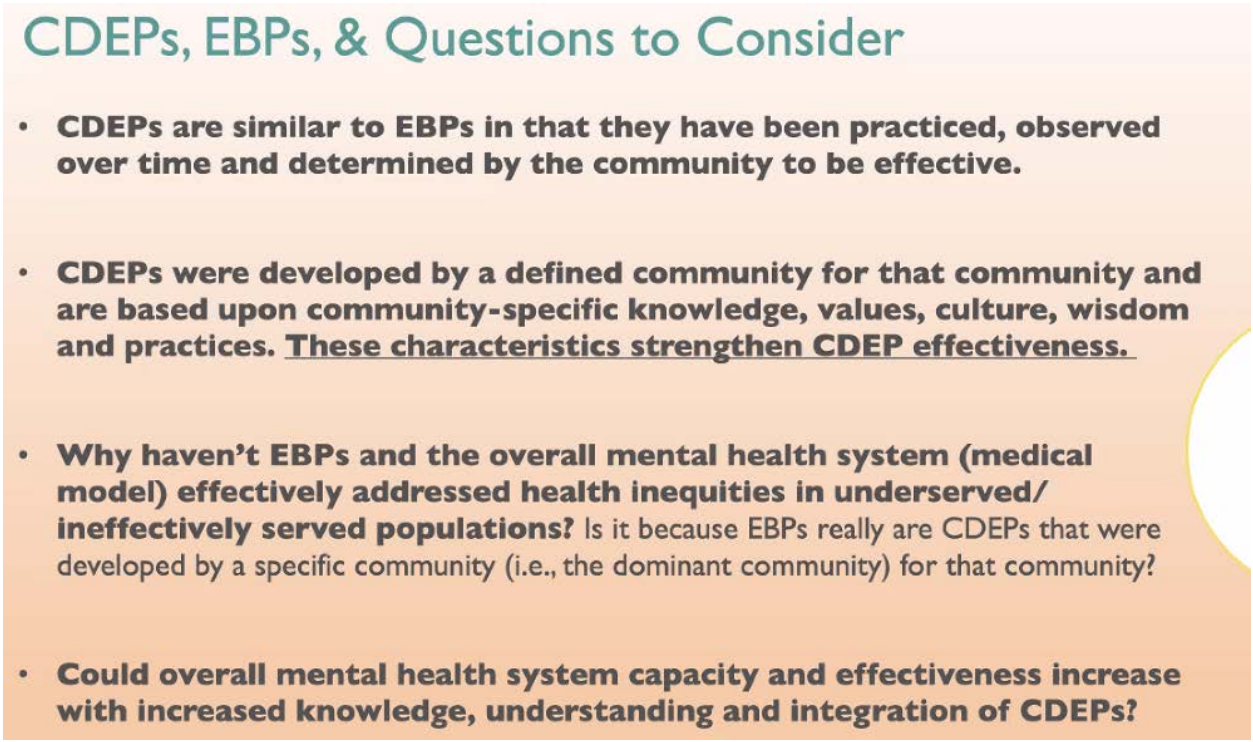
An Evidence-Based Practice includes:

1. **A clear intervention model**
2. **Comprehensive training**
3. **Fidelity monitoring to competence**
4. **Outcome accountability**
5. **Documentation standards**

https://www.calbhbc.org/evidence-based-practices.html

Johns Hopkins – EBP is a process used to review, analyze, and translate the latest scientific evidence. To incorporate the best available research, along with clinical experience and patient preference to make informed patient-care decisions.





Additional Information Presented at the meeting on April 19, 2024:

1. Report from California State Planning Council - Naomi Ramirez:
    a. Public Forum on SB 43 will be held about what changes may occur. They do anticipate holding events for stakeholder input. These will be based upon topics. All were urged to check out the Facebook page.
    b. Data Notebook – The 2022 report is posted. The 2023 Data Notebook was on stakeholder engagement, they have received 51 county responses. State Planning Council will be sending out 2024 data notebook in June. The topic will be on homelessness within the public behavioral health system.
2. Report from Teresa Comstock, CalBHB/C:

a. She presented at a public meeting on SB1082, which includes some resolutions for board and care facility status. CalBHB/C supports in concept position.
b. Other legislation includes:
    i. AB2711 - would require school districts to adopt appropriate interventions as a first step for troubled students.
    ii. AB2195 – would avoid stigmatizing students with substance abuse disorders.
    iii. AB2411 – would require a separate youth behavioral health board in each county. CalBHB/C does not support this.
    iv. SB1238 - Requires a regional planning process for behavioral health facilities and services akin to the state's Regional Housing Needs Allocation (RHNA). CalBHB/C opposes this SB.
    v. AB1907 - aims to improve the behavioral health of children and youth in the child welfare system across California by integrating behavioral health insights from all 58 counties. CalBHB/C has a watch position on this AB.
c. BHSA (Behavioral Health Services Act) is a huge topic right now. CalBHB/C has identified several things they need to look at under BHSA. The common theme is that so much is unknown even though Proposition One passed. CalBHB/C will be at the table when the regulations are reviewed.
d. There is a summary and information about Proposition 1 on their website.

3. Report from MHSOAC – Jigna Shah, new Chief of Program Operations:
    a. MHSSA (student act) partnerships between counties, schools, etc., to communicate on the best needs for students. An RFA is to be released: Foster Youth, other vulnerable populations.
    b. Stigma – voices with impact – a global film production grant and festival, underwrites mental health narratives. 10 filmmakers will create short influential films on mental health issues. June 6, 2024, the films to premier at SF LGBTQ Center, along with an interactive panel. The event is free. Virtual attendance is also available.

Additional Updates about the WIC (Welfare & Institutions Code) which affect Behavioral Health/Mental Health Commissions and Advisory Boards:

CALBHB/C Updates: **WIC Effective January 1, 2025**

WIC Update - 2025: The following changes to CA WIC code are effective January 1, 2025). *Summary of changes:*

1. **Youth Membership Requirement**: 5604. (2)(B)(i) Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received behavioral health services. One of these members shall be an individual who is 25 years of age or younger. (ii) At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

2. **Local Education Agency Membership Requirement**: 5604. (2)(D) (i) At least one member of the board shall be an employee of a local education agency. (ii) To comply with clause (i), a county shall notify its county office of education about vacancies on the board.

3. "**Mental**" is changed to "**Behavioral**", and advising regarding "**substance use disorder**" is added within the duties.

TCBH Advisory Board Community Meeting Report

Name of Community Meeting: **Quality Improvement Committee**

Date of Meeting: **Monday, June 17, 2024**

1. Key Decisions – none.
2. Key Actions – none.
3. Key Information – see below.
4. Key Announcements
    a. New Announced Annual Evaluator:

    Behavioral Health Concepts no longer holds the State contract to do annual quality reviews (External Quality Review – EQR). DHCS has a new contract with the Health Services Advisory Group (HSAG). HSAG currently does both the health and dental portion of Medi-Cal review, and they have now taken on the mental health portion of the reviews. Next year's review has not been scheduled. Counties are waiting to learn more about the process the new contractor will be using to do EQR. This will be another transitional time for not only Tuolumne County Behavioral Health but also for all other counties.

    b. Tuolumne Early Implementer of Combined DMC and MH Contract – Integrated System.

    Tuolumne County Behavioral Health is now officially an early implementer of a combined DMC and MH contract, which created the need for an integrated system. Tuolumne County is small, but mighty! The next audit period will likely be combined, and will fall on a calendar year basis, not the FY basis from July 1 to June 30. Within Tuolumne County Behavioral Health, departments had to internally be combined, which has already occurred in preparation for the integration. The department is in a good position to be successful.

    c. Tuolumne to Oversee DUI Auditing

    Tuolumne County Behavioral Health will now oversee DUI Auditing. That requirement was previously contracted out. Starting next fiscal year, the department will take over the DUI Auditing. Two behavioral health department staff have been preparing to bring this in-house. A combined contract and audit was a natural piece of this change.

5. Reports:
    a. Mental Health Forensic System Overview:
        i. Diversion Misdemeanor: A determination is made to see if the crime committed was a result of mental health; if so, the individual could go through the Diversion program. It was reported that thus far, 30 individuals have participated in this program.
        ii. Diversion Felony Incompetent to Stand Trial: there is a specific funding source to support this piece of the mental health forensic programs. The program is overseen by the department's Clinical Deputy Director and the Psychologist. It was reported that thus far, under 12 individuals have participated.

iii. Care Court: Works with judicial teams, including the DA, Probation, etc., to support individuals. This program is very different from the other two forensic approaches. The department has had several petitions go through, but not through the whole process.

b. Grant Overview:

i. SUBG – Substance Abuse Block Grant: This grant follows a two-year cycle for funding. It is used to fund programs for the community.

ii. MHBG – Mental Health Block Grant: This grant also follows a two-year cycle. The department is currently looking at how to maximize the use of this grant. Jail services is a lockout (cannot bill Medi-Cal for Jail services), so this funding can be used to fund Jail services.

iii. PATH Round 3 – Projects for Assistance in Transition from Homelessness. PATH funds can be used to provide mental health services prior to release from jail or juvenile detention. Behavioral Health partners to support the services, but is NOT going to apply for this because there is already a lot of funding for this.

iv. CCMU –Mobile Crisis Infrastructure Grant: a grant was received a few years ago to enhance the department's existing mobile crisis services. The department has been able to go out and do services, however, this grant provides for things such as more vehicles, technology, computers, dispatch technology, etc. Mobile Crisis is a benefit to the community but there's a billable aspect to it if available.

Betty Hoskins, Crisis Services Manager, added that Medi-Cal beneficiaries will be responded to 24/7. Staff rolls out in teams of two. They can utilize dispatch tool process, to identify any concerns for safety of the staff. If it's determined, for example, a weapon is involved, the team calls 911 to "clear the scene", and the Mobile Crisis Team may have to respond with Law Enforcement. This is a "bundled benefit". She reported there is more training with Law Enforcement coming soon. Every member of the team has had training in mobile de-escalation.

6. Supporting Materials Attached re: Presentation from Aegis

Guest at the meeting was Pathana Luangrath, client navigator, from Modesto Aegis Clinic, a Pinnacle Treatment Center. She explained that a lot of their patientsare coming in for Fentanyl treatment. There has been a recent rise in this in Stanislaus Count as well. Deaths from opioids is up dramatically in Stanislaus. Ms. Luangrath provided information about the program. Tuolumne County clients participate in the program.

- Opioid Treatment Program (OPT) and (MAT)
  - A program that provides treatment combined with clinically and medically managed medication program using methadone.
  - Patients are monitored daily following admission.
  - Patients meet with counselors anywhere from 1-4 times monthly
  - OTPs are the gold standard care for opioid addiction due to the longevity and support they provide.
- Benefits of MAT Program:
  - Lifestyle stabilization.
  - Improved health and nutritional status.
  - Decrease in criminal behavior.
  - Employment.

    - Decrease in injection drug use/shared needles leading to reductions in risk for HIV and viral hepatitis/medical complications of injection drug use.
- OTPs are Highly Regulated
    - Certified by Substance Abuse and Mental Health Services Administration (SAMHSA)
    - Licensed by the Drug Enforcement Agency (DEA)
    - Accredited by SAMHSA-approved organization (i.e., CARF)
    - Licensed by California Department of Health Care Services (DHCS)
    - Certified by Medi-Cal (DHCS)
    - Contracted with Counties for DMC and other funding
    - Ongoing audits by all entities
- Who are Their Patients?
    - Total Active Patients currently – 868
        - Of those 868, 822 Methadone
        - Of those 868, 46 Buprenorphine
        - Of those 868 patients, there are approximately 45 from Tuolumne County.
- What are OTP admission requirements?
    - 18 years old
    - Diagnosis of Opioid Use Disorder
    - Ability to attend daily for medication and weekly counseling session and monthly drug testing.
    - There are no wait lists for OTP
    - Walk ins are accepted
    - Priority Admission: IV Drug Users, Pregnant Women, and people recently released for jail/prison.
- Referral Process to Aegis:
    - Step 1 – Call the 24-hour intake line: 800-782-1520
    - Step 2 – Come In
        - Modesto
        - Sonora Medication Unit
        - Ceres
        - Turlock Medication Unit.
- Treatment Costs at Aegis:
    - No cost to Medi-Cal patients
    - Medicare, Medi-Cal, Private Insurance, Cash are accepted
    - There is grant funding available to those who qualify through the Cali Hub and Spoke Grant.
- Challenges:
    - Patient retention past the first 90 days continues to be an ongoing challenge that AEGIS is troubleshooting. They have ERS Counselors that specialize in stabilizing newly admitted patients. Providing daily support and referrals for additional services as needed.
    - Ongoing stigma related to MAT services
    - Patient Transportation
- Opportunities
    - Grant/Patient Navigator: expands community outreach and allow for education program.
    - Sonora MU, access to treatment for beneficiaries living in Tuolumne and Calaveras County.

- Extended Counseling and Dosing hours.
- Tele-health options for counseling and physician appointments.
- It was noted that patients DO need to come to the Modesto location for the initial intake into the program.

7. Next Meeting Date: Third Monday of each month at 10:00 a.m.